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A Course of Lectures
ON
DISEASES OF THE TONGUE,
DELIVERED AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND,

By Prof. JONATHAN HUTCHINSON, F.R.C.S., F.R.S.;

President of the Pathological Society of London; Professor of Pathology in the Royal College of Surgeons; Senior Surgeon to the London Hospital.

Lecture I.

It has been said of a well-known poet that he used the works of some of his predecessors as if they were simply quarries to furnish stone for his own building, and no special censure was intended by the remark. It is indeed impossible that any author in the present day should avoid using the materials gathered ready to his hand by others; nor is it, indeed, in the least desirable that he should attempt to do so, his primary duty being simply to build well.

In the present course of lectures I by no means intend to treat systematically of diseases of the tongue, but rather to select certain special topics to which my own attention has been attracted, and upon which I have collected facts which may in some sense, I trust, be accounted original. I am very conscious, however, that even in respect of these I have been indebted on all hands to the labours of those who have gone over somewhat the same ground before me. I shall endeavour, whenever I am conscious of special obligation, to make a special acknowledgment of it; but in order that I may avoid references of this kind which would become tediously frequent, I wish at the outset to say that, whilst preparing these lectures, I have read with special interest and profit the admirable article on the Tongue, by the late Dr. Hyde Salter, in Todd and Bowman's Cyclopædia; the well-known monograph of Mr. Fairlie Clarke, and several essays of Professor Fournier, of Paris. Papers of real merit on special subjects connected with the pathology of the tongue are too numerous for me to mention here, and from not a few of them I shall have to make quotation. In connection with this subject I must not neglect to offer my best thanks to the staff of Guy's Hospital, who, in the most liberal manner, have placed at my disposal an unrivalled collection of original drawings. It will probably save trouble in the end—indeed, it seems almost unavoidable—that I should devote the greater part of this lecture to preliminary statements, and to the attempt to define and limit some of the terms in use. In the first place, a few words must be said as to the topography of the tongue. It is convenient for purposes of clinical description to divide its dorsum into two lateral and a central portion, the latter being again cut into two by a furrow down the centre, more or less well marked in most tongues. The tip of the tongue, for our purposes, includes the whole of the end, with a little of the adjacent surface both above and below; and to prevent confusion, the term "side" must be held to be equivalent with the edge, passing, of course, a little on to the surface above and beneath. The circumvallate papillæ form a natural boundary to that part of the tongue which is visible without artificial aid, and to that part upon which papillæ abound. In front of them, and extending forwards for about an inch in the middle of the organ, is a very important region, which may be termed the mid-dorsal tract, occupying as it does the middle of the tongue, both from before backwards, and from side to side. On this region several peculiar symptoms are frequently displayed: it is the part which is most exempt from contact with the palate and teeth, and on it the development of the filiform papillæ is unusually abundant.

I do not purpose before this audience to give any, even the briefest, sketch of the anatomy of the tongue. The papillæ with which it is clothed take such an important share in the production of most of the symptoms which we are about to examine that it will, I think, be convenient to remind ourselves of a few facts as to their condition in health, and especially as to their variations, irrespective of disease.

We will put aside the papillæ circumvallatæ, which, arranged in a sort of V, make a posterior limit to the portion of the tongue which is easily visible. It would seem that they are very little liable to be affected by disease, and I shall have little to say about them further than they vary much in size in different persons, and that the experience recorded by Morgagni is often repeated in the present day, and that patients, or even surgeons, discovering these structures for the first time, and of unusual size, mistake them for new growths. Concerning the others—filiform and fungiform—I must speak at more length, for they are concerned in almost every symptom of disease that the tongue displays. The fungiform papillæ are usually met with, shaped somewhat like a bee-hive top, or, as their name implies, like a mushroom. These forms are, however, by no means constant, and it is not uncommon to see them of a club shape, or enlarged in the middle and tapering at both ends. Whatever their shape, they differ from the filiform in being almost smooth on their surface, and, having but a thin epithelial investment, the blood which they contain is easily seen through this covering, and they are usually easily recognised as florid points. They are more easy of recognition, and possibly more abundant in young persons than in the aged; they are said to occur chiefly near the tip of the tongue, being more sparingly sprinkled over its middle. Sometimes they are arranged in lines. They vary, however, very much in different individuals both in size, in number, in form, and in location; and it is, I am sure, by no means infrequent to find them in considerable abundance on the middle of the organ, and even far back on its surface. Of their abundance in this position, our museum affords excellent examples. Although usually the difference between a fungiform and a filiform papillæ can be easily made out, yet they appear to slide by almost insensible gradations into each other, and in many states, both of health and disease, it is not a little difficult to tell which is which. The fungiform never, in a strict sense, take fur, and thus in furred tongues they are for the most part readily recognised; under other conditions, however, when the filiform have lost their hairs and become flattened, it is difficult to be sure that they do not belong to the smaller types of the fungiform.

The filiform papillæ cover in a sort of pile or nap the whole surface of the organ. They are compound structures bearing on their free extremities tufts of hair like elongations, which often exceed by two or three times, the length of the papillæ itself. These processes are clothed with squamous epithelium arranged in an imbricated fashion, and often not firmly attached. They almost always end in points; they resemble hairs not only in appearance, but in structure, and sometimes contain a medulla, and differ in no respect excepting their softness from minute hairs. The tendency to their production seems to vary as much in different individuals as does the growth of hair in the skin. On many healthy tongues the filiform papillæ are short and but little tufted, whilst on others they present a very considerable length so as to admit of their being turned aside by the fingers, like the pile on a piece of velvet. They appear to grow best whenever they are let alone and exempted from friction and pressure. Thus the finest specimens that I have ever seen, occurs in the preparation which I produce. It is the stump of a tongue from a man who died of cancer of the organ under the care of Mr. Liston. Only the posterior third of the organ remains and it is covered in the middle by filiform papillæ, closely set, very slender, and at least a quarter of an inch in length. The organ had been long fixed in the mouth and no doubt this particular part of it had been entirely exempt from pressure.

A remarkable peculiarity, and one which did not escape the notice of Dr. Hyde Salter, of the filiform papillæ is the rapidity with which they can lose and regain their epithelial investments. These hair-like appendages are at all times easily scraped or rubbed off, in many processes of disease, however, something more than their detachment occurs, and patches so smooth are produced that we are forced to believe that all the papillæ over the area involved have undergone a temporary atrophy. It is to this condition that the term "bald patch" is applicable, before saying more, however, on this subject at present, I must describe the condition known as fur. In order that fur should be present two conditions are necessary. First that the tongue, or, at any rate, the furred part of it, should be well clothed, with long, well branched filiform papillæ; and secondly, that these papillæ should have been left at rest and allowed to collect upon their tips the well-known white and somewhat slimy substance which, in a more restricted use of the word, constitutes fur.

Until recently, it was generally taught and believed that this slime consisted of sodden epithelial scales.

The accurate microscopic investigations of Mr. Butlin have taught us that this explanation is only in part true, and that the chief constituent is of fungus origin. It consists in fact of a glœa in which micrococci and bacilli are the chief elements. Not only as Mr. Butlin has shown is this the case with the fur in states of disease, for these fungoid elements are present wherever, even in states of the most robust health, a white fur is visible on the tongue. They have therefore no pathological signification whatever, and having recognised their existence as constituting fur, or at any rate its living part, we must examine the meaning of the fur as a symptom under its different conditions, with but little further reference to them. It is of importance, however, that we should remember when reading the observations of those who have thought that they had discovered fungus growth on the surface of the tongue as a cause of disease, that certain forms of plant life are almost invariably present, and may in some instances have led to error. In reference to the so-called "ring-worm of the tongue," however, the difference in size between the spores of the trichophyton and the micrococcus shown us by Mr. Butlin is so great that confusion can scarcely have occurred.

As I have just hinted, the conditions which favour the development of fur on the tongue, are briefly those of rest. If we can fully realise this fact, it will help us to the explanation in a very simple manner of most of the morbid conditions of the tongue met with in acute diseases. When the tongue is quiet, the papillæ grow freely, their hairs accumulate epithelium, and on the epithelium colonies of micrococci flourish. Large allowance must be made for individual peculiarity, for it is only in those in whom the filiform papillæ are abundant and large that any development of fur can possibly take place. It is well known that most persons have more or less coated tongues before breakfast, and that the taking of a meal rubs off the fur and cleans the tongue. It is also well known that when the tongue cleans it usually does so from its end and sides; leaving the middle of the dorsum and especially the posterior part still covered. The explanation of this is easy, for the parts which clean first are precisely those which are most rubbed against the teeth and hard palate.

It is very common to see tongues which do not clean in the manner just described, but in which one longitudinal half of the tongue is clean whilst the rest is furred. In these cases the line is never abrupt in the middle, but it is usually to be noticed that considerably more than half is clean and less than half as it may be a mere streak on one side remains furred. The explanation of this condition is I believe always to be found in the fact that the patients in whom it is observed eat chiefly or only on one side of the mouth.

It does not matter in the least what the cause of the one sided mastication may be, whether there is a tenderness or the absence of teeth, the result is just the same. If a patient eats on one side only of his mouth he rubs that side of his tongue much cleaner than the other. I am of course aware that one of my distinguished predecessors in this chair, the late Mr. Hilton, an observer and a reasoner from whom I would differ with great diffidence and reluctance, propounded another theory, and that his suggestion has been widely accepted.

Mr. Hilton's observations of the facts were exactly the same as my own, at any rate thus far, that he noticed that those who had aching or tender teeth got the tongue furred on the side of the bad tooth. His explanation was that the fur was produced in a reflex manner through the influence of the fifth nerve, and was an instance of disturbance of function and nutrition by nerves.

Apart from the consideration that it is desirable to avoid calling to our aid nervous disturbances, concerning which we can prove nothing, when they are not required; I must contend that the simple mechanical explanation which I have given covers the whole ground and accounts for a large number of cases which the other would fail to explain. It is certainly not the fact that painful teeth are present in all cases of unilateral furring of the tongue. In many, I think in the majority, the condition is rather the absence of teeth.

The condition of accumulation of white or dirty brown fur in the back part of the mid dorsal region is exceedingly common. It is to be explained in the same manner that we have suggested in the case of unusual growth of the filiform papillæ in this region, being, indeed, to some extent, the same thing. This is the part of the tongue the best protected from pressure and friction, and upon which both papillary and fungoid growth takes place, therefore, most easily. When fur collects in patches in local regions elsewhere than in the middle, some local peculiarity in the mouth is to be suspected. There may be a sore on the palate, making it painful to apply the tongue to that part, or there may be an aching tooth, or a gap in the row of teeth, or a sharply broken stump. Any of these conditions may favour the occurrence of patches of fur, but such patches are seldom well defined or very conspicuous.

Absence of fur—a simply clean tongue—is indicative, usually, of a good appetite and free mastication in all parts of the mouth. It generally implies, in addition, that the development of the filiform papillæ is only moderate. On the other hand, an habitually foul tongue without dyspepsia or ill-health, usually indicated an excessive growth of these papillæ and their appended processes.

The term "bald patch" is applicable to the condition in which the papillæ have disappeared from a local area, as that of "bald tongue" is to be used when the whole, or almost the whole surface is denuded. The baldness of the patch may be either partial or complete. It may be that even with a lens no trace of any form of papilla is to be distinguished. The bald area may be simply denuded of its papilla, or it may be, at the same time, somewhat swollen. When there is a distinct, abruptly margined elevation having a flat table-like top, the condition is that to which the name condyloma is given. It is seldom or never seen, excepting in connection with specific disease, and at an early stage of it. Elevated ridges, however, or roundish patches, ill-defined and always higher in the middle than at the edges, that is, not table-topped, bald, smooth, and even glossy on their surface are often seen, both in the later stages of syphilis and also in leprosy.

They differ from the condyloma anatomically, in that the swelling is more deeply situated, and does not involve the papillæ themselves, which are, indeed, wholly destroyed. In the true condyloma, although the hair of the papillæ are lost, and consequently all fur is absent, the papillæ themselves are in a state of hypertrophy, but matted together by the swelling of the connected tissue.

Bald patches on the tongue have been termed psoriasis, but—as I shall have to remark in a future lecture—they are scarcely ever seen in association with psoriasis of the skin, excepting, indeed, when the eruption is syphilitic.

When the denudation of the papillæ is complete, and the deeper layers of the mucous membrane congested the condition is assumed to which the term raw tongue is applicable.

There is a form of local baldness of the tongue met with chiefly, but not solely, in children to which the term ringworm of the tongue has been given. I will ask permission to use this term provisionally as denoting all crescentic orbicular or circinnate patches of denudation which look like ringworm. At the proper time I shall have a good deal to say on this subject, but for the present, and perhaps for some time to come, the term in question must be used without either affirming or denying that the malady in question is really due to the ringworm fungus. These patches are usually seen on the sides, or near the tip of the tongue; they are remarkable for their very definite outline and rounded borders, destruction of the papillæ and a bald red surface is their constant feature.

It is now some years since I proposed that, instead of the widely inclusive clinical name Ichthyosis, which implies much more than we here mean, we should use for all white patches on the tongue the simply descriptive epithet of leucoma.

In France the term leucoplasia, or leucophakis, has come into use, and I believe it is generally felt to be important to discard that of Ichthyosis. It is to be understood that the white patches of which we now speak have nothing to do with fur. They are produced by a process of chronic inflammation, or of secondary sclerosis involving either the denuded papillæ or the deeper layers of the mucous membrane.

The most common and the most conspicuous, those which indeed have hitherto almost solely claimed attention, are due to sclerosis of the deeper layers, and may in advanced cases become very dense and thick. They may occur in patches or be diffuse over the whole surface. The anterior part of the dorsum is their favourite locality, but they may extend to the sides and even to the under surface. Now and then they are present in the palate also, and very often in the cheeks. Their limits of variation as to thickness are very wide; they may be as thin as the white tracts left by a snail (the filmy leucoma), or as thick as kid leather. For the most part smooth on their surfaces, they may occasionally be rough or even spinous (leucoma aspera). Being formed in the mucous membrane, they cannot be detached without causing bleeding. Their presence is always indicative of previous atrophy of the papillæ, but this may not have been absolute.

For the most part, when once found, they are permanent, and tend to increase in thickness and in extent.

There is another kind of white patch, which deserves the name of leucoma, but which we must carefully discriminate from that just described. It is not permanent, and does not imply any papillary atrophy. The papillæ are indeed themselves involved in the change. I refer to the patches which are now well known to occur in a large number of cases of lichen planus, and which were, I believe, first distinctly associated with that disease by myself in 187 , although a single example of them had been previously recorded by my friend, the late Dr. Sparkes. These patches, as shown in the diagrams, are usually seen on the lateral regions of the dorsum. They are punctate at first, but by confluence, as is the case in the skin eruption of this disease, they often constitute in the end large irregular patches.

They are never quite smooth, and never absolutely white. Concurrently with them, there are almost invariably present small punctate leucomata in the pouches of the cheeks.

Sometimes well-marked patches of the kind described are met with on the tongue and cheeks without any associated eruption on the skin.

(*To be continued.*)

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The vacancy on the Examiners' Board at the Royal College of Surgeons of England, will be filled up at the quarterly meeting of the Council on Thursday, July 12. Candidates, who must be Fellows of the College, should send in their names immediately.

Lectures
ON
THE RELATION OF THE TUBERCLE BACILLUS TO PHTHISIS. (a)

By C. THEODORE WILLIAMS, M.A. Oxon., M.D., F.R.C.P. Lond.,
Physician to the Hospital for Consumption, Brompton.

Lecture II.—Its Influence on the Clinical History and Treatment.

The relation of the bacillus to the various states of the lung, as evidenced by physical diagnosis, was considered by the lecturer, and it was shown that even in the early stage of consolidation bacilli might be detected in the sputum. In the case of a young woman, aged 17, with a history of slight symptoms of 3 months' standing, in whom only tubular sound without dulness could be detected at the right apex, with occasional fine crepitation and cough, a few bacilli were found, though the cough was almost *nil* and the expectoration extremely scanty. The extension of the disease is generally accompanied by either an increase in number, or, if the bacillus have previously disappeared from the sputum, by their reappearance. In one well-marked example of an active first-stage case, the numbers of the bacilli corresponded exactly to the activity of the tuberculisation, and when the disease became quiescent, they disappeared from the sputum. This instance would illustrate the doctrine that the bacilli may enter the lungs and not the body, for though the soil would seem to have been well prepared by family predisposition, the general health was excellent, and there was fair hope of the disease remaining localized. Other cases were cited to prove this, and in one, a case of advancing tuberculisation, the interesting feature was that the spread of the crepitation downwards was preceded by—1st, a division of the bacilli, and 2ndly, by their being found in greater abundance ten days later, and afterwards they were still found to vary considerably in length, as if there was a prospect of further multiplication and a consequent spread of disease. In another case the extension of the mischief was indicated by the collection of the bacilli into small groups, and in this case there was in their appearance much diversity: some were simple rods, without markings, others had the beading well marked, while in a third class the form was more or less sinuous.

The lecturer was of opinion that the number of the bacilli present indicated the amount of irritation and cell proliferation taking place in the alveoli. Moreover, when a small and quiescent cavity exists in one lung, and the physical signs indicate an extension of tuberculisation in the opposite lung, without any defined spot of coarse crepitation or gurgle, to indicate that excavation is going on, it is justifiable to connect any increase in the number of bacilli with the fresh tuberculisation, and not with the discharge from the quiescent cavity. The relation of the bacilli to the process of *excavation* is very intimate, and the numbers increase greatly while this is proceeding; even when no extension of a cavity is taking place, they are detected from time to time as long as there is any discharge. Two good illustrative cases were given in which the bacilli fluctuated in number according to the extent of the excavation process, nearly disappearing when the cavity had formed and become quiescent. In the latter case, that of a middle-aged man with a strong family history of asthma, and who had suffered more from dyspnœa than cough, the physical signs of catarrh almost masked those of phthisis, and had it not been for the abundant expectoration, the formation of a cavity might not have been suspected. The appearance of numerous bacilli in the sputum placed this beyond a doubt, and when the catarrhal sounds passed away, cavernous breathing was heard without difficulty at one apex.

In cases of quiescent cavity we find bacilli present in numbers corresponding to the amount of expectoration, which as a rule is small. When the cavity contracts this may be reduced still more, and in many instances the bacilli cease to appear in the sputum, not because they no longer exist in the lungs, but rather because the communication between the cavity and the bronchus being blocked by the increasing lung contraction, they cannot escape with the now purely bronchial sputum. A good instance of this state of things was shown. Many cases of contracting cavities, with no great dislocation of adjoining organs, and where cavernous sounds are barely audible, yet show bacilli in the sputum, because the bronchus leading to the cavity remains patent; but if these are few in number and there is strong evidence of fibrosis, their presence need not much modify the prognosis; but on the other hand, where a cavity opens into the pleura and pneumothorax results, the numbers of bacilli increase considerably.

It was shown from cases that the presence of tubercle bacilli in the lung secretions does not affect the gain or loss of flesh in the patient; but as to pyrexia, there is less certainty, though it is clear that they may be present in non-pyrexial cases. When fever accompanies tuberculisation and excavation, they increase largely, whether from local processes or from general irritation. In the case of a young girl with a cavity at one apex and some tuberculisation at the other, the temperature ranged from 100° F. to 103·6° F. for fourteen days; but it was not till the fourth specimen of sputum had been tested that any bacilli at all were found; and in another young girl with double cavities and a high temperature course, bacilli were found very scantily. A third case, also with two cavities, had pyrexia from 100° F. to 103·6° F. for sixteen days, with very few bacilli in the sputum: while in some cases, where they are particularly abundant, there is no pyrexia, and the explanation seems to be—1st, in the fact that tuberculisation, and especially excavation, may take place without pyrexia; 2ndly, that examination of sputum only teaches what is going on in the lungs, which in cases of acute pulmonary disease certainly means a good deal, but when the blood is poisoned and the system generally becomes infected, we must not expect the sputum alone to give the explanation, which should also be sought for in other secretions. At present the testings of the blood have failed to do so, but the lecturer had no doubt this would not always be so.

The *infection* of phthisis is rare, though the opportunities for it are common, the air of the streets being probably impregnated with the exhalations and the dried sputum of the consumptive.

Dr. Williams adduced the statistics of the Brompton Hospital resident and non-resident staff for the last thirty-seven years to show the extreme rarity of phthisical infection. Out of several hundreds of resident medical officers, clinical assistants, matrons, nurses, and servants, there were only two instances of phthisis supervening during their period of residence.

During periods of defective ventilation, erysipelas and sore-throat had appeared among the in-patients; but even under these conditions, when the bacilli would be likely to accumulate, there had never been any instances of infection among the non-consumptive patients. When infection did take place, it was either (1) through inhalation of the breath of the consumptive, as might occur in people sleeping together in a badly-ventilated room, or (2) by coition, as in the case of husband and wife, so well demonstrated by Dr. Hermann Weber, or (3) by living on the milk or meat of diseased animals, of which several cases had been described on the Continent. The proper means to avoid such infection were—1. Good ventilation; 2. The separation of the consumptives at night; 3. The removal, and if possible, destruction of the sputum; 4. The prohibition of the marriages of phthisical and healthy persons; 5. Careful inspection of food. The lecturer was of opinion that if these precautions were taken the infection of phthisis would be quite unknown.

(a) Abstract of Lecture II., delivered May 9th, 1883.

The treatment of phthisis on antiseptic principles most people understood to mean wearing a respirator containing carbolic acid or creasote, and Dr. Williams had found this practice, though soothing to the cough, absolutely useless in combating the disease. It was doubtful if many of the drugs used in this way penetrated to the lungs. Respirators also impeded the action of the jaws, and interfered with free respiration. A second method was by impregnating steam with various kinds of antiseptics, and this was done most effectually in the steam-spray rooms of the new hospital. A third form was by diffusing the air of the patient's chamber with various medicated vapours, such as iodine and chlorine, which was also done in certain wards, thus imitating some of the varieties of climate. Lastly, various forms of antiseptic medicine should be given in the form of arsenic, quinine, and cod-liver oil, which had long been shown to be of marked efficacy in the treatment of phthisis, and must be combined with the best food and with pure air, all of which acted by enabling the patient to withstand the attacks of the tubercular virus, even if they were not actual antidotes to the Bacillus tuberculosus.

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ON THE HYGIENE OF ARMIES IN THE FIELD. *(a)*

By ROBERT RAWLINSON, C.B.,

Chief Engineering Inspector to the Local Government Board.

THIS subject is so vast, special, and complicated, that I can only promise to touch the fringe of it, and this in a roundabout way. I will not presume to lay down hard and fast rules by which armies in the field shall be regulated in sanitary matters in the future, but rather describe, in narrative form, some of my own experience, gained during the time I acted as the engineer member of a Sanitary Commission sent out to the army in the Crimea in the spring of 1855.

[Mr. Rawlinson proceeded to read the instructions issued to this committee. It was directed to investigate the condition of every hospital, infirmary, or receptacle for the sick, both as to interior ventilation and cleanliness and exterior surroundings. At the same time, the fullest powers were given to the Commission to obtain labour and other assistance for the carrying out of their recommendations. Mr. Rawlinson then resumed as follows.]

If General Orders could in all cases have been made applicable, and could have been obeyed, outside comment might cease, and the aid of a specially appointed Sanitary Commission during the Crimean war might not have been needed. It may, however, from experience, be assumed that there never will be General Orders framed sufficient to cover all contingencies; and we may also assume that there will be neglect now and then from various causes. Some of the links in the chain of regulations will break, and confusion will follow. The General Orders for the army under the command of the Duke of Wellington in the Peninsula, in the Low Countries, and in France, 1809 to 1815, cannot probably be improved upon. Lord Raglan was secretary to the Duke, and he must consequently have been acquainted with the Duke's General Orders; and yet we see the utter confusion into which affairs drifted in the Crimea. The siege of Sebastopol became, however, exceptional.

To whom the failure in the Crimea was due it is impossible now to say. It was not, however, to any individual, but rather to the absence of an independent sanitary department with the army, and to the want of one home department to direct and control, having also power to order all stores, and to inspect their shipment, and to see that the several stores were so arranged in the transports that they should be available in the order of their necessity, and not to have surgical appliances and medicines placed beneath a massive bulk of ammunition. Blunders of this class do not appear to have been avoided, even in the recent Egyptian campaign. The Royal Commission, which, under the presidency of Lord Herbert of Lea, inquired into the sanitary state of the army after the Crimean war, resulted in Lord Herbert's regulations. One of these regulations provided that a sanitary officer should be attached to the quartermaster-general's staff. To this officer was to be committed the duty of examining into the sanitary condition of buildings selected for occupation by troops, and into the sanitary condition of towns or villages about to be occupied; he was also to make recommendations for organising a proper sanitary police, to preserve cleanliness, and for the removal of nuisances. But it will be seen that practical lessons, however well taught, and also that subsequent official inquiries, however ably conducted, have led up to very little that has proved to be really useful when the country again enters upon war. The army medical arrangements had drifted back into the old groove, the old form of blunders and the old stories are repeated—namely, that the existing regulations are supposed to be, if not perfection, all that is requisite. In Government departments I am sorry to say that there is not, on all occasions, due respect shown to the feelings of permanent officials; and in our case we were not put into communication with the heads of the permanent medical department before leaving London, which, no doubt, gave offence, but for which the members of the Commission were in no sort of way answerable.

[Mr. Rawlinson proceeded to state that when the Sanitary Commission arrived at the seat of their labours, they found the buildings used as hospitals in an unsanitary condition; the sewers of the great hospital were foul, and required frequent and thorough flushing, and their lower ends were covered to prevent the wind blowing up them into the building; the carcases of a certain number of animals which lay in the neighbourhood of the hospital were removed and buried, and many handcart loads of filth were also removed. The work of scavenging was carried on systematically until the hospital ceased to be needed, owing to the departure of the troops.]

Mr. Rawlinson then continued as follows: The Blue Book Report (1883) on the organisation of the Army Hospital Corps in Egypt reveals many blunders of a type as old as the service, such as confusion in transmitting materials for use; and something worse than confusion in contract supplies, both of materials and of provisions. Can there be no better service in future? War is a blundering, extravagant, and destructive business under any aspect; and the best framed regulations come to be disregarded, and even where adhered to, they may at times be the worst possible extravagance. The Egyptian Report, 1883, most fully sets forth the confusion into which the regulations fell, and the suffering which resulted. Detachments of the army had, however, to be removed suddenly, and the *impedimenta* necessary for use could not follow as rapidly. The provision was made for contingencies which never happened, and, most fortunately for the men, the war came to an abrupt and unexpected termination.

Men in war are loaded like beasts of burthen. They have to march under their *impedimenta;* the whole body may be bathed in perspiration; feeding must be irregular, and water may be absent or may be polluted, and in one night's bivouac the body may be chilled, so that fever to a large proportion of the men must be the result; and that there must necessarily be great loss of human life in actual war will be self-evident to any one who knows the least possible about the subject. No forethought can fully guard against excessive changes in weather. The fighting portion of a soldier's life is of short duration. It is not in battle that armies are destroyed, but on the field, in camp, and in hospital.

Any buildings to be used by sick, or by broken-down and wounded men may, as taught by Sir John Pringle, have the windows removed to prevent injury by polluted air, and any improved apparatus provided for water-supply be brought into use. Food in a concentrated and portable form may also be served out, and the horrible salt junk and ration-pork be in future dispensed with. A spirit-ration is liable to be most injurious in several ways, and should not be used except as a medicine.

For water-supply, light carts of steel, similar in form to watering-carts in towns, may be of great utility, as one horse or one mule would easily draw to a distance of one or two miles from 100 to 200 gallons of water, to be served out to the men in the positions occupied. Portable water-filters can also be easily arranged, to be similar in form to the light steel water-carts; so that water for hospital purposes may be filtered even in its transmission.

(a) An address delivered at the Parkes Museum of Hygiene, June 21.

Where an army for a time becomes stationary, a sanitary corps will find ample work to do in improving roads, in surface-draining, in scavengering, and in ventilating any permanent buildings used as hospitals; and if the service will permit of a use of working parties, enormous benefits may be secured to entire force in the field. A skilled sanitary officer will be a man of many expedients springing from close and intelligent observations; and, in his works, he will strive to save labour. Every country has its character impressed on its surface contours, and these the geologist and engineer will read at a glance. Wide and flat areas will indicate, as a rule, a soft subsoil; a steep gradient will indicate a subsoil of some hard material, such as gravel; rock will generally show above surface; where there are mountains, there will usually be, at the base, mounds of material, particles weathered from the rock and admirably suited for road-forming, as it may be excavated and sorted so as to save the labour of quarrying and breaking for road-making. In future wars it is admitted that picks and spades may require to be used as much, if not even more, than rifles. All officers will, therefore, have to learn something of engineering. If soldiers can use pick and spade to provide earthwork shelter from rifle bullets, they may also use these implements for sanitary purposes. A working army will be more contented if they find that their labour tends to their safety and comfort. Idleness is an incentive to vice, and leads to insubordination. A modern army will be a very different body of men to those forming the Peninsular army under Wellington, and must be treated very differently. Flogging is for ever done with, and it is most disgraceful to have any attempt at its renewal.

The general orders of the Duke of Wellington are considered good examples; but the Duke, in the Peninsula, ever did something more than unceasingly refer to even his own general orders. His personal observation was incessant, his perceptions rapid; and consequently his instructions, outside any order book, were practical, being suited to the conditions and requirements of place and time. The suggestions of the great Duke point to something to be done by the commanders of regiments outside of cut and dried formal regulations.

I think it may be gathered from my remarks, that I do not set myself up as a practical teacher of army hygiene in the field. The purport of this paper is rather to show that, to preserve an army in health, either in barracks or in the field, will, as in the past so in the future, require active intervention on the part of the commander-in-chief, of the generals, and of the colonels and officers, outside any printed regulations, however full and ample. As the Duke of Wellington explained on one occasion to the House of Lords, that martial law was no law other than the will of the commander-in-chief; so, in future, the commander-in-chief, during a state of war, must have the power to relax any published general order or regulation if necessary, to make better provisions for the army. A sanitary staff, as provided for by the late Lord Herbert, distinct and separate from both Commissariat and Army Medical Departments, should be with and part of the army, under the direct control of the commander-in-chief, who shall have power to order and expend in this service as he may think necessary, that is, that any amount of extraneous labour may be provided and paid for which he deems necessary, and the country in which he is can supply.

The army in the Crimea was saved in a great measure by voluntary efforts from home, by relations, and the general public shipping out warm clothing, by Florence Nightingale and her lady nursing, by distribution of food suited to sick men in hospital, and by extra voluntary furnishing of medical comforts, and also by the labours of the Army Sanitary Commission. The expenditures by all these parties were, however, mere fractions in the gross cost of the war; if these entire extras had been provided for, it would only have amounted to about half a week's expenditure of the cost of the war.

In touching on this question of army hygiene, even at this day, I know that I am venturing on disputed ground. But that enormous improvement took place in the British army in the Crimea from some cause or causes, after the advent of the Sanitary Commission cannot be disputed; but officially the credit has never been accorded to that Commission. The one great fact was, however, made unmistakable—namely, that from the spring of 1855 the health and condition of the British army began to improve, until, by the autumn of that year, the entire force in the field was in a state of health, and was under a less rate of mortality than when in barracks at home, and this continued until the close of the war. The French, the Sardinians, and the Russian soldiers, however, knew of no such abatement of camp and hospital sickness, the destruction of life having gone on up to the close of the war. Full details may be found in the Army Returns of the several nations, and in a pamphlet by Surgeon-General T. Longmore. (a)

Without giving these, I may state that the British army in the first winter had 2,286 deaths from fevers of all kinds; second winter, reduced to 129. Under typhus, from 164 to 16. Amongst the French troops, 90 the first winter, 10,278 the second winter. The French had no sanitary commission, the hospitals remained unscavenged, unventilated, and their hospital drains unimproved, the result being excessive overcrowding, until men and doctors alike perished; the British hospitals being absolutely free from typhus cases. Taking these results into account, Surgeon-General Longmore states: "It is well that the practical lessons in sanitary science afforded by the events of the Crimean War should not be allowed to pass out of mind." In these remarks I cordially agree.

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Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Two Cases of Perforating Ulcer of the Foot.

By HENRY T. BUTLIN, F.R.C.S.,

Assistant Surgeon and Demonstrator of Practical Surgery.

Case I.—A policeman, æt. 26, was sent to me, in the out-patient room, at the beginning of 1882, on account of perforating ulcers of both feet, which prevented him from walking and therefore performing his duty as a policeman. He had been a member of the Force for seven years, and although he had been in the habit of standing and walking during many hours of every day, and had suffered from corns on both feet, the ulcers had only begun to form about four months previously.

On the 12th of January he was admitted into the hospital. He had then a typical perforating ulcer under the ball of each great toe, and a hard corn under the ball of each little toe. The ulcers were surrounded by the hard and thickened tissue of the corn in the centre of which each had formed. They extended deep down into the subcutaneous tissue, but there was no affection of the bones or joint. The feet were fairly formed and fairly nourished. The patient was very tall, and the circulation was feeble; but there were no symptoms indicative of nerve lesion, either central or peripheral. He was kept in bed, and put on a liberal diet; poultices were applied to the feet.

On January 26th the thickened tissue round the ulcers, now softened by the poultices, was scraped away, and the edges of the ulcers were pared until all the part that was undermined was removed. Lotio plumbi was substituted for the poultices.

The ulcers rapidly healed, and on the 17th February he was able to leave the hospital to return to his duty; but precautions were first taken to prevent recurrence of the disease. An isinglass plaster, spread on felt half an inch in thickness, was applied to the sole of each foot immediately behind and partly around the seat of each of the scars and of the surrounding corn. By this means all pressure in walking was taken off the vulnerable part of the foot. The plasters were ordered to be worn during the day, and to be taken off at night.

Some time afterwards I learnt that he was quite well and at his work.

Case II.—G. R., æt. 48, was admitted into Pitcairn Ward, under the care of Mr. Holden, in March, 1877. He was a lighterman, of very dusky, almost livid, complexion, subject to chronic bronchitis and emphysema. For some time past he had been troubled by the formation of a sore in the foot, which sometimes inflamed so much as to prevent him walking. In the front of the ball of the great toe was a small ulcer, presenting the typical characters of the perforating ulcer, surrounded by superficial inflammation, discharging thin, watery pus, and forming the opening of a sinus which led down to bare bone in the immediate neighbourhood of the metatarso-phalangeal joint. All the front of the foot was dull red or livid, both on the plantar and dorsal aspect. There was no anæsthesia, nor were there any definite signs of nerve lesion After some days' rest in bed and the application of a poultice had allayed the inflammation, Mr. Holden cut down through the sinus to the bone and, finding that the metatarso-phalangeal joint was diseased, excised the affected parts. The patient made a good recovery, and left the hospital with the foot quite healed.

(a) "The Sanitary Contrasts of the British and French Armies during the Crimean War." London: Chas. Griffin and Co. 1883.

Four years afterwards, in 1881, he became an out-patient under me on account of some trivial affection of his hand. He made no complaint with regard to his foot, but, fortunately, I recognised him as the man of whom I had taken notes in Mr. Holden's ward. I therefore examined the foot, and was pleased to find that the scar had remained quite sound since the operation, and that no perforating ulcer had formed in any other part of the foot, although he had been standing and walking without any special care during the previous four years.

Remarks.—I have often thought since the publication, four years ago, of a paper on perforating ulcer of the foot by Mr. Savory and myself in the "Transactions" of the Medical and Chirurgical Society (vol. 62, page 373), that we took rather too gloomy a view of the prognosis of cases of perforating ulcer, and that we devoted scarcely sufficient space to the question of treatment of the disease. I still believe that there are some cases which cannot be permanently cured by any measure short of amputation, and that it may be necessary even to remove the foot and lower part of the leg in order to avert recurrence; but I begin to hope that the cases in which these severe measures are required are very few, and that a large number of patients who suffer from perforating ulcer may be permanently cured by much simpler and less dangerous remedies. I have not yet been at the pains to follow up many of the patients who have been treated in the hospital for this disease during the past few years, but hope to do so at some future time. Meanwhile, the two cases just recorded may be accepted as clear proof that the disease is curable in some instances without amputation, and so completely curable that the patient can return to his ordinary avocation, even when this requires long standing or walking. The second case is especially interesting on account of the joint disease which was present. It was not expected that so permanent a cure would result in so poorly-nourished a foot and so impaired a constitution as this man presented. The after-treatment in the first case, the relief of pressure on the affected part of the foot by means of thick felt plaster, is of great importance, especially where the patient is forced to return as soon as the wound is healed to the duties of an arduous occupation.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Medical Section.

A meeting of the Medical Section was held on Friday evening, 18th May, in the Hall of the King and Queen's College of Physicians; Dr. **Wm. Moore**, President, in the Chair.

Dr. **A. N. Montgomery**, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

LIVING SPECIMENS.

Dr. **C. J. Nixon**—Case of aortic aneurism, with patency of aortic valves; anomalous physical signs.

Mr. **Coppinger**—A case of paralysis following gunshot wound of the spinal cord.

SPECIMENS BY CARD.

Dr. **J. Magee Finny**—Nodose condition of the hairs.

Dr. **John B. Story** read a paper on

THREE CASES OF OPHTHALMIC GOITRE.

The cases occurred in three women, two of them being unmarried. The following were the points of interest:—Two of the patients were sisters; and the third exhibited the remarkable, and probably unique, complication of double optic neuritis, which, however, had subsided at the time the patient came under observation. In this patient the goître was more marked on the left side, and the palpitations did not occur until five years after the goître and ophthalmos. In the other two the goître and exophthalmos were more marked on the right side, and the palpitations were the earliest symptoms observed. Mr. Story called attention to the support these three cases gave to the theory propounded by Dr. William FitzGerald in the *Dub. Journal* of March and April, 1883.

The **President** said that, although the disease was almost peculiar to females, he recollected three cases in which it occurred in males, the course being short—not quite eighteen months. On the other hand, he had seen it run on for eight or ten years in females. He instanced a remarkable case in which symptoms of exophthalmic goître occurred temporarily from sudden shock. A young girl opened a letter telling of her brother's death. Her pulse became 140°, with exophthalmos and thyroid enlargement. In forty-eight hours the exophthalmos receded, and her pulse fell to normal. To him the disease appeared to be of neurotic origin.

REMOVAL OF A SMALL POLYPUS FROM THE RIGHT VOCAL CORD OF A LADY.

Dr. **Walter Smith** related a case in which he had successfully removed a small polypus from the right vocal cord of a lady, æt. 30, by Voltolini's sponge abrasion method. About Christmas, 1881, loss of singing-voice came on. This was followed by hoarseness, which persisted for a year. In December, 1882, the patient consulted Dr. Smith, who recognised the existence of a pale red pyramidal tumour attached to the edge and lower surface of the anterior third of right vocal cord. After a short preliminary training, he succeeded in passing a moistened sponge, about the size of a hazel-nut, beyond the growth, and then forcibly withdrawing the sponge through the rima, and bearing towards the right side, was fortunate enough to detach the little tumour, which came up adherent to the sponge, and was preserved. Immediately after the operation voice was restored, the hoarseness had disappeared, and she was able to sing. Six weeks subsequently she reported herself as perfectly clear in voice. The operation is a safe and painless one, and suited to a limited number of cases.

Dr. **Beatty** remarked that the attachment of the tumour to the under part of the vocal cords favoured its removal by Voltolini's method. He had met another case in which, owing to its position anteriorly, this method failed.

Dr. **Henry Kennedy** read a paper on

SOME OF THE FORMS OF DILATATION OF THE COLON.

He began by observing that the affection was frequently overlooked, and in confirmation of this he detailed some cases which were so obscure as to prevent any diagnosis being arrived at, and others in which the diagnosis was wrong. He believed, nevertheless, that a correct diagnosis could be made; but it was necessary that the idea of such a possibility should in the first instance be entertained. The condition of the patients who had this affection was always that of impaired health. With this state, when the patients, who were usually thin, were examined lying on their backs, there was chronic tympany, though not necessarily to a great degree. Pressure on the abdomen did not cause pain. In conjunction with these symptoms, the author stated that the main characteristics of the disease were the fæcal discharges, always dark, pasty, and unformed. He insisted particularly on the persistence of such discharges for weeks, months, and even years, during which periods the patients were constantly subject to attacks of diarrhœa, acute or chronic, and were liable even to perforation of the bowel and rapid death. Having detailed cases, he considered the prognosis should always be guarded. Treatment could much benefit these cases, but he doubted whether a complete cure could be effected.

Dr. **Gunn** asked if electricity had been tried, and quoted a case of atonic condition of the large bowel in which it seemed to have proved of benefit.

Dr. **Finny**, criticising the premisses upon which Dr. Kennedy based his cases, said that, although he had laid stress upon three diagnostics of the state of the colon, he had not adduced any conclusive evidence to show that the condition referred to existed. He, too, bore testimony to the great advantages of galvanism applied by a rectal rheophore in cases of atony of the bowels.

Dr. **WALTER SMITH** said it should be borne in mind that there were great difficulties in applying any anatomical rules to the living subject deduced from the position of parts of the dead body.

Dr. **BENNETT** having also joined in the discussion,

Dr. H. **KENNEDY** replied. He said he did not use electricity in any of his cases, nor had he had any post-mortem examinations. He saw no reason to disassociate the symptoms.

The **PRESIDENT** congratulated the Section on the success of its first session, which had now come to a close.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

EXTIRPATION OF THE UTERUS.—At the last meeting of the Académie de Médecine a member read the notes of a case of total extirpation of the uterus. The patient, a woman of about 35, came to the hospital for advice in reference to a burning sensation felt in the uterine region, with continual hæmorrhage. Examination revealed an epithelioma of the neck of the womb in the second degree or stage. Several styptics having been fruitlessly tried, total ablation of the organ of gestation was decided upon, and the patient consenting, the operation was performed, all due antiseptic precautions being used. From first to last the difficulties which presented themselves in this major operation were of a very insignificant character, and consequently were easily overcome. The result could not have been more satisfactory. At the end of a month the patient left the hospital perfectly well.

CEREBRAL SYPHILIS.—At the Société de Chirurgie, M. Perrin communicated the case of an officer who was affected with cerebral syphilis. This officer, many years ago, received a spent ball in the forehead, which caused a wound of little importance. Some time after he made the campaign of Mexico, when he contracted syphilis. From that time he had a cephalalgia intense and persistent. At the same period appeared a necrosis of the frontal bone and a purulent discharge through the nose. He consulted the celebrated Nélaton, who made a large incision over the sinus and extracted five sequestres. The patient was greatly benefited, and was able to take an active part in the last war. However, the pains in the head continued, but the intellectual faculties were in no way impaired up to four years ago, when he was observed to become irritable and nervous. Symptoms of aphasia presented themselves, and everything indicated a commencement of softening of the brain. It was at this stage that he was examined by M. Perrin, who, learning his antecedents, prescribed iodide of potassium with mercurial frictions. This treatment proved useless, and then M. Perrin decided on practising trepanation in four places. The result was a speedy amelioration with an eventual cure.

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Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

POLITICS AT THE GERMAN HYGIENIC EXHIBITION.—Speaking of the Presidents of Sections in the Exhibitions, and of the fitness of the appointment of Prof. Guret, of Berlin, as President of the Section of Field Hygiene, the special correspondent of the *Allgemeine Wiener Med. Zeitung* goes on to say that, if the choice in this case was in every way suitable, it has aroused a decidedly disagreeable feeling of surprise in medical circles to observe that the choice of Presidents of Sections has fallen upon some not in the first rank, whilst a Virchow and an August Hirsch have only received appointments as *members* of the Sectional Committees. The reason why Virchow, the first hygienist—a man to whom the city of Berlin is so much indebted, and of whom it is proud—was not placed at the head of the committee (in case he had not the choice of being so, and declined it) can only be found in political causes. "But what grounds have caused the setting aside of Professor Geh. Med. Rath. August Hirsch? August Hirsch is esteemed in professional circles as one of the first epidemiologists, and outside the scientific world he has been only once spoken of. That was when he returned from Russia, three years ago, from a journey of investigation into the plague at that time rife in that country—a journey undertaken at the instance of the Imperial Government. He had sent in his report to the proper authorities, the Imperial Health Office, and awaited their decision. As this was too long in coming, and as the Health Office made no sign of noticing his work, he withdrew it, and published it at his own expense. This procedure later on cost Director Struck a very uncomfortable quarter of an hour in the Reichstag, and therefore it may well be that since that time Herr Hirsch has not been a *persona grata* in the higher regions. Such reminiscences cannot be often enough freshened up. They afford in the present case, and in still higher degree for our own *epigonen*, a small but valuable measuring staff, which will aid us in forming a judgment of persons and of the movements of the times."

THE BERLIN POLICLINICAL INSTITUTION.—This institution, founded by Dr. Ludwig Loewe, and carried on successfully by him for the last six months as a school for higher technical instruction to medical men, has just completed its first semestre. From the closing address of the conductor, we learn that during the past half-year monthly classes for instruction in opthalmoscopy, otoscopy, laryngoscopy, endoscopy, and in the use of instruments of precision generally, have been carried on with success assured from the first, and becoming greater with each course. As most medical men receive their licences to practise whilst wofully deficient in practical skill in the use of the many instruments now daily employed in the investigation and treatment of disease, we have no doubt that such an institution, carried on efficiently, will fully justify the hopes of its founder and supporters. It is much more the custom in Germany than in Britain for practitioners to renew their studies at intervals, for which they have ample opportunities in the many short courses of lectures that are delivered at the various schools during the holidays. When our medical men have awakened to a need for holiday lectures, we may then conclude that the time when British Polikliniken shall take root and flourish and become "institutions" is not far distant.

ERGOTININE.—The firm of Gene and Co. have succeeded in procuring the active principle of ergotin, and have named it ergotinine. Experiments have been made with it in the Strasburg laboratory which have proved the preparation to be of extraordinary power as a hæmostatic. It is probable, however, that the price, if not reduced, will interfere to some extent in preventing a widely extended use of the drug. The present price is £10 per gramme, or about 13 shillings per grain. This, however, is much cheaper than the French ergotininum (Tauret), which is said to be £5 per grain.

RESECTION OF THE LUNG.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your French correspondent does not relish correction. This is evident from the unsuppressed sarcasm contained in the last two sentences of his communication, and also from the ungrammatical construction of his second sentence. The warmth of his feelings did not permit him to examine the structure of his sentences even with coolness. 'Tis pity. No one is very angry with him for his mistake; certainly "the Writer of the Summary" is not. The worst that can be alleged against him is that he appears in the present instance to have been unacquainted with the contents of the journal of which he is a valuable and valued correspondent, and that when this was pointed out to him he appears to have preferred the authority of the French publication to which he refers, on a German subject, to that of the *Medical Press and Circular*. But the more this latter allegation is considered the graver it appears—indeed, its gravity is such that only yourself, Sir, as editor, can be in a position to deal with it. To dare for one moment to consider any French journal, or, indeed, any journal, however "well informed," or however "edited," to be more accurate than your own!!

I am, Sir,
The Writer of the Summary.

⁂ We do not think another Franco-German war either necessary or desirable. Our German correspondent simply pointed out the very excusable error into which our French correspondent in common with hundreds of others had fallen in attributing to Koch, of Berlin, the operation of "Resection of Lung" performed by Koch, of Dorpat. Our French correspondent rightly quotes the *Bulletin de Thérapeutique* as his authority, but that journal is mistaken nevertheless.—Ed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 4, 1883.

CHOLERA IN EGYPT.

That cholera of severe, if not malignant type, has suddenly appeared in Egypt, seems to be beyond all doubt. Already the disease has occurred at Damietta, at Port Said, and at Mansourah, these three places separated from each other by considerable distances. Against the theory of writers who consider that this disease is purely Asiatic in its origin, there is the fact in relation to the present outbreak that the history of direct transmission from India to Egypt is absolutely wanting; the further fact, that in order to support that theory, it becomes necessary to explain how cholera has bounded from Hindostan to Damietta, between which little or no communication exists as compared with other Egyptian ports at which the disease has not appeared. The past history of the disease is replete with examples of its occurrence not only in various parts of India between which and the Gangetic valley—its reputed "home"—no communication could possibly have existed at the time. So also in the case of New Orleans in 1873, Lauffen in 1874; with regard, also, to the outbreaks of the disease in Africa in 1837 and 1870 respectively, there existed no means of explaining whence the epidemic wave came. On the other hand, however, the case of New York in 1848 9 has an important bearing on the present outbreak in Egypt. The disease was introduced into that city in December of the former year, but did not spread; on the contrary, it appears to have remained dormant until brought into activity by the heat and other seasonal conditions of summer. Of course a similar circumstance *may* have happened in regard to Egypt, but like many other points in relation to cholera, so here, facts refuse to chime in with theories and suppositions.

Cholera having occurred at three different places, as already mentioned, does the history of previous outbreaks afford any information as to whether those places are to constitute so many foci whence the pestilence is to spread, or not? In 1856 the disease appeared suddenly, and very severely, in Upper India. Yet there was no general epidemic over the intervening territories. In 1861 the disease in some instances followed branch lines of road, attacking villages similarly situated with different degrees of violence, passing over some to appear in those most distant, and, in certain large stations, attacking sometimes only the natives, sometimes the Europeans, sometimes both those classes indiscriminately. Again, in 1865, the disease having been imported into Alexandria, it there gained force, so to speak, and thence spread with increased virulence throughout the basin of the Mediterranean. Thus, no definite criterion is furnished by such instances whereon to predict what may, or what may not, be the future course of the present outbreak in Egypt. A theory has been evolved that the "diffusive energy" of particular epidemics varies; that when this "energy" is great an epidemic spreads; when weak, an epidemic does not spread. But here, again, a phrase has taken the place of definite explanation. It is a somewhat remarkable circumstance that, of the several epidemics that have extended from India to Europe, the disease has not followed the same route on any two occasions; and so with regard to rate of progress, this has varied from time to time, and on occasions differently at different periods in the same epidemic, the ordinary means of communication by land and sea remaining the same. No doubt, as a rule, when cholera—like any other "zymotic" disease—has manifested itself, insanitary conditions favour the intensity of its prevalence even when they do not directly produce the epidemic—such conditions including not alone dirt, to which the term has of late years come to be in a great measure restricted, but the general state in which the great mass of the poor live. But cholera is by no means limited by and to such conditions. There have been many occasions on which the distribution of the epidemic has borne no relation whatever to conditions of sanitation; where places attacked were in no worse position in this respect than others that were spared; and that this has been the case in India, Europe, and elsewhere.

Much is being written on the subject of quarantine in relation to the present outbreak of cholera in Egypt. There are numerous instances on record in which cholera has passed by land from one district or country to another district or country, notwithstanding the strictest possible employment of sanitary *cordons*. So, also, in regard to sea: although undoubtedly on occasions measures of quarantine have, to all appearance at least, protected islands and ports from the disease, there are also instances, by no means few, where at places visited by cholera the shipping has altogether escaped in the absence of all quarantine measures; and many more in which cholera, although imported into a locality, has not spread. According to ancient Mahomedan hygiene, it was directed that neither ought those who are in an uninfected locality enter one infected, nor those in an infected locality escape therefrom. With the march of civilisation all this is changed, and now, if the newspapers are to be credited, panic-stricken people are fleeing from Egypt by every available means of escape. Are they thus the more likely to avoid the disease? Far from it. On the contrary, their liability to become themselves affected may be added to by the state of terror in which they obviously are, and thus they may become the means of transmitting the disease to places that would otherwise escape.

What, then, ought to be done in order that we in England may be prepared to act with something like efficiency in the event of cholera appearing among us? In the first place, certainly, to avoid "panic." Let us organise a regular system of hospital and medical relief; huts, tents, or buildings to be utilised if necessary; medical men, attendants, and other persons usually required for the purposes of hospitals; means of transport for the infected; means for strict inspection, house to house visitation, distribution of medicine; and let the entire organisation be under a distinct and responsible director. But, we repeat, let there be no panic.

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PAPER VOTING IN THE IRISH COLLEGE OF SURGEONS.

At the annual general meeting of the Fellows of the College, on June 2nd, the following motion was adopted without a division:—"That the necessary steps should be taken to have such alterations made in the Charter of the Royal College of Surgeons as shall enable provincial Fellows of this College to vote at the election of President, Vice-President, and Council, by voting papers or other means, as is the case in Trinity College, Dublin, the University of Edinburgh, and other institutions." It was also remitted to the Council to consider the best means of informing the Fellows from time to time of its proceedings.

We greatly regret that no opportunity was afforded for considering this vital change in the constitution of the College before it was submitted for the vote of the Fellows, for we believe that, if the subject could have been debated after due notice, the decision would have been different. Three years ago the Fellows rejected the same proposition by an overwhelming majority, and we know of no circumstances which have since occurred to justify so complete a change of opinion as that which this year's vote is supposed to indicate.

This resolution was urged upon the Fellows on the ground that it is desirable to give the provincialists a larger influence in Collegiate affairs than they are now able to exercise, and if we could think that paper voting would have any such effect we would warmly support the proposition. We have always held the opinion that the College might and should do much more than it has ever done to interest the surgical profession in Ireland in its proceedings, and, with this view, to gather round it the Fellows who are practising surgery in the provinces. It is the duty of the Council, we insist, to make the Fellows aware of its policy and its proceedings, not by a bald and disconnected *rechauffé* of the year's work delivered to them a few days before the annual meeting, but by a quarterly *précis* of everything done in the Council, and a fair open disclosure of the votes of Councillors on all important questions.

We, therefore, assert the rights of the provincial Fellows as loudly as any advocate of paper voting can do, but it is, nevertheless, our belief that no step could be taken which would be more likely to extinguish the provincial influence in the College than to encourage the Fellows to absent themselves from the Collegiate meetings, and to content themselves with voting for certain names on a list without any sufficient knowledge as to whether the policy or acts of the Council deserve approval or whether the person for whom they vote deserves to be elected to the executive of the College.

It seems to us that the strength of the College lies in the intimacy of its connection with surgery throughout Ireland, and that such connection can only be a nominal one if the Fellows are induced—as too many of them now are—never to enter its portals, or to take a larger part in its affairs than once a year to register a half-blind vote respecting the *personnel* of the body which is to administer its affairs.

The chief objection which we entertain to paper voting is that it would practically wipe out the independent provincial influence over the acts of the College. It is not proposed, we believe, to extend paper voting to the settlement of questions debated in the College, but to limit it to the election, which is only a part, and not the most important part, of the Fellow's prerogative. He will, if the resolution be carried into effect, be entitled to choose his representatives on the College Council without leaving his home, but, while he gains this privilege (if it be a gain), he will lose the opportunity of voting on any question submitted for the opinion of the College at other times, inasmuch as he would not be present at the meeting of the College to hear or vote.

We apprehend that, in the absence of the independent provincial voter, the teaching party will become masters of the College, of its policy, of its influence, and of its funds. In a small metropolitan constituency like Dublin, a majority of the Fellows have always been, and must necessarily be, connected with teaching, and interested in the emoluments arising therefrom, and the only chance of diluting this influence is the interposition of the provincial voter, who is free from personal interest in these matters. If, therefore, that independent element be eliminated from the meetings of the College by the introduction of paper votes, the teachers will have the College to themselves, and any attempt at educational reform will be useless. There is, indeed, no need to speculate as to what might happen if the provincial voter absents himself, for we know already what does happen when he is not present. We know that in off-meetings of the College, either for election or debate, the acts of the College are left almost altogether in the hands of the metropolitan Fellows, of whom the professors, lecturers, and grinders are the chief part. On these occasions, as the provincialists have no elective vote to give, they do not come to Dublin, and the result is that it is almost useless to bring forward any proposition which needs their support to carry it.

For these reasons we believe that the introduction of paper voting would be a disaster to the College and to Irish surgery. It would be equally a misfortune for the provincialists themselves, and to the Irish Medical Association and Irish Medical Benevolent Fund, whose influence is maintained by the yearly visit of the provincial surgeons to their meetings.

If, however, so serious a change is to be made, it should at least be done deliberately, and we, therefore, urge that the College ought not to act upon the hasty vote snatched in the scramble which took place at the last College meeting, but should take time to think of the possible effects of the proceeding, and to debate the question deliberately before it decides.

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A WARNING TO MEDICAL MEN.

GENERALLY speaking, it is extremely undesirable and unpleasant for medical men to appear in courts of law in vindication of their rights; but there are cases involving matters of principle touching the profession in which this alternative is forced on practitioners, and in which it becomes a matter of public duty. A case of this description came before Sheriff Gebbie, at Dumbarton, on the 19th ult., and the learned gentleman's decision was of so extraordinary a nature that it demands at our hands a passing notice. The facts, briefly put, are as follow:—On the morning of October 9th, 1882, between 7 and 8 o'clock, the medical attendant of a family then residing in Glasgow was summoned to their house by one of the family. Two messages came, the first being received by the housekeeper, and the second by the doctor himself, the messenger, a boy of between seven and eight years of age, representing, though this did not come out in evidence before the Sheriff, that "mother says he (the doctor) is to come quickly." On arriving at the house, a servant girl is found to have been just delivered of a child. The doctor attended to her wants, and made visits subsequently until her removal from the family. He is not informed that his attendance on the case is under any exceptional form of contract, and he attends solely on the credit, as formerly, of the family. A bill for this attendance being incorporated with the family account at the end of the year, payment of it is refused on the ground that the master did not employ the doctor, and it was to enforce payment of this claim that the latter sought redress before the Sheriff-substitute of Dumbartonshire. Proof being led, it was not denied that the doctor attended; it was not denied that the master's boy went twice for the doctor; but the liability was sought to be evaded on the ground that it was the servant herself who sent the boy for the doctor—a servant who, by the way, could hardly have known that this particular practitioner was the family attendant, as he had *not been* professionally or otherwise in the house since she entered it as a servant. It was admitted by the mother that she was present when the boy was asked to go for the doctor, but it was maintained by her, as already stated, that the order to go for the doctor proceeded not from her, but from the servant. On this representation, the Sheriff found for the defendant, the doctor being told that he had recourse against the servant, or the father of the child, of whose names and whose whereabouts he was in complete ignorance. Now, we cannot help regarding this as an extraordinary decision, and one to which we invite the attention of the profession. In arriving at this conclusion, the Sheriff-substitute seemed to have considerable doubt in his own mind, for he openly in Court solicited the opinion of Mr. Maclachlan, Town Clerk, of Helensburgh, whose view of the question favoured the doctor. Sheriff Gebbie, however, we understand, has an exaggerated veneration for print, and Fraser's book on "Master and Servant" being produced, and the following passage read, he quickly arrived at the conclusion stated. The passage referred to is as follows:—"With respect to servants, the rule seems settled that the master is not bound to call in a surgeon, even where the injury was sustained in doing the master's business; and if the servant do so himself, *without the master's knowledge*, the latter is not liable for the surgeon's bill. But if the master interfere, a contract may be inferred, so as to subject him to liability for the medical attendance; and in that case he could not deduct the amount of his payment from the wages; and if *a servant become ill and the master call in his medical man to attend such servant*, the master will not be allowed to deduct the charge for medical attendance from the servant's wages, unless there is a special contract to that effect." Now, with every respect for the Sheriff-substitute of Dumbartonshire, we submit that this is the law as bearing on the contract between *master and servant, but not as between master* as his *usual medical attendant.* Here, as in every other case, facts and circumstances ought to be taken into account. It was on the credit of the family that in this case the doctor rendered services to a person of whose name even he was in ignorance; he received the message from one of the family; the mother confessed to having been present when the order to go for the doctor was given, and surely if the idea were then entertained of denying the liability of employment the doctor should there and then have been informed that his attendance had not been requested in his capacity of usual medical attendant. In this case, the Sheriff-substitute gravely informed the doctor that on receiving the message he should have satisfied himself by whom he was being employed, and to whom he was to look for payment. Now, in the name of wonder! how could it ever occur to a doctor, under the circumstances, to surmise that there was anything unusual in the form of contract? Of the mysteries of law we confess to but a limited acquaintance, but it is seldom difficult to see that law is based upon common sense, and is the impartial arbiter and dispenser of justice. Sheriff Gebbie's decision appears to us to be neither the one nor the other, and his conclusions are such as to be spurned and resented by the medical profession.

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Notes on Current Topics.

The Coming Election at the Royal College of Surgeons of England.

THE annual election of members of Council, which takes place to-morrow (Thursday) is looked forward to with more than ordinary interest. Owing to the retirement by rotation of Mr. Prescott Hewett, Mr. Birkett, and Mr. Cooper Forster, there will be three vacancies to be filled. Of these, Mr. Cooper Forster alone seeks re-election, and will, without doubt, meet with the success he merits. Yet we must caution the Fellows not to be too confident of the success of any candidate where so many are in the field as on the present occasion. Many a place has been lost because a number of voters, relying upon an assured success of some particular individual whom they have been desirous of re-electing, have bestowed their favours upon others whose chances were not considered so good. Provided Mr. Cooper Forster be re-elected, there are yet two vacancies, for which the following candidates have applied, named in the order of the date of Fellowship:—Messrs. Sydney Jones, George Lawson, Arthur Durham, Brudenell Carter, Reginald Harrison, Sir William MacCormac, Oliver Pemberton, and Charles Macnamara. Though perhaps every one of these gentlemen would make excellent members of the Council, yet not one can claim any right in virtue of eminence or special scientific position to supersede others who obtained their Fellowship at an earlier date. The first two in order of date of Fellowship are Mr. Sydney Jones and Mr. George Lawson, and we trust, therefore, that in all fairness these gentlemen may be elected.

The Princess Alice Memorial Hospital.

ON Saturday last that pleasant and prosperous health resort, Eastbourne, was *en fête* to welcome their Royal Highnesses the Prince and Princess of Wales, who had promised to formally open the Memorial Hospital, which has been erected by voluntary effort to perpetuate the memory of the Princess Alice in the town, where she spent some few weeks of the last of her life. The town was as gay as loyalty, art, and money could make it, and the reception accorded to their Royal Highnesses was of a most flattering and enthusiastic description. The pleasure, however, was not untinged with sadness as reference was made, both by the Prince of Wales, Lord Hartington, and other speakers, to the void occasioned by the death of the Princess Alice, and the presence there that day of Her Royal Highness's daughter, in very feeling terms. The new hospital is a wise and practical outcome of public loyalty, and we join in the noble speaker's heartiest wish for its perpetual prosperity.

The Health of Dublin.

THE report on the state of public health in Dublin for May, by Dr. Cameron, Superintendent Medical Officer of Health, says that the deaths within the metropolitan registration area amounted to 1,003 during the five weeks ended 2nd June—30 per 1,000 persons living. The deaths within the city registered were 777, and were in the annual ratio of 32·26. The deaths from the seven principal zymotics were, in the whole registration district, in the ratio of 2·74. As compared with the preceding month, the deaths from typhoid fever and diarrhœa decreased considerably. There was an increase in the number of deaths from simple fever. The deaths from typhus fever and whooping-cough were about the same. The zymotic death-rate decreased from 3·37 to 2·88 per 1,000 persons living. As compared with the previous month there were decreases in the number of admissions of persons affected with typhoid and typhus fever cases, and an increase in the admissions of persons affected with scarlet fever.

State of Public Health in May, 1883.—The death-rate was higher than during the corresponding periods of 1881 and 1882, but it was much lower than the May of 1880 and of 1879. The zymotic death-rate was slightly larger, as compared with the May of the two preceding years, but it was less than one-third of zymotic death-rate in May, 1880. The early part of the month was very cold for the season, and the deaths from diseases of the breathing organs were above the average of the corresponding period of the previous decade.

The West London Medico-Chirurgical Society.

THE members of this society dined together on Thursday, June 14th, at the "Star and Garter," Richmond, Dr. E. Hart Vinen, in the chair. The usual loyal and other toasts were drunk and in proposing the toast of the evening, namely, "Success to the Society," the chairman congratulated those present on the prosperity of the society, on the favour with which its formation had been received by the medical men of the district, on the steady increase in number of members, on the character of the papers, on the enthusiasm of the discussions, on the attendance at each meeting, on the state of the finances, and on the prospect for the future. A very pleasant and social evening was passed, to which the charms of the *locale* and the beautiful weather greatly conduced. Thus was brought to a close the work of the first year of the society's existence, which to quote at second hand from the *menu*, latinised by Dr. Vinen, was "*ab ovo usque ad mala*," a thorough success.

A Fever Hospital for Oxford.

The question of providing Oxford with a special fever hospital, which has been several times the subject of considerable discussion, is at length decided so far that the town is to possess such an institution at an early date. The site chosen for the building is hardly such as would commend itself to the most exacting architect, seeing that it is subject to flooding so long as the river possesses its present configuration. Certain alterations and improvements in connection with the stream are in view, and when completed the proposed hospital will stand about six feet higher than the greatest known flood level, and be thus, it is assumed, all that an infectious hospital can desire to be. Oxford, it must be admitted, is peculiarly situated, so that it would be difficult to select an available site for the proposed hospital within a short distance of all parts of the city; and, under the circumstances, any more satisfactory position than that which has been selected it would be difficult to find. It is a matter for congratulation that any chance at all presents of obtaining so much needed an improvement for the place, the benefits to be derived from which cannot be readily over-estimated.

The Baly Physiological Medal.

The annual election of Baly Medallist has this year resulted in the distinction being conferred on Dr. Brown-Séquard, on whose behalf Dr. Pitman was presented with the prize on the conclusion of Dr. Habershon's Harveian oration last Wednesday. This medal is named after its founder, the late Dr. Baly, who instituted it as a distinction in physiological science, to be awarded on the choice of the Royal College of Physicians of London. It may be remembered that the medal was presented to the late Charles Darwin, just three years ago, a fact referred to by Dr. Habershon in the course of his address.

Death of Mr. Spottiswoode.

A universal feeling of regret in scientific circles throughout the world will be aroused by news of the death of Mr. Spottiswoode, President of the Royal Society of London, which occurred on Wednesday morning last. The deceased *savant* had been ailing for some time, and an attack of typhoid fever, from which he had not sufficient strength to rally, brought about the sad termination by which a most active and pre-eminently useful life has been cut off at the early age of fifty-eight years. The versatility and acute perception of the late President of the Royal Society have long received wide recognition and respect, and have enabled him to exhibit more than a passing interest in subjects of scientific importance of which he had not made exhaustive study. His unceasing devotion to the duties devolving upon him in his official capacity has doubtless contributed to the loss sustained by his decease. The labours he has accomplished, however, and the memories he leaves will form an enduring memorial of one who has manfully upheld the dignity of British science and the authority of research.

The Royal Commission on Sewage.

It is generally understood that the Royal Commission on Metropolitan Sewage Discharge are now approaching the close of their labours, having concluded the reception of evidence respecting the effect of the drainage outfalls on the sanitary condition of the Thames. The next meeting of the Commission is fixed for Monday next, when the final speeches of Counsel will commence. Unless the Commissioners think it necessary to enter on a further inquiry, with a view to discover some improved plan for disposing of the sewage, it appears not unlikely that their Report will be presented at an early date—probably, before the rising of Parliament.

The Predictions of a Murderer.

A correspondent sends us the following extraordinary statement, which, if founded on fact—and he has the authority of the American and Parisian press—has also the merit of continuity in coincidence:—

It is well known that Guiteau, the assassin of President Garfield, when upon the point of being condemned, made a prediction of sundry recompenses which would fall upon those who had contributed to his condemnation. Struck by a powerful malediction, its effects would promptly overtake them. That prophecy, says our correspondent, is being accomplished with startling rapidity. The wife of the attorney of the Corkhill district, who displayed so much ardour in the pursuit of Guiteau, died immediately after his condemnation. So died Surgeon-General Barnes, whose deposition was most hostile to Guiteau. Dr. Noble Young is also dead. Porter, the judge, whose "charge" was so violently pronounced against the criminal, is in shattered health, and incapable of duty. The marshal Henry, the bailiff Stahl, the detective McElfresh, Perry Corson the guard, and James Leonard the prison coachman, are destitute. The Rev. Mr. Hicks is pursued by defamation. Dr. Grevy has been killed in an asylum for the insane. Dr. McDonald is troubled on account of his administration of Ward's Island, and is the subject of Government inquiry. The sergeant Mason has been for a long time in prison, while his wife and a lawyer are fighting over some thousands of dollars subscribed by the enemies of Guiteau. The wife of one of the jurymen (Hobb) has died, and the juryman Mike Scheban has been struck by madness. Thus ends for the present this "tale of woe."

The Professorship of Anatomy in Dublin University.

The election to the Professorship which has been vacated by Dr. MacAlister, on his appointment to the Anatomical Chair at Cambridge, will take place on the 29th of September. The Board of Trinity College will make the choice, which, however, must be approved, *pro forma*, by the College of Physicians. The title is that of Professor of Anatomy and Chirurgery, and its scope is rather within histology than pure anatomy.

"The emoluments consist in a fixed salary of £250 per annum, and of fees of three guineas, payable by each student attending clinical lectures delivered by the Professor in Sir Patrick Dun's Hospital.

"The Professor is also entitled to the lecture fees, the amount of which is liable to be regulated from time to time by the Provost and Senior Fellows. He is also entitled to a portion of the profits arising from the dissecting room."

The candidature, at present, lies between Dr. Thomas Evelyn Little, who has held the office of University Anatomist in the same school for many years, and Dr. D. J. Cunningham, the distinguished Professor of Anatomy and Physiology in the Irish College of Surgeons, formerly an assistant to Professor Turner in the University of Edinburgh.

The free competition for this most valuable Professorship is limited by the absurd regulation which requires the professor to deliver clinical lectures in Sir Patrick Dun's Hospital, a function which no anatomist worthy of the position would willingly undertake, or would be competent to discharge. If these clinical lectures are delivered, and are worth listening to, they must be given by a practising surgeon, who is obliged to substract from his anatomical work much time and brain labour which ought to be devoted to it. If they are not worth listening to, then it is discreditable to both University and hospital, and a great hardship on the student to compel him to pay for and attend them. We hope some day to see the Senate of the University take up this matter and put a stop to the system of spoon-feeding Sir Patrick Dun's Hospital by compelling University medical professors to act on its staff.

Snake Poison.

Drs. Weir Mitchell and Reichert have recently published some interesting facts relating to the venom of serpents. They find that all the venoms they have examined present certain characteristics in common. They are invariably of acid reaction, and, when dried, soluble in water, save for a slight cloudiness. The authors do not find an alkaloid in any of them, but in every case the poison appears to be made up of three distinct proteid bodies. The first, which they say is a peptone, is less active than the combined poisons, but reduces the blood pressure, induces œdema, and finally produces putrefactive effects. The second is an extremely virulent substance, 1·20th of a grain being sufficient to kill a strong pigeon in two hours; it gives rise in a few minutes after injection to enormous infiltration of blood into the neighbouring tissue. The third is doubtfully poisonous.

Lord Wolseley, who is an Irishman by birth, was on Friday last presented with the honorary degree of LL.D. in the Examination Hall of Trinity College, Dublin, in presence of a large and distinguished assembly of the nobility, the clerical, medical, and legal professions.

From the official returns made to the Registrar-General, of the relative mortality of the principal large cities in Europe, America, and India, it appears that London still occupies the first position for healthiness. Last week its death-rate was but 17 per 1,000 of its population of 3,955,814. Whereas Paris, and New York had a death-rate of 25, Vienna 29, Berlin and Rome 31, and Prague 43 per 1,000.

Insanity in a Child.

The *Alienist and Neurologist*, April, 1883, says that a six years ten months' old child is reported by Berner (*Norsk Magazin for Lægevidenkaben*, Bund XII., Hefte 3) to have been attacked by melancholia. The patient was desirous of solitude, very restless and unquiet in slumber, and had hallucinations of sight and hearing. There were at times paroxysms of markedly painful depression. Hereditary history was uncertain, and the patient recovered in a month.

Medical Society of London.

A conversazione was given at the rooms of the Medical Society, under the presidency of Sir Joseph Fayrer, on Monday night. Among the guests were the Prince of Wales, Prince Lucien Bonaparte, Earl of Selkirk, Sir Bartle Frere, Sir Richard Temple, Sir James Hanbury, Sir W. Robinson, Director-General Reid, Canon Duckworth, and many eminent members of the medical profession. The band of the Grenadier Guards was in attendance. The rooms of the Society, which were decorated with taste and ornamented with flowers and tropical plants, have been almost entirely rebuilt. They are very handsomely arranged, and libraries, refreshment rooms, lavatories, &c., have been added. The President and Secretaries are to be congratulated on a very successful entertainment.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 35, Bombay 27, Madras 28, Paris 25, Geneva 19, Brussels 26, Copenhagen 24, Stockholm 26, Christiania 20, St. Petersburg 33, Berlin 31, Hamburg 27, Dresden 25, Breslau 35, Munich 37, Vienna 29, Prague 43, Rome 31, Turin 29, Venice 23, Lisbon 31, New York 25, Brooklyn 19, Philadelphia 19, Baltimore 19.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Leicester 12; Norwich, Brighton, Bristol, Bolton, Portsmouth 14; Wolverhampton, Bradford 15; Plymouth, Cardiff, Nottingham, Birkenhead 16; Salford, London, Edinburgh 17; Halifax, Newcastle-on-Tyne, Oldham, Derby 18; Birmingham, Sunderland 20; Hull, Sheffield 21; Leeds, Preston 22; Manchester, Blackburn 23; Huddersfield 24; Liverpool, Dublin 25; Glasgow 29.

The highest annual death-rates from diseases of the zymotic class in the large towns last week were—From scarlet fever, 1·4 in Manchester, 1·8 in Leeds, and 3·0 in Sheffield; from whooping-cough, 1·2 both in Hull and Birkenhead, and 1·4 in Liverpool; from "fever," 1·2 in Birkenhead, and 1·3 in Liverpool; and from diarrhœa, 1·0 in Blackburn, and 1·1 in Preston. The 22 deaths from diphtheria included 12 in London, 4 in Glasgow, and 2 in Liverpool. Small-pox caused 2 deaths in London and one in Newcastle-upon-Tyne.

The Medical Bill.

On Friday, June 22nd, a deputation from the Irish College of Surgeons waited on Mr. Mundella, M.P., at the Privy Council Office, by appointment, to submit the amendment of the Medical Bill which the College considers indispensable. The deputation consisted of the President, Mr. Wheeler; the representative of the College in the Medical Council, Mr. MacNamara; Mr. Barton, and Dr. Jacob; and the suggestions offered to Mr. Mundella were embodied in the statement of which we published the chief part in our last issue.

The College asks for—*a*. Uniformity of the curriculum required for the Medical Board examinations throughout the Kingdom. *b*. That the scheme of examination and education be made by the Medical Council and sent to the Medical Board to be carried into effect, and not, as proposed by the Bill, made by the Board and sent to the Council to be revised. *c*. That no University student shall be entitled to exemption from the full examination fee unless he be an Arts graduate or an Arts undergraduate of 3 years' standing. *d*. That the surplus funds arising from examination and registration fees be allocated equitably to the three divisions of the Kingdom, in proportion to the medico-educational work done therein. *e*. That in the Medical Board for Ireland the Colleges should not have a less representation than the Universities, and that the direct representative for Ireland should have a seat on the Irish Medical Board.

Certain other amendments of minor importance were also submitted.

Mr. Mundella received the deputation in an unyielding spirit, and contested each of the proposed amendments in detail except that with reference to the fees payable by University students, to which he gave a modified assent. As to the *locus standi* of the direct representative, Mr. Mundella considered his admission to the Medical Board to be absolutely inadmissible, and that if entertained by the Government, would be fatal to the Bill. He seemed to be under the erroneous impression that the profession at large is entirely satisfied with the Bill in all its details, and with the function given to the direct representative under it, and to anticipate a violent opposition to the proposition from some unknown quarter, and he referred to the petition presented by members of the British Medical Association as proof that the profession was anxious to accept the Bill unreservedly and without amendment, and did not regard the position of the direct representative as of critical importance.

Having thus failed to impress Mr. Mundella with its views, the deputation decided to submit its arguments to the members of the House, and immediately proceeded to organise a conference of M.P.'s for Tuesday, the 26th. That conference was attended by twenty-four members, including Messrs. Gibson, Plunkett, King-Harman, Mitchell Henry, Drs. Cameron and Farquharson, Viscount Crichton, Captain O'Shea, Mr. Ellison, Mr. McCartney, Mr. Callan, Sir Lyon Playfair, Mr. Corry, Mr. Findlater, Mr. Mulholland, Mr. Biggar, and other influential members.

The views of the College were very fully put before the conference, and heard with the most intelligent and careful consideration by the assembled members, and the deputation retired much gratified with the reception which their observations had met with.

Since the return of the deputation to Ireland the College of Surgeons has followed up the steps already taken, and is ready to submit its amendments and enforce them by its entire Parliamentary influence when the proper time comes.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Scottish Universities and the Medical Act Amendment Bill.—The Scottish Universities have issued in pamphlet form the speeches of their recent deputation to the sorely tried Lord Advocate. It is needless to say that we regard the pamphlet as altogether a weak production, and that this struggle for money, and the dread of fair and open competition manifested by the Scotch Universities is highly discreditable to them. As to the Divisional Board, the chief bone of contention, we have already pointed out that their desire for strength upon it is to correspondingly preserve the teaching monopoly. As a matter of fact, it is the opinion of unbiased members of the profession that *no teachers whatever* should be on the Divisional Board; that the State should institute a minimum examination totally independent of the Universities and Corporations, and that it would be a generous act on its part to allow them to retain the right of giving their "higher" qualifications to whomsoever desired to possess them. So long as the Universities have any control over the passing of men into the profession, so long will their pernicious monopoly remain, and "medical reform" will be a mere farce. The Scotch professors figure in a most undignified manner in throwing mud at the Corporations, and at the University of St. Andrews, in the unworthy hope that from this ordeal the virtues of the three great educational trade-protection institutions of Scotland will shine forth more conspicuously. We boldly assert that no case has been made out against the Corporations of Scotland which does not equally apply to the Universities; and from what we all know of the Universities of Scotland, is it for a moment to be supposed that their professors are proof against their *decided pecuniary interest* in passing men into the profession? In all probability we shall have to be content with an instalment of justice merely, as reform of all kinds is slow, and as money rights are fought for no less furiously by philosophers than by beings of a meaner order. (*Vide* the columns of the *Glasgow Herald passim*).

The Partick Poisoning Case.—Robert Craig, druggist's assistant, Partick, was apprehended on Tuesday, the 26th ult., on a charge of culpable homicide in connection with the death of George Mackay, as reported in the *Medical Press* of June 26th, who died through a poisonous drug being dispensed to him from the prescription of a Glasgow surgeon. After the taking of formal evidence the case was adjourned, bail being accepted for £50.

The University of Edinburgh.—For the final examinations now being held there are no less than 240 candidates. We also learn that one of the extra-academical examiners has begun to show signs of home-sickness, and does not appear to relish a residence of three weeks away from his London practice. Before accepting the post he should have made inquiries as to his duties; and he must, for this occasion at least, exercise some amount of that Christian resignation for which we believe he is much renowned.

Health of Edinburgh.—For the week ending with Saturday, the 23rd ult., the mortality in Edinburgh was 70, and the death-rate 16 per 1,000. Diseases of the chest accounted for 38 deaths, and zymotic causes for 4, of which 1 was due to scarlatina and 1 to measles, the intimations of these diseases for the week being 15 and 52.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 23rd ult., were at the rate of 30 per 1,000 per annum, against 30 in the preceding week, 25, 22, and 24 in the corresponding periods of 1882, 1881, and 1880.

SUDDEN DEATH OF DR. JAS. MOIR.—On Friday morning, Dr. James Moir, of Aberdeen, died suddenly at the railway Station of that city, under peculiarly painful circumstances. Dr. Moir had arranged to accompany the Aberdeen Association of Chemists and Druggists on the occasion of their annual excursion, a short distance into the country. Fancying himself late for the train he hurried to the station, and was so overcome on reaching it that he complained to his friends of giddiness. He was assisted into the station refreshment rooms, where he died in a few minutes from apoplexy. The deceased had been in weak health for some time past. Dr. Moir, who was 65 years of age, was a native of Aberdeen. Early in life he followed his profession in Alyth, but for many years past had been located in Aberdeen, and he had an extensive practice among the poorer classes of society. The occurrence naturally cast a gloom over the pic-nic party, by whom the excursion was abandoned.

OUTBREAK OF MEASLES IN THE FAIR ISLE.—News has been received at Lerwick that measles has broken out in Fair Isle, situated midway between Orkney and Shetland. The disease is very prevalent, and has attacked in some instances five out of six persons in one family. It is thirty years since measles last appeared in Fair Isle.

PROFESSORS LEISHMAN AND BELL PETTIGREW. — Dr. Leishman replies in the following terms to the remarks of Dr. Bell Pettigrew, of St. Andrews, referred to in our last impression :—I beg Dr. Pettigrew's attention to the fact that the tatements he complains of were first made a week before I spoke, at an interview with the Lord-Advocate in London. At that meeting reporters were present ; the statements appeared in every leading journal in Scotland ; and these statements remained unchallenged by Dr. Pettigrew or anyone else. That might be my excuse for any inaccuracy, did such exist ; but, so far from Dr. Pettigrew being able to point out any, I think he supplies, by implication at least, the strongest corroboration of almost all that Dr. Gairdner said in London and I repeated here. I stated—as reported, and, I believe, correctly reported, by you—that "St. Andrews gives in the course of the year, under certain special conditions, to men already on the Register, a certain number of degrees. I think I am correct in saying that, during the last ten years, the University of St. Andrews has placed five men on the Medical Register." To this Dr. Pettigrew replies that in that time they have "made 110 doctors of medicine." Of course they have, but these are the very men who are made doctors on the special conditions to which I distinctly referred, and Dr. Pettigrew does not contradict my statement that they have only placed five men on the Register in ten years. Nay, in point of fact, I believe that the number is less than five, and that, in my anxiety to avoid the slightest exaggeration, I have actually understated my case. Your correspondent objects, further, to the inference I draw that the St. Andrews vote on the Scottish Board could under no circumstances be counted for the Universities. That it would be given "in the interests of right and justice" I do not for a moment doubt, but at the same time I do not think it is any exaggeration—knowing that the University of St. Andrews has but a fragmentary medical faculty, no medical school, no hospital, and an infinitesimal interest in graduation—to say, as I have said and now repeat, that it "has no interests whatever in common with the other Universities," with their medical graduates counted by hundreds and their medical students by thousands.

THE WORK OF EXAMINERS.—At present there are between 230 to 240 candidates for the final examination in the University of Edinburgh. On each subject there are but two examiners, so that it may be conceived that the time of the examiners is well occupied. It may well be questioned if justice can be done to the candidates, and if it is not more than human nature can support to be engaged for two or three weeks examining for four hours continuously every day. Besides, we believe that the written papers have to be examined and marked in 24 hours. How can this be done with justice to the examiner and candidate?

ROWDYISM BY STUDENTS AT THE EDINBURGH THEATRE ROYAL.—We regret to state that the Edinburgh students have again been distinguished by highly unbecoming conduct at the Edinburgh Theatre Royal. In the course of a performance by Miss Palmer, a talented young American actress—who, we fear, must have formed strange impressions of Scotch students—a scene of riot and ill-mannered buffoonery ensued. These gentlemanly youths yelled and mimicked actors and actresses alike. With their pockets loaded with peas and gravel, they pelted the occupants of stalls and stage, until, becoming enraged, the other occupants of the gallery set upon them, and a free fight followed. Ultimately nine of them were arrested and lodged in the police-station for the night, and the performance was allowed to proceed after a delay of twenty minutes.

Literature.

BUXTON AS A HEALTH RESORT. (a)

IN this little work Dr. Thresh has done good service by disposing of the error about the quantity of nitrogen which previous analysts had circulated. We have always regarded Muspratt's and Playfair's statements on this point as incredible, and are glad to see a series of careful investigations into the chemistry of Buxton water. It is not every spa that can boast of a resident D.Sc. Lond., and we hope Buxtonians duly appreciate their able townsman. Not only is the nitrogen question settled by Dr. Thresh's labours, but he gives us new analyses of the waters, and an account of the mud deposited where it issues from the earth. After all, it appears that Buxton is richer in nitrogen than Wildbad or Gastein, the two springs it most resembles. It is, perhaps, natural for the author to attach importance to this gas, and he hints that it escapes in what may be thought a semi-nascent state from solution in the water. We do not ourselves think the nitrogen of therapeutic import, regarding temperature and mode of use, with other circumstances, as the agents of cure. Buxton maintains its position, and the hospital records show that the waters are efficacious in arthritic ailments. Whenever a thermal water of only 80° is indicated, with bracing mountain air, Buxton may be trusted. But the climate is rather bleak, and those patients who are very sensitive to cold may find it trying. Those, however, who can bear the bracing cold will find it a powerful tonic. Dr. Thresh gives also a sketch of the town, its position, water supply, sanitary state, &c. The rate of mortality is very low, and the "Queen of the Peak" should attract an increasing number of visitors, who can explore the neighbourhood on foot. As to the baths, we should like to see them enlarged and improved. It is a pity that English spas are not as thoroughly worked as foreign ones. There is room for fresh outlay, and the lord of the manor ought to look to this. Then, too, there is a want of accommodation which he might well supply. Surely the rich Duke of Devonshire might incur more outlay, which would be sure to add to his wealth. A few years ago we were in Buxton, and then we deeply regretted that more was not done to keep it in the front rank of spas. It is this apparent inability of the English to carry out what is most required that drives so many from British to foreign resorts. We hope the publication of Dr. Thresh's excellent work will serve as a stimulus to the lord of the manor and all else whom it may concern.

(a) "Buxton as a Health Resort." By J. C. Thresh, D.Sc. Lond., F.C.S. Buxton: Wardley. 1883.

Correspondence.

THE RECOGNITION OF FOREIGN DIPLOMAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your remarks upon the petition presented by Mr. Mundella to the House of Commons on behalf of foreign graduates practising in England are likely to mislead your readers. Either you cannot have carefully read the petition, or else must have entirely misunderstood its purport. The petitioners did not pray for the recognition of all foreign degrees indiscriminately, as your remarks would infer, but for the registration of all respectable foreign degrees obtained after thorough examination by men already registered under the Medical Act. The worthless degree referred to by you as an example of what kind of degrees might possibly find their way to the Register if the petition of the Foreign Graduates' Association were acted upon is exactly one of those degrees which will have a right to admission to the Register under the new Act as it at present exists, whilst the degrees of Berlin, Bonn, Göttingen, Giessen, Heidelberg, and Brussels will be left out in the cold. You ask how I would suggest that the Medical Council might discriminate between one degree and another. By registering all European and Colonial degrees I think they would not do much harm, as any of these will most favourably compare with the degrees of some of our own universities. In the United States and other American Republics great care would be required to discriminate between worthless and honourable degrees, as some of their universities—for instance, Harvard, Pennsylvania, New York, and Jefferson—are highly honourable, whilst others are just the reverse. You must be aware of the fact that no European university of the present day grants medical degrees without thorough examinations being passed, equal in every respect to the examinations of this country. This is beyond dispute, and may be proved by any one who will take the trouble to inquire. The old cry of "bogus Continental degrees" which now and again is heard is but the outcome of that ignorance of the customs of foreign countries, and of that insular prejudice and vanity so often met with in this country, which is productive of no good, a great amount of ill-feeling, and much amusement to foreigners, who, as a rule, look upon us as a vain and bragging people.

I am, Sir, yours, &c.,

H. J. HARDWICKE, M.D.

Sheffield, June 27th, 1883.

[We are not by any means satisfied that all Continental degrees are above suspicion even when stated to be conferred on examination, and, therefore, it seems to us prudent that the Medical Council shall not register the holder of any of these degrees unless he can also produce the "Staats examen" certificate or other official evidence that he is up to standard in point of education. To register such degrees would be to give to an institution of which little is known and which cannot be inspected, privileges which are refused to home licensing bodies whose examinations are tested and certified. The foreign diploma clauses of the Bill are very unsatisfactory in one respect. They empower the Medical Council to recognise—of its own pure discretion—any foreign or colonial degree it pleases, and for ever afterwards all holders of that degree will be registered *ipso facto*. Lord Ripon's Bill, on the contrary, required that the individual seeking registration should satisfy the Council that his foreign degree was up to the home standard, and each individual would be dealt with separately.

When we look back upon the wholesale recognition by the Medical Council of preliminary education certificates issued by foreign and colonial bodies we may well apprehend a wholesale recognition of analogous professional education certificates without inquiry or vigilance if the Medical Council is authorised to accept them at its own unlimited discretion.

Dr. Hardwicke has not yet attempted to tell us how the Council should discriminate between good and bad, and we wait his solution of the difficulty.—ED.]

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THE IRISH MEDICAL BENEVOLENT FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would have appeared ungracious if any one had expressed disapproval of the observations of the ex-President of the College of Surgeons at the close of the annual meeting of the Medical Benevolent Fund Society, when thanking those present for the usual vote of thanks to the presiding chairman. I hope, however, that silence upon that occasion may not be misunderstood, and that it should be supposed that many approved of the idea of putting begging-boxes in our studies or consulting rooms to tax poor persons, from whom we would not accept fees, and tacitly ask them to aid in supporting an institution which we have a right to support ourselves. I hope we shall never have this idea put forward again. It will of course appear in our next report as part of the speech of the ex-President of the College of Surgeons, but after that I hope it will be "buried in the tomb of the Capulets," and that no attempt will be made to resuscitate it.

I am, &c.,

AN OLD SUPPORTER OF THE MEDICAL
BENEVOLENT FUND SOCIETY.

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Medico-Parliamentary.

HOUSE OF COMMONS.—FRIDAY, JUNE 29TH.

THE CONTAGIOUS DISEASES ACTS.

THE Marquess of **HARTINGTON** asked leave to introduce a Bill to provide for the detention in certain hospitals of persons afflicted with contagious diseases and to repeal the Contagious Diseases Acts 1866 and 1869. The Bill, he said, would proceed on the analogy of the Poor Law, and would give power to detain persons affected with contagious diseases in certain certified hospitals. The provisions relating to examination, registration, and the so-called voluntary submission to examination would be repealed. He regretted that the House had declined to continue longer the experiment tried by these Acts, but there was no doubt a strong feeling in the country on the subject.

Mr. **PULESTON** remarked that the Bill would be practically worthless.

Mr. **WARTON** suggested that the knowing or negligent communication of disease should be made a misdemeanour.

Leave was given to introduce the Bill, and it was read a first time.

THE OUTBREAK OF CHOLERA IN EGYPT.

Mr. **CARTWRIGHT** asked the Under Secretary of State for for Foreign Affairs whether there was any official information as to the character of the epidemic which was reported to have broken out at Damietta, and of the number of deaths that had already occurred; and also to the appearance of the epidemic in other localities besides Damietta.

Lord E. **FITZMAURICE**.—I regret to say that the reported outbreak of cholera at Damietta has been confirmed by intelligence received from her Majesty's Consul at Alexandria, and up to yesterday about 180 deaths would appear to have taken place. Cases have also been reported at Mansourah and Port Said; but no cases have as yet appeared amongst British troops.

THE MEDICAL STAFF IN EGYPT.

Viscount **FOLKESTONE** asked whether there was with the British troops in Egypt a sufficiently large staff of medical officers, and a sufficient supply of medicine to cope with the possible outbreak of cholera.

The Marquess of **HARTINGTON** replied that there was a sufficiently large staff of medical officers in Egypt to meet all probable requirements, and a reserve was in readiness to proceed there if necessary. The supply of medicine was adequate, and an addition was then in course of shipment of such articles as were likely to be useful in the event of the outbreak of cholera. Instructions had been telegraphed to the general officer commanding in Egypt to take all suitable measures to prevent an outbreak, and his attention had been called specially to Indian regulations on the subject. His

Lordship added that a reply had been received to the effect that those instructions had already been followed, and that there is no immediate fear of cholera among the troops.

WOOD PAVEMENTS AND DISEASE.

Viscount NEWPORT asked the Chairman of the Metropolitan Board of Works if it was not the fact that since the recent extension of wood pavement in the metropolis serious affections of the eyes and lungs had been largely on the increase; and whether it would not be possible to mitigate in some degree this growing evil by a more careful and thorough system of cleaning and washing the streets.

Sir J. M'GAREL-HOGG.—I beg to inform my noble friend that the streets of the metropolis are not under the control of the Board over which I have the honour to preside, and I have no information of the evils he refers to. I cannot speak with any weight with regard to remedial measures, or their necessity, but perhaps my noble friend's question will be the means of directing the attention of the local authorities to the subject.

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PASS LISTS.

Royal College of Physicians of London.—The following gentleman was duly admitted Fellow of the College on Thursday last, the 28th ult.:—

Herbert Watney, M.D. Cambridge, 1 Wilton Crescent, London, S.W.

Royal College of Surgeons of England.—The following candidates having passed the required examination, received the diploma in Dental Surgery at a meeting of the Board of Examiners on June 27th:—

Butcher, John Oliver, Brixton.
Duncan, Oliver Gold, Hampstead.
Greetham, Peter William, New Wandsworth.
Hooper, Gordon, Exeter.
Kirby, Alexander, Bedford.
Nehmer, Ferdinand, Berlin.
Paterson, William Bromfield, M.R.C.S., London.
Richards, Frederick William, Edgbaston.
Rose, Charles, Liverpool.
Segar, Frank, Newton Abbott.
White, Thomas Harry, M.R.C.S., Lincoln.

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Notices to Correspondents.

MR. WILSON (Liverpool).—In our hands the liquor santal. flav. c. buchu et cubebâ, Hewlett, has been of signal service in some obstinate cases.

A CANDIDATE.—These appointments are always made for a definite period, renewarble at the discretion of the committee. There is never any difficulty on this point, if the duties of the office have been satisfactorily discharged.

DR. W. G. BLACK (Edinburgh).—The MS. is accepted, and will appear in an early number.

MR. FENTON.—Ruspini's balsamic styptic is well known in this country; its success has been chiefly in hæmorrhage of the lungs. We believe it is obtainable at the principal wholesale druggists'.

INFAMOUS CONDUCT IN A PROFESSIONAL RESPECT.—With reference to the letter of "Alpha" on this subject, we are in full sympathy with him. The "job" perpetrated was of the worst possible class, and at the time we gave it our most strenuous opposition. As, however, the gentleman referred to is in possession of the post, it would be ungenerous to revert to past offences, for which reason we deem it prudent not to publish the letter of our correspondent.

HISTORICUS.—We are afraid we cannot assist you much in your compilation. Westminster Hospital, as is probably known to you, was instituted in 1715. In 1733, Lansborough House was converted into an infirmary by some seceding governors of Westminster Hospital. The old house for many years formed the central part of the hospital, two wings having been added to it when it was converted to its new purposes. Extra wards have since been supplied at a considerable expense, and in process of time the entire building has been reconstructed. From its commencement the hospital has been mainly dependent upon voluntary contributions, not being richly endowed like Guy's, St. Bartholomew's, or St. Thomas's. The present edifice was commenced towards the end of the reign of George IV., by William Wilkins, R.A., ther achitect of the National Gallery, University College, and other important buildings, but several additions have since been made to the original design. There is now accommodation for 215 in-patients; out-patients, 30,000 annually.

DR. PEARSE.—We will look through your papers, and see how they can be best utilised or referred to in the present threatened visitation.

SURGEON-GENERAL GORDON.—We hope to be able to devote space to your "Notes on the History of Epidemics of Cholera" in our next.

SAN FRANCISCO.—There are several medical journals published in the Western States, but the oldest and best known is the *Pacific Medical Journal*, published, we believe, at San Francisco. We are uncertain as to cost of subscription. Any of the foreign houses in London—Baillière's, Trübner's, or Sampson Low's would doubtless give you the information. Your second query would be met by the *New York Medical Record*, the *Boston Medical Journal*, or the *Medical News* of Philadelphia.

THE DIFFICULTIES OF AMERICAN MEDICAL EDUCATION REFORMERS.

THE following is, as nearly as type can reproduce it, a facsimile of a post-card recently received by the Illinois State Board of Health from the President(!) of the St. Louis Eclectic Medical College:—

Fieldon Ill 5-2-12-83.
John H. Rauch MD. Sir you sti-
ll persist in trying to freighten
our Graduates, like Springer of
Hardin, who have attended two
full, long terms in our School &
Honorably graduated. I look
upon you, as the chief, of a set of
Dastard Bigots & villians & the
sooner you arrest Springer the so-
oner you will get through with it.
Yours L C. Washburn. President of
the St. Louis Eclectic Medical College.

The "Dastard Bigots & villians," who compose the Illinois State Board of Health, decline to recognise the St. Louis Eclectic, and "frighten" its alleged graduates by refusing to issue them certificates entitling to practice. *Hinc illæ.—Cincinnati Lancet.*

MEETINGS OF THE SOCIETIES.

WEDNESDAY, JULY 4TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Barnes and others.—Dr. Champneys, On the Obstetrics of the Kyphotic, Pelvis.—Mr. Lawson Tait, Note on Uterine Myoma; Three Cases of Pyosalpinx; A Case of Acute Gangrene of the Uterus.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Surgeon-General J. M. Cunningham, On the Sanitary Lessons of Indian Epidemics.

THURSDAY, JULY 5TH.

THE PARKES MUSEUM OF HYGIENE.—At 8 p.m., Mr. Rogers Field, On a Description of the New Drainage carried out at the Museum, with Demonstrations of Sanitary Appliances in Action.

FRIDAY, JULY 6TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m., Annual General Meeting for Election of Officers, &c.—Mr. Snell, On a Case of Recovery from Sympathetic Iritis.—Mr. Swanzy, On a Case of Hemiachromatopsia.—Mr. J. E. Adams: (1) On an Ophthalmoscope for Artists; (2) On a Case of a Foreign Body imbedded close to the Yellow Spot, with Normal Vision.—Mr. Story, On an Anomalous Arrangement of Retinal Arteries.—Living and Card Specimens at 8 o'clock:—Dr. Horrocks, Case of Facial Conjunctival, and probably Retinal, Nævus; Mr. Hulke, Drawing from a Case of probably Intraocular Cysticercus; Mr. Hodges, Melanotic Sarcoma of Iris (living specimen); Mr. Gunn, Case of Congenital Ptosis.

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Appointments.

BATT, C. D., M.B. Lond., M.R.C.S., Medical Officer for the Witney District and Workhouse of the Witney Union.

BLIGH, S. E., M.B., C.M. Ed., Medical Officer for the Tooting Graveney District of the Wandsworth and Clapham Union.

COLMER, P. S. H., M.D., L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer for the No. 2 District of the Yeovil Union.

COOMBE, C. F., M.R.C.S., Assistant Medical Officer to the Workhouse of the Sheffield Union.

DAVIES, J. C., M R.C.S., Surgeon to the Ruabon Accident Hospital.

GRANT, D., M.A., M.B., C.M. Ed., Resident Medical Officer to the Manchester Royal Infirmary.

HOPE, E. W., M.D., B.Sc. Ed., L.R.C.P. Lond., Assistant Medical Officer of Health to the City of Liverpool.

MACDONALD, P. W., M.B. & C.M. Univ. Aberd, Assistant Medical Officer to the Dorset County Asylum.

SHEPPARD, W. J., M.B. & M.S. Durh., M.R.C.S., L.R.C.P., Non-resident House Physician to St. Thomas's Hospital.

SHIRLEY, M. B., L.R.C.P., M.R.C.S., House Surgeon to the Worcester General Infirmary.

STEAVENSON, W. E., M.B. Cantab., M.R.C.S., M.R.C.P. Lond., a Casualty Physician to St. Bartholomew's Hospital.

STONEY, G. B. L., Medical Officer to the Lucan Dispensary, Celbridge Union.

STORY, J. B., M.B., F.R.C.S.I., Lecturer on Ophthalmic Surgery to the Ledwich School of Medicine, Dublin.

VINRACE, J. H., M.B. Lond., Assistant Resident Officer at the Hospital for Consumption, Brompton.

WELLS, A. E., M.B. Lond., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.

Births.

HUTTON.—June 27, at 18 West Green Road, Tottenham, N., the wife of Edwin R. Hutton, L.R.C.P., of a son

PLETTS.—June 21, at Wyndham House, Ryde, Isle of Wight, the wife of J. Menham Pletts, M.D., of a son.

MAPOTHER.—June 28, at 6 Merrion Square, Dublin, the wife of E. D. Mapother, M.D., of a daughter.

WRIGHT.—June 22, at 6 Ulverton Place, Dalkey, the wife of W. M. A. Wright, M.B., of a son.

Deaths.

ALLEN.—June 28, at the residence of his brother, Notting Hill, Charles D. Allen, M.B., late of Bagenalstown.

BARKER.—June 26, suddenly, at 3 Milverton Villas, Knowle, Warwickshire, George Barker, M.D., aged 68.

HULEATT.—June 26, at the Adelaide Hospital, Dublin, John A Huleatt, M.D.

JONES.—June 25, at Saffron Walden, Alfred Nicholas Jones, M.R.C.S., aged 62.

SCRIVEN.—June 28, at his residence, 11 Frederick Place, Weymouth, Samuel Swain Scriven, M.D., aged 80.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 11, 1883.

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A Course of Lectures

ON

DISEASES OF THE TONGUE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND,

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LECTURE I.—(*Continued.*)

THERE is yet a third condition in which patches form which may perhaps deserve to be classed as leucomata. Their claim is, however, much less strong than that of the two forms just described, since they are less conspicuous, less white, and not so lasting.

The condition to which I refer is one in which thin pellicular films, closely adherent and not to be removed without bleeding, form on the top of certain groups of papillæ. They are usually coincident with a firm papillary growth, and are seen under various circumstances as regards the patient's health. They are always very small, not bigger than peas, and seldom form round or circular patches, being usually of crescentic form.

The tongue in a state of health is normally smooth on its surface, or at most shows a longitudinal furrow and a few slightly marked transverse ones.

Even in health, however, if the tongue be spread out by the finger, it will be seen if the papillæ are abundant, that they show certain lines or creases as they fall apart.

In all states of disease attended by swelling of the tongue, there appears to be a great tendency to increase their natural furrows, both in depth and width, and we get the condition known as sulcated tongue. The pattern formed by the furrows is by no means always the same, and its peculiarities probably depend upon minor differences in original structure in different individuals.

Sometimes the furrows are most of them more or less transverse, and in others a fluted condition is produced by the development of bossy longitudinal ridges divided by deep sulci. The formation of furrows may be attended by very various conditions of the papillæ.

They may be abundant, even hypertrophied, or they may be wholly destroyed. It is essential that the deeper layers of the mucous membrane or the substance of the tongue itself shall be somewhat swollen, or at any rate, that there shall have been swelling at some former time.

I believe, then, that we may safely take the condition of sulcated or furrowed tongue when unusually developed as proof of present or past glossitis. This remark applies with especial force to the *fluted tongue*, and to all conditions in which furrows are coincident with baldness. There are some curious states of what may be termed ribbed tongue, in which the papillæ are still present, and in which the lines run between them laterally in a branching manner, as if from a mid-rib, in which there is often but little proof of glossitis. This condition of tongue sometimes appears to be simply a personal peculiarity. In another lecture I shall have to discuss its significance more in detail. It is the state for which I have suggested the name fern-frond pattern, a comparison which will, I think, not seem wholly inapt to any one who has an opportunity of inspecting a good example.

Miss G., a lady of about 25, florid, and apparently in fair health, had one of the most thickly furred tongues which I ever recollect to have seen. It was white all over, and at its sides there were patches more dense and smooth than the rest of the surface in which apparently sclerosis was commencing. She said that her tongue had been furred as long as she could remember, and that so far as she could appreciate its condition implied nothing as to her general health. Some years ago she said a surgeon had told her that she was the most foul-tongued young lady he had ever met with. Miss G. consulted me on account of erythematous acne on the chin, cheeks, and forehead. Her bowels were habitually costive, and her feet cold and damp. But except in these matters she ailed nothing. Her brother had once been under my care for palmar psoriasis.

The "parrot's tongue" is a term which was proposed, I believe, by Mr. Clement Lucas, to designate certain conditions of chronic glossitis in which the tongue becomes both bald and dry.

The term is very aptly descriptive of certain states of sclerosis in which there is much denudation and but little thickening. It applies, however, to but a small number of cases; its examples occur chiefly in those in whom the combined influences of superficial syphilitic glossitis and long continued smoking have been at work.

Tongues differ from each other, not only in their surface appearances, but also in their shape and size. Some are flat, large, and flabby, whilst others are narrow, convex from side to side, and pointed.

This latter condition is usually, I think, coincident with some degree of emaciation, and the tongue participates in the general leanness of the body. Not unfrequently, however, a narrow pointed tongue possesses also some surface peculiarities which imply previous disease. Thus the filiform papillæ are almost always deficient in size and number, whilst the fungiform present very varying conditions.

The state known as a rough tongue is usually seen in one that is convex and narrow. Although it is difficult to suggest the explanation of the association.

Flat and flabby tongues are very often indented at their edges by pressure against the teeth. They are usually well clothed with papillæ, and almost always met with in persons in whom the fat and cellular tissue are abundant in other parts. Sometimes, probably indentations from the teeth imply the former occurrence of swelling of the tongue, possibly of a mercurial phi-ptyalism.

I do not know that much is to be said as to the influence of age upon the tongue, other than the general statement that as years advance the perfection of structure diminishes. The number and size of all the papillæ undergo a very marked reduction as age advances and the faculty of taste declines.

Apart from this influence of age as such, we must expect to read on the tongue, in some sense a record of the patients' varying states of heath in former years. So many have at some period of life or other suffered from some one of the various forms of stomatitis that it is not to be wondered at that the tongues of old people should seldom exhibit a perfectly sound condition.

I do not know that I should have had anything to say concerning the black tongue, were it not that it has received considerable attention in France. Amongst ourselves I think it has not as yet been the subject either of description or discussion. *La langue noire*, as the expression is understood in Paris, is not the pigmented tongue of Addison's disease, but one which is more or less covered with a black fur. The particles which give the colour are accumulated in or upon the epithelial scales covering the filiform papillæ. We are all of us familiar with conditions in which the fur, especially that in the middle and posterior parts of the surface becomes dark and, in some instances, quite black; in the late stages of fever this is not infrequently the case, and I believe it is generally correctly referred to staining of a thick adherent fur, either by medicines or articles of food. Cases, however, in which the tongue is uniformly furred black are extremely rare, and much more difficult of explanation.

I have myself seen but one case of this kind, it occurred in a young woman, the subject of the most aggravated hysteria, who had kept her bed for many years, and never spoke, excepting in a whisper. Her tongue was always of a coal black colour over the whole surface. I then thought—and still think—that it was a factitious condition, and this suspicion was confirmed by my finding the tongue almost clean on a single occasion when I paid an unexpected visit. I much regret that I never made a microscopic examination of the fur.

So far as my evidence has yet been accumulated, I should be inclined to suspect that whenever the fur over the whole of the tongue becomes very black, as in my case, that there is some intentional deception, and that the minor cases are still to be referred to accidental causes.

The only example of black tongue which I have ever had the good fortune to see in Paris did not show anything more than might be plainly expected to be accidental, and I am not aware that either models or drawings have as yet been collected. M. Gubler was, I believe, the first to draw attention to this subject, and M. Raynaud, following his suggestion, published in 1869, a note on a parasitic affection of the mucous membrane of the tongue, of which blackness was a symptom. In only one out of five cases, however, did he succeed in proving the presence of spores. These were like those of the tricophyton, and were found in the membrane of the cheek. M. Fereol, in 1875, published a case to prove that the black tongue was not due to a fungus. In his case it affected a man, æt. 40, during convalescence from quinsy, which lasted for a month. Microscopic examination showed the papillæ long and hair-like, and covered with stained epithelium. Monsieur Fereol suggests the name of filiform epithelial hypertrophy, thus clearly supporting the conclusion that the blackness is an accidental concomitant of tongues which have unusually thick fur and long filiform papillæ.

Dr. Lanceraux has described in the *Union Medicale*, No. 33, 1877, some two cases of black tongue with microscopic observations. The blackness was in the usual position, that is, in the mid dorsal region. With the microscope, elongated filiform papillæ bristled over with epithelial accumulation were found, and upon them masses of spores. I do not find any reason for believing that these spore accumulations were other than those which Mr. Butlin has taught us constitute an ordinary element in fur.

M. Armaingaud has observed cases in which black colouration of the tongue occurred in connection with nervous exhaustion in three members of the same family. He also observed it in an hysterical patient. It was removed by the application of oil or glycerine. He suggests an analogy to the obscure and very questionable disease known as chromidrosis of the skin, and believes that it is in association with vaso-motor disturbance. I confess that, so far as his descriptions go, I should prefer to think that in his cases it was accidental, if not factitious.

Dr. Pallarés, of Madrid, has published his own case as an example of black tongue in which the blackness occurred in spots which rapidly coalesced. He examined some scrapings with a magnifying glass and believed them to contain vegetable filaments. The disease was well in a few days, and its real nature must be held to be very uncertain.

M. Vallin, in an observation subsequent to those which I have just quoted, carefully examined a condition of black tongue, which had existed for several weeks, in a man of 60, who had 25 years before contracted ringworm of the beard in Algeria. On the part which was black there were filamentous papillæ so long and abundant that they could be cut off as grass is mown. After repeated microscopic examinations M. Vallin satisfied himself that there were no spores of any kind, and that the condition was only an exaggeration of the mammilous state.

We may dispose of the subject of unilateral atrophy in connection with destruction of the ninth nerve very briefly. Its symptoms are, in the earliest stage—divergence of the tongue when extended towards the paralysed side, and a flabby condition of its muscular substance. Several cases are on record in which the observations were made on the state of the organ at considerable periods after the commencement of the paralysis, and when the wasting was conspicuous. In these the affected half is fissured at its side, and decidedly shrivelled. I have myself had the opportunity of observing one case

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See "Revues des Sciences Medicales," Tome xi., 1878, Page 185.

in the earliest stage, when, as yet, there was no wasting whatever; and in this case the fact that paralysis existed could only be demonstrated by making the patient put the tongue out, whilst its two halves were held between the finger and thumb of each hand. In this case the paralysis had resulted from a stab in the neck, which had divided the trunk of the nerve. The drawing which I show was exhibited in proof—that, excepting the lateral deviation, there was nothing that the eye could notice. In these cases there is no defect of sensation or loss of taste. The nerve-trunk may be injured by wound, by sloughing abscesses, by the pressure of tumours, or, still more rarely, by disease of the bone through which the nerve passes. Dupuytren has recorded a case, in which a hydatid occupied the anterior condyloid foramen, and Sir James Paget one, in which removal of necrosed bone from the lower and back part of the skull was followed by recovery of the tongue from a much wasted condition.

Mr. Fairlie Clarke has drawn attention to the fact previously mentioned by Dr. Carpenter, that after division of the hyperglossal nerve and paralysis of the muscles on one side, patients can get by education to acquire the power of putting the tongue out straight.

If we attempt a classification of the conditions presented by the tongue, which may rank as symptoms, I think they may be usefully grouped under the following heads:—

1st. As personal peculiarities, having little or no significance in any direction as regards disease. Although unimportant in themselves, these individual peculiarities may stamp remarkable features upon any morbid processes which may supervene.

2nd. We have *the results of former disease.* These are usually the consequences of some bygone attack of inflammation: it may be of a long past attack, or it may be of repeated recurrences. They, like the former, often indicate little or nothing as regards the existing state of the patient's health. They are retrospective symptoms, and, excepting that they may give proclivity to further changes, they help us but little either as regards prognosis or recognition of present states.

The 3rd group will consist of conditions which imply existing disease in the organ itself. It is necessary to carefully avoid mistaking these for conditions belonging to the 4th and last group, in which I place *symptoms produced in the tongue by disease existing in other parts, or by constitutional affections.*

This is a large group, but probably not nearly so large as it was believed to be by our forefathers, and as it is still held to be by many. A great many conditions which have been assumed to be symptomatic of disease in the stomach, liver, or other viscera, or in the body generally, are properly to be assigned to one or other of the former groups.

Keeping in view the classification which I have just suggested, I would, in conclusion, venture to offer a few suggestions, which may be usefully kept in mind when we endeavour to interpret any symptom displayed by the tongue.

First, we must avoid assuming hastily, that the condition present has any connection with the disorder for which the patient consults us. Many patients have habitually a profuse growth of filiform papillæ and great tendency to the accumulation of fur. In others the papillæ are curiously absent, and the tongue may look bald or rough. In others the furrows may be well marked and the peculiar fern-leaf pattern present, and yet these several conditions may imply nothing whatever as regards the patient's health.

In all conditions of peculiarity it is well to inquire whether the patient has ever at any former time been salivated or suffered from sore mouth. For it may easily be the fact that some attack of stomatitis long past may have left the tongue flabby, indented at its edges, fluted on its surface, or more or less bald.

In cases in which we have satisfied ourselves that the conditions shown are neither personal peculiarities, nor yet the consequences of previous disease we ought next to inquire carefully whether any local conditions are present in the mouth which will explain them, and by no means jump to the conclusion that they denote disorder of the stomach or liver. If the tongue is dry we inquire whether the nostrils are stopped, and if it is sore we must examine the teeth and ascertain whether from sharp broken points, from stopping with amalgam or accumulation of tartar, any possible source of irritation exists.

If we have failed to discover in the mouth any cause for disease on the surface of the tongue, we must still hesitate as to suspicion of visceral or blood disorder, and ask whether it be not possible that some irritant may have been introduced in the way of food. There are many fallacies in this direction.

Lastly, if we feel able to confidently exclude all local causes, and obliged to believe that the state of the tongue is in direct connection with the state of the bodily health, we have still before us the difficult task of deciding as to what the nature of the bond of connection may be.

The state in question may still possibly be in no way symptomatic of other disorder and not in any degree consequent on it, but rather part of the general disease.

Above all we must be on our guard against believing that the state of the tongue is a trustworthy criterion as to that of the mucous membrane of the stomach, and remember that for the most part a furred tongue implies that no food has been eaten and little more, whilst glossitis and gastritis are conditions which are mutually independent and but seldom co-exist.

I am aware that in much that I have just hinted at I am speaking in anticipation of any facts which I have yet produced, and I must ask you to be kind enough to wait till future lectures for the proof of some of my propositions.

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URIC ACID: ITS PHYSIOLOGY AND ITS RELATION TO RENAL CALCULI AND GRAVEL. (a)

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Lecture III.

At the conclusion of my last lecture I spoke of the effects of saccharine food and of different alcoholic beverages on the uric acid excreting function.

To-day, before proceeding to the more purely therapeutic part of our subject, I must devote a few minutes to the discussion of other classes of food in reference to the same function; and, first, with respect to the influence of a nitrogenised, and especially of an animal diet. Observations are not wanting to show the effects of a pure meat diet on the urine. Those of Lehmann are, perhaps, the most satisfactory; they are so valuable that I must now call your attention to the results.

He first determined the daily excretion of the principal constituents of his urine when on an ordinary mixed diet; he then placed himself on a purely animal diet (chiefly eggs) for twelve days; afterwards, for another twelve days, on a purely vegetable diet; and subsequently, for two days, on a purely non-nitrogenised diet, which consisted of fat, milk, sugar, and starch. You will see the results in the table, in which I have left the original numbers obtained by Lehmann in grammes, as the smaller numbers are easier of comparison with each other than would be the case if the results were reduced to grains:—

(a) The Lumleian Lectures for 1883. Delivered before the Royal College of Physicians of London.

Table exhibiting the Mean Results of Lehmann's Observations on the Effect of different Diets on the Excretion of the Urinary Constituents, expressed in grammes.

—	Total Solids	Urea.	Uric Acid.	Salts and Extractives.
On a mixed diet	67·82	32·498	1·183	12·746
On an animal diet	87·44	53·198	1·478	7·312
On a vegetable diet......	59·24	22·481	1·021	19·168
On non-nitrogenised diet	41·68	15·408	0·735	17·130

The conclusions which particularly interest us at present are that the total solids, as well as the urea, are much increased by animal food, while they are considerably decreased by a vegetable diet, and still more so by one which is non-nitrogenised; whereas the uric acid is not nearly so much affected by the nature of the food, provided that it contains nitrogen. Thus, it is seen that the urea, on an animal diet, was to the uric acid 53·198 : 1·478; on a vegetable diet, 22·481 : 1,021; and on a mixed diet, 32·498 : 1·183. Estimating the amount of uric acid, on a mixed diet, as 1, animal food brought it up to 1·27; a vegetable diet lowered it to 0·863; and a non-nitrogenised diet to 0·63.

Lehmann found that after the use of purely animal food the urine of man closely resembles that of the carnivorous mammals, becoming of a light amber colour, having a strong acid reaction, and containing neither lactic nor hippuric acid.

On the other hand, after a course of vegetable food, the urine becomes of a brownish-red tint, is much less acid, often deposits the earthy phosphates, and always contains alkaline lactates with oxalate of calcium—in fact, the urine closely approaches to that of the herbivorous mammal. It might be added, though Lehmann does not allude to the fact, that, under these circumstances, there is also found hippuric acid in considerable quantities.

As a result of all the experiments made by different observers—both on man and the lower animals—I think we may fairly come to the conclusion that meat, taken in such quantities only as are sufficient to keep up the nutrition of the body, has no tendency to increase the excretion of uric acid; that, when the diet is purely animal, but the quantity small (as is the case with the carnivorous animals when in confinement), the uric acid, far from being large, becomes exceedingly small in amount, more especially when it is compared with the urea. On the other hand, that the taking of a great quantity of meat—an excess compared with the requirements of the system—tends to increase the uric acid, though, even then, not more than in proportion to the urea. Funke states that uric acid is less affected by food than any other ingredient of the urine; it is, however, influenced by the time of taking it—that is, uric acid is thrown out in larger quantities after a meal than during the hours that an individual is fasting.

These different facts can be advantageously applied in practice in the treatment of gravel and calculus. In such cases there is certainly no reason why a proper quantity of animal food should not be taken; and the knowledge of this is important, seeing that many patients have been lowered in health by being kept on insufficient diet, with the idea that, by these means, a lessening of the excretion of uric acid would result.

Fatty and Oleaginous Food.—With regard to the influence of such food on the urinary excretion, the experiments of Dr. Böcker seem to be most trustworthy; and from them it would appear that no influence whatever is exerted on the excretion of water, urea, uric acid, or any other constituent of the urine, by taking from about a quarter of an ounce to three ounces of butter daily.

Causes of Gravel and Calculi.—In the course of our experience, most of us have noticed that there are certain individuals who are prone either to pass a urine thick from urates or containing uric gravel, or to void numerous small calculi; others, again, have no such tendency, and only on rare occasions observe any thickness in their urine. Can we link this condition with any other constitutional peculiarity? I think we can; and that we shall find, on inquiry into the history of those liable to pass gravel and calculi, that they frequently inherit gout. In looking over 1,900 cases of this disease, which I have had extracted from my books, I find it mentioned that, of this number, comparatively few had passed calculi. If, on the other hand, we examine cases of calculus, we shall find that a much greater percentage of these patients are the children or grandchildren of gouty parents.

In the course of my experience, it has frequently occurred to me to see a man suffering from gout, and to find that he has one child who has had attacks of joint-gout; another who is suffering from eczema; and a third who is passing uric gravel or calculi. It is not very uncommon to find articular gout and calculus present in the same person. Sydenham, in his own person, was a good example of this combination; in fact, we may fairly conclude that those who suffer from an abnormal condition of the uric acid function on the inner side of our imaginary partition, mentioned in the first lecture—that is, in the blood or system at large—are also more prone than others to experience the effects of a morbid state of the same function on the outer side, or in the urinary tract; in other words, gouty subjects, or those who inherit that diathesis, are more liable than others to gravel and calculus.

There are, however, many influences which act strongly in determining the morbid action to the urinary tract—influences which will often cause the occurrence of such troubles in those who do not inherit them. We see, for example, that, in England, stone is more common in some counties than in others, and at one time of life more than at another. How can we account for this?

Anything that checks the cutaneous function, such as the cold east winds of spring, felt so acutely in Suffolk and Norfolk, appears to act as an exciting cause, and it is well known that in these counties gravel and calculus are very common. When the action of the skin is checked, there is no increase of urates, but an undue acidity of the urine, which leads to the precipitation of the uric acid. Cold alone is not necessarily a cause, for in Sweden and Norway calculous diseases are very rare. Another cause, which, I believe, leads both to an increase of the excreted uric acid and to its deposition in the urinary organs, is portal congestion. Of the exact pathology of this we are at present ignorant, but, in the prophylactic treatment of gravel and calculus, it is important to look to this point; and much good is produced by the frequent use of remedies which tend to relieve such a condition. Hence the value of Carlsbad waters and salts, and of the numerous saline purgative waters which of late years have been so much employed. It must always be borne in mind that, in this administration in the diluted form, the water itself becomes an important element in their action upon the system.

Effects of Water on Gravel and Calculus.—I have already told you that water plays an important part in the formation of uric gravel and calculus, and this must be at once evident when we observe that, in different animals, uric acid is thrown out in the solid or liquid condition according to the relation existing between the solids and water contained in their urine. From this it follows that the proper exhibition of water in the prophylactic as well as the medicinal treatment of calculous disorders must be a subject of much importance.

Many observations have been made on the effect of increasing and diminishing the quantity of water taken with food or when fasting. In the latter case, especially if the water does not pass off by the intestines, it causes the urine to become pale and copious (the *urina potûs* of old writers); but, at the same time, the action of the skin is augmented. It has been asserted that the amount of uric acid is lessened, but it is doubtful whether this is really the case; but any increase in the quantity of the urine helps to keep this principle in solution, and may thus mask its presence.

When the quantity of water taken with food is increased, it appears that certain of the urinary principles are augmented in amount, owing probably to the increased metabolism of the tissues; but at the same time, it is stated that the uric acid is decreased. Further observations are much required before we can come to any accurate conclusions on this point. That the quantity of water passed by the kidneys in a given time has a great influence upon the physical condition of the urine, is evident. If, for example, a healthy man during one day passes an ordinary quantity of urine, and during a second day, but half the amount, it is probable that, on the latter occasion, the urine will be turbid and thick from the precipitation of urate of sodium, whilst the first day's urine will remain bright and limpid: and yet the daily elimination of uric acid may be the same on both occasions, and it only requires that an equal quantity of water should be added to the concentrated urine to bring it to the same condition as the more limpid specimen. If a patient continues day by day to pass urine so concentrated that it rapidly becomes thick, perhaps even in the bladder itself, a very slight change in the acidity of the fluid will cause uric acid to be set free and crystallisation to take place, and then uric gravel, in the shape of cayenne pepper deposit, is formed.

If these changes only ensue after the urine has been passed, of course, it is of no real consequence,; but if they take place while the urine is still within the urinary organs, then either free acid or some urate may become deposited and form gravel, or increase the size of any calculus already existing within the urinary passages.

The deposition of uric gravel is of very common occurrence in children; and I know, from clinical experience, that this often depends on the deficient amount of water excreted. I could give many instances of this, but one or two will be sufficient.

1. A little boy, about five and a half years of age, was passing, from day to day, urine which either contained uric acid crystals or gave rise to a copious red sediment almost immediately after it was voided; his health was otherwise good. I had the urine of the twenty-four hours carefully collected, and found that it amounted to sixteen fluid ounces, with a specific gravity of 1031. On simply causing the child to take five fluid ounces of water an hour before breakfast, and the same before his late afternoon meal, the quantity of urine was at once brought up to twenty-four fluid ounces, and the specific gravity reduced to 1017, nor could any uric acid be discovered when the fluid had stood for thirty-eight hours from the time when the last portion was passed. In a few days the quantity of urine was increased to thirty-seven fluid ounces, and the specific gravity lowered to 1013.

2. A little girl, about eleven years of age, had the same condition of urine as the last, red gravel being constantly present. The total daily quantity of urine was twenty-four fluid ounces, specific gravity 1026. By the administration of water before two of the meals, the quantity was at once increased to forty-five fluid ounces, with specific gravity 1015, and after a few days to about forty-six fluid ounces, specific gravity 1013, the urine remaining free from any red crystals.

These cases, selected from a large number, are sufficient to illustrate the value of water as a therapeutic agent where there is a tendency to the rapid deposition of uric acid from the urine. In many cases it is only necessary to give simple water, such as is usually supplied for drinking purposes—a fact constantly acted upon by patients suffering from such complaints when they resort to warm mineral springs, such as those of Contrexeville, Vichy, and other places.

The importance of the proper administration of simple water in these cases as a part of the diet is the greater, seeing that the plan of treatment can be pursued for an indefinite period; whereas the duration of a course of mineral waters is necessarily limited to a few weeks. I believe that, as yet, the medical profession have not laid sufficient stress on the proper administration of water in the treatment of gravel and calculous diseases.

Effects of Alkaline Treatment.—In the treatment of uric gravel and calculus, the different alkalies and their salts play a most important part, and it is very desirable that their special actions, as well as their relative values, should be clearly made out: this I now propose to do.

I may at once bring to your recollection the fact that, if we give any fixed alkali in the state of a carbonate, it is absorbed and passes through the kidneys in an unaltered form; that is, a carbonate, when taken by the mouth, appears as such in the urine, and, therefore, necessarily diminishes the acidity of that fluid, sometimes rendering it neutral or even alkaline, according to the quantity administered; so that if we give, at frequent intervals throughout the day, a quantity of the alkali equal to the neutralisation of about thirty grains of oxalic acid—the average acidity of the day's urine—we shall, as a rule, keep that fluid in a neutral state.

In considering the equivalents of the different alkaline metals whose salts are employed in medicine, we find that the neutralising power for acids of the different bases must vary considerably. The most practical method of estimating this power is to measure the different alkaline metals, in the form of their carbonates, against each other, when we find that 74 parts of carbonate of lithium equal 84 parts of carbonate of calcium (chalk or its congeners), 106 parts of carbonate of sodium, and as much as 138 parts of carbonate of potassium. This is an important practical fact, and one that must not be lost sight of in the treatment of calculous diseases.

All of us are probably aware that, if an alkaline citrate is given by the stomach, it is changed, either in the blood or kidneys, into the corresponding carbonate. The same is the case when an acetate or tartrate is administered; in fact, most of the vegetable salts are thus decomposed in the system, carbonates appearing in the urine. The establishment of this point is important, inasmuch as we can, by the use of these valuable salts, introduce into the system, through the mouth, salts which have no alkaline action on the stomach and form often an important part of vegetable food, and can still produce the remote alkaline influence where it is wanted; in short, we can often give even an acid salt, grateful and useful to the stomach, and yet have the very opposite effect induced upon the urine.

I will now draw your attention to the salts of lithia, which were first introduced as remedies by myself as far back as 1859. If we look to the atomic weight of the metal lithium, we find it very low, only 7. The number representing the carbonate of lithium is also small—compared with carbonate of potassium it is as 74 to 138; hence the neutralising power for acids possessed by carbonate of lithium is greater than that of carbonate of potassium in the above proportions. Next, if we look at the table of solubilities of the urates, we see that the acid urate of lithium requires only 220 parts of water at the body temperature to dissolve it, the corresponding potash-salt requiring 500 parts, and the soda-salt as much as 1,130 parts, while the magnesia and lime urates take 1,600 and 2,800 parts respectively; so that, with respect both to neutralising power and solubility the lithia-carbonate has a great advantage over the corresponding salts of potash, soda, magnesia, and lime.

Dr. William Roberts, of Manchester, in his paper on "The Solvent Treatment of Urinary Calculi," came to the conclusion that potash-carbonate dissolves uric acid more rapidly than the soda-salt. This he ascertained by placing sections of uric acid calculi in phials, and causing currents of the different solutions, at blood-heat, to pass over them at a regulated rate. He also found that the strength of the solution employed was of much importance, the greatest amount of solvent power being exhibited in solutions containing from forty to sixty grains of the alkaline carbonate to the imperial pint (twenty fluid ounces). Below this strength, the power of the solutions gradually declined, until, with those which contained less than three grains to the pint, the solvent power scarcely exceeded that of water. On the other hand, if the strength was above sixty grains to the pint, the pieces of the calculus became encrusted with the alkaline bi-urates which were then deposited, and thus the further action of the solution was impeded. This was especially noticeable when the strength of the solutions was much above one hundred grains to the pint.

Lastly, it will be observed that, when the comparison of the solvent power was made between the potash and lithia salts, using twenty and afterwards ten grains to the pint—the quantity used by Dr. Roberts in his lithia experiments—the results were in each case more than 50 per cent. in favour of the carbonate of lithium.

It will thus be seen that so far as soda and potash are concerned the results obtained exactly agree with those of Dr. Roberts; they exemplify the greater solvent power of the latter over the former, a result which might have been clearly anticipated, but, on the other hand, they are totally opposed to his conclusions with respect to lithia. How is this to be explained?

Dr. Roberts uses the expression "only weak solutions of carbonate of lithia *could* be employed," italicising the word "could;" and he appears to have used in his four experiments, two of which are given in the Medico-Chirurgical Society's "Transactions," solutions of the strength of 10 and 20 grains to the 20 ounces, whereas, in case of the potash, he found that a 60-grain solution is the most powerful. Now it will be seen in the table that solutions of carbonate of lithium were employed containing 60 and even as much as 100 grains to the imperial pint, and that, in the case of lithia, as the strength was increased the solvent power also was augmented. I should imagine that Dr. Roberts either used an impure carbonate of lithium or assumed that only one grain was soluble in the fluid ounce, as he used only 10 and 20 grain solutions; whereas as much as 100 grains can be dissolved, at the temperature of the body, in the imperial pint of water. Impurity of the salt and the use of solutions which were far too weak will at once explain the discrepancies and the cause of the erroneous statements with regard to the solvent power of the lithia salts. No one who has thoroughly investigated the action of these salts, in comparison with those of soda and potash, as internal remedies, can come to any other conclusion than this, viz., that lithia-salts are far more powerful solvents of uric acid than potash-salts, while these latter are more efficacious than those of soda.

We have only to take three small phials filled with a solution of the three carbonates of the same strength, and to put into each the same quantity of small uric calculi, the amount being such that the lithia will dissolve them. If we carry these in a warm pocket, after a short time it will be seen that all the calculi have disappeared from the lithia solution, while more than half are left undissolved by the potash, and about four-fifths by the soda solution.

I have been informed by some patients that they have been deterred from using lithia-salts, although they had found them valuable, by having been told that their employment would prove injurious, owing to their caustic effects upon the renal organs. In answer to this objection, I may say that I have found the action of carbonate of lithium to possess less destructive power than the corresponding salts of potash and soda upon animal tissues.

The only effect that I have ever noticed has been that, when the quantity is increased beyond a certain amount, a little tremor of the hands is produced, which passes off at once on the diminution or omission of the dose of the salt. I have known patients of their own accord continue the use of lithia-salts for more than ten years, with the effect of entirely preventing the recurrence of the symptoms to remove which they were first prescribed, and without the production of any injurious effect. For myself, I have not the least doubt as to the value of lithia-salts as therapeutic agents, and am convinced that, by their employment, depositions of uric acid in the renal organs can to a large extent be prevented. Free dilution and administration on a fasting stomach are points of much importance, which should be attended to in the administration of alkaline remedies. I have been much in the habit of using potash with lithia, in the form of the citrate or the carbonate, the former to give neutralising, the latter to increase the solvent power.

In concluding my remarks on the action of alkalies, I may state that I do not myself believe in the value of any injections into the bladder in the treatment of vesical calculus; at the very best, the process must be most tedious; and at the present day, when the surgery of the subject has reached to such great perfection, when a calculus can often be removed completely from the bladder in a few minutes without the use of the knife, I cannot but think that the surgeon is better qualified for the treatment of such cases than the physician.

(*To be continued.*)

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IS CONSUMPTION CONTAGIOUS?

By BERNARD KELLY, M.D.,
Medical Officer for the Fifth District of St. Olave's Union, Southwark.

Now that the Collective Investigation Record is soon to appear, it will be interesting, and, I have no doubt most instructive, to read the report on the communicability of phthisis. Notwithstanding the modern craze respecting the *rôle* supposed to be enacted by the all-potent and ubiquitous micro-organisms in this, and many other diseases, and without, at all, the least pretension to the art of prophecy, I am strongly disposed to believe that the great weight of medical opinion will lean to its non-contagiousness. However, time will show. To the inquiry paper sent out by the committee at the commencement of last March, I gave the following reply:—"No; nor do I believe in its contagiousness or infectiousness, at least in the strict etymological sense of the terms. That it is communicable, however, I can well understand, just as we know hysteria, for instance, is communicable to susceptible persons by the sheer force of example. Here there is no question of the existence of bacilli or bacteria, of contagion or infection. A man, for instance, contracts or inherits phthisis. He is constantly attended by a faithful and devoted wife, who notes every symptom, and who fluctuates between hope and fear with the daily exacerbations and remissions of the disease. She not unfrequently occupies the same bed, and is thus exposed to the baleful influences of the variations of temperature due to the cold, the hot, and the sweating stages. In this way a *hexis*, or habit is artificially produced, and what begins as a habit may well terminate in confirmed consumption. For this reason, I always interdict when practicable, husband and wife, either being the victim of phthisis, occupying the same couch, or even the same chamber. But I fear I am digressing."

It flatters not a little one's *amour propre* to find that his views on any subject are entertained by men occupying prominent positions in their professions, and whose opinions and judgments are consequently authoritative; and that too, without the suspicion or possibility of a secret understanding between them. Thus, Dr. J. Solis Cohen says: "I am strongly impressed with the opinion that phthisis can be contracted, that is to say, is communicable (rather than contagious, in its strict sense), from frequent continuous contact with the phthisical." Professor Herbert Clapp, of Boston, Massachusets, arrives, on the subject, at the following conclusions:—"1. No person, particularly if young, should be allowed to sleep in the same bed, or even in the same room with a consumptive. 2. No person should be allowed to remain for too long a time in too close or too constant attendance on a consumptive. 3. Ventilation as perfect as possible should be secured." Respecting the first and second injunctions, resembling as they do, so closely the maxims I have enunciated in my reply, no comments are required at my hands. As regards the third and last, I must make an exception, there seems such a strange confusion and misconception as to what "perfect ventilation" really means. With some, ventilation would not be considered perfect unless the windows and doors of a house be open during the entire day, and bed-room windows during the night, winter and summer, and all this quite irrespective of the physical condition or state of bodily health of the occupants. He would indeed be a bold man who would carry out all this in practice, but, even if he did so with impunity, it would scarcely be safe to make the rule absolute and applicable to all mankind. That there are rough, robust natures who can bear the vicissitudes of climate and temperature with all the serenity and indifference of savage tribes I can well imagine, but for one such individual there are thousands —nay, even millions—for whom such an ordeal would be inevitably fatal. Indeed, for the consumptive so far as I have observed, the reverse of this is most beneficial, an equable climate—one approaching the natural temperature of the body in health—being the least dangerous, and most agreeable to the patient. *In medio tutissimus ibis* is a rule as safe to follow here as in steering a ship between Scylla and Charybdis. We should never forget that the phthisical is one who can seldom safely take active exercise to develop caloric as required, and is therefore easily depressed by the action of cold. During the hot, burning stage of hectic a low temperature is indicated, and is highly serviceable, as cutting short its duration, and thus saving the system from the wasting of rapid metabolism, or destructive metamorphosis of tissue.

Again, with respect to the purity of the air as a preventive or curative agent there are some curious facts which appeal to our judgments in rather a circuitous but yet cogent way, and which would seem to militate against many of our preconceived notions, and make us reverse much of what we have hitherto enforced in practice. Rokitansky and, more recently, Dr. Addison, have held the view that an excess of fibrine (hyperinosis) in the system predisposed to, if not favoured, the development of tubercle. In pregnant women the disease, if already present, is held in abeyance during the period of gestation owing to the fact that the arterial blood assumes, in a large measure, the venous character, from the excess of carbonic acid in the system in general, but in the circulating fluid in particular; and as venous blood contains a less proportion of fibrin (hypinosis) than does the arterial, the arrest, or prevention, of the development of phthisis in the gravid state is thus rationally and physiologically explained. The bright carnation or vermillion hue of the skin of consumptive patients furnishes additional proof of the excess of oxygen over carbonic acid in such cases, and would seem to indicate the most rational remedy for the prophylaxis or cure of the disease, which, under the circumstances, would necessarily be the very opposite of that recommended by so many writers and authorities on consumption. The solvent action of venous blood on fibrin prevents materially the deposition and development of tubercle, and goes far to strengthen the significance of the foregoing views, so that we are forced to infer that air contaminated to a certain extent by carbonic acid is not, after all, so deleterious to phthisical patients as we have been led to suppose.

The well-known anæsthetic action of carbonic acid upon the terminal branches of the sensory nerves in general may not only allay "formative irritability," which, according to Virchow, plays such an important part in the genesis of tubercle and other morbid growths of tubercle, but also effectually calm the incessant, hacking cough which accompanies phthisis in all its stages, and thus become a potent preventive, as well as a curative agent, in the disease.

Rotherhithe, June, 1883.

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A PRIVATE telegram from India mentions that Dr. Charles Little, of the Indian Medical Service, Sanitary Inspector of Berar, has been killed by a tiger.

Clinical Records.

MIDDLESEX HOSPITAL.

Cancer of the Male Breast.

Under the care of Mr. HENRY MORRIS.

[For the report of this case we are indebted to Mr. W. Roger Williams, F.R.C.S., Surgical Registrar.]

This patient, a widower, æt. 64, was admitted into the Middlesex Hospital on Feb. 9th, 1883, under the care of Mr. Henry Morris. He was a sallow, but well-nourished, man; a joiner by trade. His hair, formerly dark, had grown grey, but there was no arcus senilis; and his general health was fairly good. His right breast was the seat of a hard, knobby lump, about the size of half an orange, adherent to the skin over it and to the subjacent parts. The nipple and areola had been completely destroyed by cancerous ulceration; and there was now in this situation an oval ulcer, 2¼ by 1¼ inches. The right axilla was occupied by a large mass of diseased glands; and there were some smaller ones similarly affected just above the right clavicle. There were no signs of secondary disease elsewhere. The integument, especially about the neck, presented many small warty, fibroid, and varicoid outgrowths. A year and a-half ago, he said, he first noticed a hard swelling, about the size of a marble, in his right mamma. He had experienced no previous injury or disease of this part, and he knew of no cause for it. He had previously enjoyed very good health, with the exception that fourteen years ago he had a severe attack of general eczema, from which he continued to suffer, more or less, until the outbreak of the present disease, when it got quite well, and has remained so since. There was no history of cancer, tumour, or phthisis in the family.

On Feb. 17th Mr. Morris excised the diseased mass and a portion of the pectoral muscle to which it adhered. The axilla was freely opened up, and several diseased glands were removed from it; but the whole of them could not be extirpated, on account of their contiguity to the great vessels and the apex of the axilla. The wound was dressed with terebene oil and absorbent cotton-wool. On *microscopical examination* the growth proved to be an example of the acinous form of carcinoma, having a well-marked but not very abundant fibrous alveolar stroma.

He progressed fairly well until the seventh day after the operation, when the upper limb became much swollen, and the morning temperature went up to 102° F. Erysipelas of the wound declared itself a few days later, followed by pulmonary complications and an asthenic type of fever, of which he died on March 7th—the nineteenth day after the operation.

At the *necropsy* by Dr. Fowler on the following day the right upper limb was found to be swollen and œdematous. A ligature had been placed round the subscapular vein, and from this thrombosis had spread upwards to the axillary vein, which was completely blocked by firm clots. Thence the thrombosis had extended along the vessel upwards to the clavicle and downwards to the forearm. High up in the axilla and beneath the pectoralis minor several cancerous nodules were found. Both pleuræ were lined throughout their whole extent with a thick, fibrinous membrane of recent formation. The left pleural sac contained 14 oz., and the right 4 oz., of flaky, puriform fluid. The lower lobes of both lungs were partially collapsed from the pressure. The upper lobes were emphysematous and congested; the lower, non-crepitant and œdematous. The left ventricle of the heart was hypertrophied. The liver was large and fatty; its weight, 14 oz. Both kidneys were rather small; their secreting structure was somewhat wasted, and presented a few small cysts. There was an excess of fat in the hilus of each organ. No secondary deposits were found. There were no other noteworthy changes.

Remarks.—Cancer of the male breast is a very rare affection. Walshe found (*vide* "Nature and Treatment of Cancer," 1846, p. 467) that the Paris registers for ten years supplied 1,147 deaths from cancer of the breast among the female population, and only five among males—the liability of the former being, therefore, about 230 times that of the latter. Sir James Paget, however, in his "Lectures on Surgical Pathology" (vol. ii., p. 324), gives

2 per cent. as about the proportion of cases of scirrhus of the breast that are males. I think this latter estimate greatly exaggerates their frequency. Out of 297 cases of cancer of the breast admitted into the Middlesex Hospital during the last eight years there has not been another example of this kind.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

AT the closing meeting of the Surgical Section, in the Albert Hall, Royal College of Surgeons, Mr. J. K. BARTON, President, occupied the chair.

Mr. WM. STOKES, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

Living specimens and specimens by card were exhibited by the President, Mr. Croly, Dr. Baxter, Mr. Thomson, Mr. Wheeler, Dr. Mapother, Mr. Stokes, Mr. Coppinger, and Dr. M'Cullagh.

The PRESIDENT read a paper on

EXCISION OF THE HIP.

He pointed out that surgeons are much divided in opinion as to the benefits derived from this operation—some, seeing the results so often unfortunate, holding that amputation of the hip is in extreme cases better that excision; others, including those who have had most experience of the operation, clinging to the belief that in excision we possess the means of saving those cases of hip disease which will not yield to expectant treatment. In two cases he obtained an encouraging amount of success, a year having elapsed since the first operation, and six months since the second, viz.:—Case I.: L. M., æt. 14, a delicate, strumous girl, with sinuses round the diseased hip, from which there was copious suppuration, was evidently sinking from the effects of the disease when the operation was performed, in May, 1882. A marked improvement in her general condition followed the operation. She was able to leave hospital in three months for the country, where she has remained since. She is able to walk with crutches, but there are still open sinuses, evidence of the existence of carious bone; but the union between the cut end of the femur and the acetabulum is firm, and capable of bearing the patient's weight without pain.—Case II.: M. R., a healthy-looking girl, æt. 12, the subject of recurrent disease in the trochanter major. The hip was anchylosed when she was seven years old, in the semi-flexed position. Disease had lately been set up in the trochanter by a fall. The operation was undertaken to remove the progressive caries of the trochanter, and to rectify the anchylosis, which rendered her a cripple. It was performed in October, 1882, and has been successful in accomplishing both objects, as the girl is now able to walk, and the limb is straight, though four inches shorter than the other. The author insisted on the importance, in the after-treatment of these cases, of maintaining a free drain from the wound, submitting that the accomplishment of this must be the first care of the surgeon.

Dr. R. M'DONNELL said his own experience of excision of the hip-joint was not altogether favourable. At the same time, the operation should not be set aside; he believed it was legitimate in suitable cases.

Mr. STOKES remarked that in the Richmond Hospital their experience of excision of the hip-joint had neither been very great nor very favourable. In one case in which he had performed the operation, the result was the reverse of satisfactory; but it was in every respect an unfavourable case. Had he had his own will at the time, he should, on performing the excision and finding the large amount of disease that was present, have proceeded to amputate the hip-joint, but he was precluded by the express directions of the patient. He mentioned this to show how difficult it was beforehand to form a just estimate of the amount of disease that might be present. In dealing with caries of other articulations this was not altogether the case. He asked the President's opinion with regard to Thomas's splint, which he used in one of the cases. Having tested the splint himself, according to the inventor's directions, in the case alluded to, he was obliged, after a few days, to remove it, owing to the great pain caused by the pressure of the splint against the spine. He substituted Liston's long splint with a weight attached. The President being a warm advocate of antiseptic treatment, Mr. Stokes asked why he abandoned it in favour of the so-called open treatment of wounds.

Mr. BENNETT said the same question struck him as that which Mr. Stokes had just asked, and the answer might be anticipated, that the conditions under which the President operated were not those in which the Listerian treatment could be adopted, being cases in which there was already an open suppurating wound existing for some time. But a more important question than the immediate detail of treatment was one on which he desired explanation. The difficulty in those cases was to determine the conditions under which the operation was likely to succeed. He heard it laid down in the debate at the International Medical Congress that as a rule the operation should not be undertaken, except under conditions where the alternative was amputation of the hip. He thought amputation should take precedence. He asked the President, however, what he regarded as indications for the operation—whether it was a mere alternative to amputation of the hip, or whether it should be adopted under such grave conditions.

Mr. CORLEY, referring to the question of age in determining the operation, mentioned the case of a patient, æt. 36, in whom all the conditions for a favourable result existed— a limited amount of bone disease, while the operation itself was not attended with considerable difficulties. It was impossible, however, to secure anything like immobility. He did not use the wire apparatus recommended in Sayre's work, but put up the patient in Bryant's double splint, and endeavoured to carry out antiseptic treatment. The difficulty was great, as a large abscess surrounded the joint. But the unfortunate result depended on the complete impossibility of securing anything like rest to the fragments in position. Modern success depended more on securing perfect immobility than on antiseptics, and until some means were had to secure this desideratum, the operation must be looked on as a serious one.

Mr. WHEELER asked what was the condition of the acetabulum? His own experience in five cases of the operation was that it was favourable to life. In three, the results were very favourable; but two still had sinuses. The splint he used was Bryant's, with a posterior splint running up behind on the nates. The treatment he adopted was open dressing with plenty of drainage. He believed in antiseptic treatment, but not in Listerism. With the observation of Mr. Stokes' that it was more difficult to determine the amount of disease in the hip-joint than in any other he disagreed. In the knee it was equally difficult. It was a great point that the sinus did not open posteriorly. In those cases that turned out well he made an opening below, and drew the drainage tube through, to be able to syringe from the top and prevent any collection of matter.

Mr. THOMSON said the discussion showed that the experience of surgeons in and out of Dublin was very disastrous in connection with the operation of excision of the hip. Even Mr. Barton, who had the largest experience of the operation of any surgeon in this country, had only been able to bring forward one case out of nine that he would claim as a success, and in that case the patient was unable to progress without the aid of crutches, and unable to bear the weight of the body. He had done the operation himself in one case which he was looking after for Mr. Stokes during his illness, and in that case, after a long period of illness, the patient gradually sank and died. He thought the great practical point to be decided in the discussion was the proper time at which the operation should be commenced, if it was to be undertaken at all. There was no doubt the operation of excision of the hip-joint was very little more fatal than leaving those cases alone, that is, as regards those that had a fatal result. A considerable proportion recovered. In the *Medical Press* he saw that the percentage of fatal cases that were not treated at all was something like 40, while the fatal results from excision numbered something more. So that practically there was very little difference between interfering by excision and leaving the patient alone. He had an opportunity of seeing a case treated by the Listerian method in St. Thomas's Hospital, London. An abscess had formed, and the disease was very rapid in its progress. The case came under the care of Sir William MacCormac, who at once determined to excise, and cutting down upon the part, he found the bone was diseased, but that the disease had not proceeded to such an extent as was usually the case before the operation was undertaken. In that case the wound remained perfectly aseptic throughout. The patient had been operated on six weeks before he saw the case. The wound was perfectly healed at the time, while the patient was able to get out of bed and stand on both limbs without the aid of a crutch. That was a point which went to prove two things—the great importance of early operation in those cases, if there was to be any hope of sinuses at all, and the great advantage which must always follow the adoption of the true Listerian method.

The **PRESIDENT** replied. He agreed with Mr. Stokes's experience that Thomas's splint was singularly unsuited for cases of excision, the pressure of the rigid bar down the back of the hip not being at all comfortable. In the cases in which he used it he had to lay it aside. Thomas's splint was, however, useful for recovering hip disease, where the patient would be allowed to move about. Replying to Mr. Stokes's question, he adopted the open treatment, having first tried various other methods, including the Listerian; but he did not find it to answer well. Indeed, the conditions were such as should have enabled him beforehand to say it would not answer well. Why? Because the excisions were only partial ones, unlike the excision of joints where all the diseased portions were removed, as in the elbow or knee, and where the healthy cut parts could be closed against one another. But where there was partial resection the result was bone remaining in a partly diseased state behind and the soft part in a very unhealthy state. Thus, there was a large cavity through which there must be the products of inflammatory action discharged. His experience fortified him in saying what all would agree was reasonable in theory, that the free exit of drainage from the wound was the first thing to be gained. He, therefore, thought the open treatment necessary to gain that desideratum. Having reported one of these cases some years ago, it was remarked on that occasion that the constant syringing with antiseptic solution—chloride of lime, carbolic acid, &c.—the constant washing away of the discharge, was in itself antiseptic treatment. While the method of closing wounds in which the flesh might unite by primary union was inapplicable here, yet the great principle of removing putrefactive material remained the same, though carried out in another way. Therefore, he was not casting the slightest slur on the antiseptic method, but adopting the suitable way of applying it to cases of partial excision, It appeared from the discussion that they ought to aim at osseous union in excision of the hip. That was not his experience. They should simply aim at fibrous union as supplying, in successful cases, all the results they could possibly wish—complete firmness with mobility. For this purpose it was not so necessary that absolute rest of the parts should be maintained, and the apparatus he applied had to be laid aside, and he fell back on the simplest possible method of keeping the limb straight. Sir William MacCormac's case was an exceptional one; but ordinary cases of a strumous type commencing in the trochanter towards the head, involving the joint in the secondary degree, were not suitable for excision in a very early stage, for the simple reason that a great number of them would recover by expectant or ordinary treatment. Therefore, the surgeon must wait until the abscess had formed, or the disease had entered into what was called the secondary stage. In this case the question might arise whether amputation or excision ought to be preferred. Amputation at the hip-joint was open to this objection—that it was a greater shock to the patient than the operation of excision. No doubt it was difficult to say how far the disease had progressed, but he would not perform that operation when he could by any reasonable section of it gain recovery, and a tolerably useful limb. It was better for a child to have one limb some inches shorter than the other and useful, rather than have none at all and cut off at the hip-joint. Mr. Corley had asked what age was favourable? He agreed with Mr. Corley, that, as age advanced the risk increased; but his own cases were all of young children. Replying to Mr. Wheeler's inquiry as to the condition of the acetabulum, in most cases he said it was not very bad—there was no necrosis of the bone. The cartilage was destroyed, but the bone itself—or the ilium—was not extensively diseased. He looked on the femur as more of a difficulty than the acetabulum. Mr. Thompson had taken a gloomier view of the results of excision than was compulsory, for damaging as the results had been, they were not so gloomy as he had pictured. The young man, for instance, was able to hop on the diseased limb, bend it, abduct it, flex it, and rotate it. That was a rarely successful case. The second was also successful, as there was fibrous union established. The time for operation must be when the case had passed recovery from expectant treatment, and before degenerate changes had begun. As pointed out by the Clinical Society of London, the percentage of recoveries was considerably above that of recoveries without operation.

Dr. **THEODORE STACK** read a paper on

THE REPLANTATION AND TRANSPLANTATION OF TEETH.

This subject, he stated, was first worthily introduced into surgical literature by John Hunter, in whose museum there is to be seen an immature canine transplantation into the comb of a cock with perfect success. Having fallen into disuse soon after Hunter's time, this method of treatment received a fresh stimulus from the practice, at St. Bartholomew's, of Mr. Coleman; and, more recently, Professor Magitot, of Paris, had made a valuable communication on the subject to the International Medical Congress. Replantation may be found a useful therapeutic measure in, firstly, pulp exposed, or nearly exposed, with carious cavity extending under the gum; secondly, external violence knocking the teeth out; thirdly, accidental extraction; fourthly, obscure cases of neuralgia referred to sound teeth; fifthly, alveolar abscess complicated or uncomplicated. It will be undertaken most frequently in cases of alveolar abscess. The primary cause of alveolar abscess is in nearly every case a petrifying pulp. A secondary cause may be a small portion of the tip of the root becoming necrosed by the abscess after it has lasted a little while, dissecting off from the part the periodontal membrane. Magitot proposed extraction of the tooth, resection of any necrosed part, and replantation, and claimed a success of 92 per cent. Mr. Finlay Thompson proposed, after resection, to cap the end of the root with gold, and to introduce a gold tube into the root for drainage. This method seems equally elaborate and useless. Mr. Coleman proposed to fill the root antiseptically. This method appeared to fulfil the indications most fully, and some of Mr. Coleman's failures must be attributed to his dipping the tooth in too strong carbolic acid before replacement. Out of a table of some thirty cases made out by Mr. A. W. W. Baker, and Dr. Stack from their private and hospital practice—all of which were successful—a large number had been treated by resection of the root, filling the root with creosote and iodoform, and free incision into the alveolar abscess. Referring to the liability of these teeth to absorption—a danger mentioned by Tomes, Coleman, Nilhod, and others—Dr. Stack stated he believed this danger only applied to teeth which had been so treated when out of the mouth as to cause death of the periodontal membrane, either by too long delay, or by the use of some too strong chemical agent. It was not due to rending of the alveolar connections, for admittedly, teeth violently knocked out and quickly replanted, nearly always succeeded. Nor was it due to placing foreign material in the pulp chambers and canals, for Dr. Stack was proud to say that, in cases of teeth pivoted by two of their oldest dental surgeons—Mr. Robert Moore and Mr. Daniel Corbett—it was no uncommon occurrence for the roots to last twenty or thirty years. In the museum of the Dental Hospital of Ireland there was a specimen of a pivot tooth, presented by Mr. Corbett, which had lasted thirty-seven years. In the allied operation of transplantation when the scion tooth was always perfect, it is still undecided whether the pulp should be exterminated or not. Mr. A. W. Baker, Mr. Abraham, and Dr. Stack were, he believed, the first who had established by actual microscopical examination in the human subject, that the pulp chamber in the scion tooth could, after replantation, again enclose living contents. This was a possible, perhaps a probable result, but by no means a universal one. Dr. Stack believed that the operation of transplantation was likely to grow in favour, especially in hospital practice, where the patients were unable to pay for good artificial dentures. Dr. Stack said he was much indebted to Mr. Abraham and Dr. Richard Hayes for the assistance they had given himself and Mr. Arthur Baker.

Mr. **ABRAHAM** read a short treatise on the subject.

Dr. R. **MCDONNELL** said the paper was one of extraordinary interest, not only to the dental surgeon, but also to the surgeon occupied in the careful study of the processes engaged in the absorption of bone and diseased tissues. Savory, referring to Gulliver's paper on the absorption of bone, had asked, was dead bone absorbed? He came to the cônclusion that, according to Gulliver's experiment if dead bone was lying in the midst of surrounding tissues, it was not absorbed. But his experiments extended only for a short time, while absorption was a very slow process of years. Pressure was of importance; for instance, when allowed to make experiments in this country, an ivory peg put loosely through a bone and taken out after a few weeks was just as smooth as whem hammered in, but when taken out, after being there for months, it was deeply eroded, and it was evident that some process was going on. Others pointed ont that bone, when engaged with a foreign body, was able to regenerate new bone, or attach structures that came in the neighbourhood of it, and he demonstrated the rapid development of new bone by transplantation into the bone of a chicken. From the cases in question, however, he (Dr. McDonnell) would be most cautious in drawing the conclusion that it was revived pulp. It might be that granulations had sprung up and filled the cavity, that the tooth was acting like a sponge graft, and therefore would be in the happy position of bearing a pulp without any nerve in it. He did not think any one who had heard the paper could scout the idea of antiseptics.

Mr. **Wheeler** said he had brought forward a paper in which he had strongly advocated antiseptics, laying down, however, the difference between antiseptic surgery and Listerism. Anything that fell short of the gauze and the spray as MacCormack had stated was not Listerism; but he believed in drainage, in rest, in cleanliness, what they all aimed at. As to ivory pegs being absorbed, he had seen them five or six times pegged into the tibia. Holes were bored and the pegs put into the wood, in the first instance, to make sure they would not get small. It was not the experience of many surgeons that ivory pegs were absorbed.

CLOSING REMARKS.

The President, in closing the meeting, thought they might congratulate themselves on the work of the past session. The papers read showed an amount of preparation that was in the highest degree encouraging, while the remarks made in discussing those papers evidence knowledge and depth of thought that equally augured well for the future. A suggestion made in the Council might perhaps be carried out next session—to group subjects so as to have two or three papers on the same subject read at the same meeting, and let these be discussed together. That course had been found to work well elsewhere, and to add very much to the interest of the meeting. The living specimens exhibited during the session had proved a most successful feature. To the General and Sectional Secretaries thanks were due for their admirable arrangements.

THE HOSPITAL MANAGEMENT CONFERENCE.

There was held in the hall of the Society of Arts, last week, a most important meeting, convened under the auspices of the Social Science Association with the object of discussing the question of hospital administration, and for the consideration of proposals made with a view to averting the periodical crises experienced on the part of many of our more important charitable institutions. The conference was opened on Tuesday, under the presidency of Sir T. Fowell Buxton, who sketched the history of the subject under review for the past ten years, and to which especial prominence had been given owing to the serious financial difficulties into which not a few great hospitals had fallen. In the opinion of the chairman, and that also of nearly all who took part in the conference, the appointment of a Royal Commission on hospital administration is essentially required at the present time; and the adoption of measures with a view to obtaining such assistance was urged by a majority of speakers. That stimulus will be given to efforts in this direction as a result of the deliberation there can be little doubt; nor either that the problem how to relieve the pressing needs of insolvent institutions will be worked out on lines that have been more or less completely sketched in recent newspaper articles, and in the papers read before the conference.

The first topic discussed was that of constitution of managing committees, on which subject a paper was read by Mr. Burford Rawlings, who advocated the election of *bonâ fide* working committees, including members specially chosen to discharge particular duties for which each should be specially fitted. Thus, he would include on the committee a medical member, a legal member, a member with actual executive experience, *e.g.*, an ex-house-governor or ex-treasurer, and two or three business men with a strong liking for real work. Dr. J. S. Bristowe supplemented Mr. Rawlings' paper by a detailed account of the constitution and mode of working of the house committee of St. Thomas's Hospital, which, as recently framed, included the treasurer, almoners, and six governors, of whom two are past physicians or surgeons to the hospital. Experience had shown, said Dr. Bristowe, that such a committee worked harmoniously together for the advantage of the charity, and of those who came to it for treatment; he did not, however, think it advisable that all members of the staff should be admitted on the house committee, nor that medical members of the committee should be entitled to vote. While, however, approving generally of the committee as constituted at St. Thomas's, he thought the medical representatives should be annually elected by their own colleagues, and not, as at present, by the treasurer. This change, moreover, he believed would ere long be made.

A discussion ensued on these two papers, in which a number of gentlemen representing provincial hospitals engaged; and the general tone of the remarks made indicated a feeling in favour of medical representation on the managing committee. In several instances such representation was said to have existénce; and always, wherever it had been introduced, the results had proved eminently satisfactory. It is not, of course, to be expected that a perfect system can be at once devised, as was pointed out by Mr. Bousfield, a member of King's College Hospital committee; but with the expressions of opinion already obtained, it ought not to be a difficult matter to suggest some arrangement which, while avoiding the errors of the past, shall at any rate include the beneficial feature already successfully introduced in those places where, as at St. Thomas's and King's College Hospitals, at the Western Infirmary, Glasgow, at the Nottingham General Hospital, and elsewhere, a definite position is given to the medical staff in matters relating to government of the respective institutions.

The second subject entered on is perhaps the most important of any that have arisen of late years in connection with charitable relief, that, namely, of payments by patients. Mr. Timothy Holmes attacked the problem, "Can the system of free and paying beds, and of payment by out-patients be successfully applied to existing hospitals?" While approving the introduction of a system of treating in-patients on the payment system, he saw no reason for urging its extension to out-patients, wherein he was at issue with the reader of the second paper, Mr. J. S. Wood, Secretary of the Chelsea Hospital for Women, and of the Bolingbroke Pay Hospital. This gentleman strongly insisted on the good results accruing from adoption of the contributing system, and instanced the great advantage gained from it at seven general and twenty-eight special hospitals. Dr. Fairlie Clarke, on the same subject, recommended careful classification of applicants for free treatment at hospitals, and advised that those only who were absolutely unable to pay for assistance should be treated gratuitously. A practical and thoroughly sensible suggestion was also made by the same authority to convert free into provident dispensaries, whose officers should be remunerated in proportion to the number of cases treated. Against the provident dispensary plan, which found support also in a paper by Mr. A. G. Henriques, it was urged by Lord Cork that their multiplication would starve the general hospitals by diverting subscriptions which would but for them be handed over to the great charities. This argument, however, was based on the assumption that such provident institutions could not be self-supporting, and on the evidence of Mr. James Cropper, M.P., this was not a wholly justifiable conclusion, several provincial self-supporting dispensaries being now in existence. There was forthcoming also from other speakers abundant testimony in proof of the willingness of patients, when called upon, to respond to the demand for contributions towards their support in hospital. It is not surprising, therefore, to find that a tendency was shown at the conference to limit out-patient attendance at general hospitals by means of provident dispensaries, some, notably Dr. Acland, even recommending direct union of the two classes of institutions; and we may not improperly anticipate a material and salutary change in this direction in the not very distant future.

On the resumption of the Conference on Wednesday, the chair was taken by Mr. F. S. Powell, the first subject of discussion being "The Financial Difficulties of Metropolitan Hospitals," introduced by Mr. H. C. Burdett. The author of this paper advised extraordinary efforts to raise the regular income of hospitals, and the removal of certain of them from their present sites to situations where they would be of greater service to larger numbers of poor. Mr. Burdett concluded by insisting on the necessity for a Royal Commission of inquiry. After some discussion on and criticism of the statements contained in the paper, Mr. Thomas Blair, general manager of the Leeds General Infirmary, read an essay on "The Differences between the Systems of Raising Income and Controlling Expenditure at the Metropolitan and Provincial General and Special Hospitals." Such differences, it was shown, were found in the reliance placed on spasmodic efforts in London, whereas in the provinces systematic use was made of facilities for raising money through benefit entertainments, voluntary subscriptions, and organised collections. In a paper on the same subject by Mr. R. Hordley, secretary of the North Staffordshire Infirmary, monthly detailed statements of the cost per head per day of patients in hospitals was recommended as a means of checking unnecessary expenditure.

In the discussion which ensued various remedies to meet the existing losses were proposed—such as careful and frequent scrutiny of expenditure, with a view to its due control; the exaction of money payments from patients; reduction of drug bills; and rejection of those who could not rightly urge the plea *ad misericordiam.* The result of the deliberations, while not perhaps adding anything essentially novel to what has already been uttered in this connection, has at any rate served to emphasise the main conclusion adopted—that there is dire need of some mode of coping with the increasing contrast between income and expenditure in many of our hospitals. If it does no more than clear the ground for further practical consideration of this vital question in economics, the Conference will have produced some valuable consequences.

The remainder of the sitting was taken up with discussion of the relation of convalescent institutions to hospitals, and the question of the appointment of a Royal Commission of inquiry; and the general result of the Conference was admirably expressed in the concluding speech of the chairman, who said it had been a great satisfaction to him to find an almost universal consensus of opinion adverse to the management of hospitals by guinea governors, and he hoped the time would soon come when the monstrous absurdity of management of charities by voters would cease to exist. It was necessary that the medical staff should either have a seat on all the boards, or an absolute right to express their views before the boards. With regard to their finances, the contrast between the active energy and liberality of the working men in the North, and the miserable apathy and dependence of those in London, was no credit to the metropolis. With respect to paying patients, he never could see why sick and benefit clubs should not in some way or other be intimately associated with the local hospitals. Medical schools were great national institutions, as important to the nation as the universities. No doubt they created some inconvenience, but the presence of students was a great advantage to a hospital. He congratulated the Conference on the entire absence of ill-feeling; not one word of objection had been uttered to the appointment of a Royal Commission even by those who were on the councils of hospitals, and he therefore thought it must be taken for granted that the managing bodies were no longer averse to such a commission.

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DR. FREDERICK WILLIAM WARREN has been appointed to the Surgeoncy of the Adelaide Hospital, Dublin, vacated by the death of the late Dr. Richardson. Dr. Warren is a Bachelor of Arts and of Medicine of the University of Dublin, and a Fellow of the Royal College of Surgeons. He is also a Demonstrator of Anatomy in the School of the College, to which position he was appointed when—in consequence of the closing of the Medical College attached to Stevens's Hospital—he ceased to be Lecturer in Anatomy in that College.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 27, Madras 32, Paris 24, Geneva 20, Brussels 24, Amsterdam 22, Rotterdam 20, The Hague 23, Copenhagen 24, Stockholm 25, Christiania 16, St. Petersburg 30, Berlin 33, Hamburg 26, Dresden 28, Breslau 32, Munich 32, Vienna 26, Prague 39, Buda-Pesth 32, Rome 29, Turin 24, Venice 21, Lisbon 23, New York 28, Brooklyn 22, Philadelphia 19, Baltimore 18.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 11, 1883.

THE HARVEIAN ORATION.

THE exigencies of the occasion annually created in connection with Harvey's commemoration by the Royal College of Physicians, are usually met in a manner to which custom has habituated us, but to which it is nevertheless possible to take exception. It is no doubt a pleasant and excellent thing to repeat each year, under official sanction, and in presence of the most responsible officers of medicine, the great and enduring truths on which modern physiology and pathology are mainly based; but notwithstanding, we still hold the opinion, more than once formerly expressed in these columns, that higher honour would be paid to those whose memory is so sought to be perpetuated, by assisting and detailing researches founded on their labours, rather than by mere reiteration of their acknowledged merits.

As an example of orations laudatory of Harvey and his immortal discovery, Dr. Habershon's address, delivered on Wednesday week, is undoubtedly interesting and able; but we must be permitted to question the prudence of his reflections on the value and bearing of what he prefers to regard as simply speculative, rather than deductive, studies. Dr. Habershon has, in our opinion, endeavoured, most unnecessarily, to reprove those who indulge the spirit of investigation untrammelled by considerations of expediency; and his introduction of the religious element into what must be regarded as most purely scientific work—though done, we would hasten to assure ourselves, with the most admirable intention—was, we imagine, ill-advised, and calculated to weaken the force of his most pertinent observations. It is at least premature to declare the inutility of arguments, as to derivation, that rest on partial observations in development; and by arbitrarily refusing to accept any conclusion based on comparative studies, Dr. Habershon subjects himself to almost justifiable attack as an obstructionist. It is, however, pleasant to reflect that nothing which was said by him in his address will, in any way, diminish the respect and consideration felt towards one who has done so much for medicine in all its relations. Strong convictions will naturally impel their holders to give expression to them, and in the strength with which they are held is the principal reason for their utterance on those occasions when especial weight may be held to attach to what is said. For the same reason we are most heartily grateful to Dr. Habershon for the unmistakable manner in which he defended the experimental method in research. Coming from him especially, should such counsel be effectual for good; for none can ever accuse him of too hasty leanings with those whose first application in search of truth is to Nature and natural objects. We have oftentimes of late congratulated ourselves in the thought that the mere brute opposition to scientific advance is giving way to rational acceptance of more ennobling views; and once more would we assert a conviction that the greater part of this wholesome reaction from the stupor created by interested agitation is due to the enlightened efforts of leading members of the medical profession itself. No statement indulged in by the Harveian Orator for 1883 is truer than that which says: "To stop the advance of science is to encourage the darkness of ignorance;" and with all kindliness and respect we would venture to ask whether, by suppressing the spirit of inquiry when it chances to stray in the paths lighted up by theory only, is not in some sort to be guilty of the very practice condemned in the pithy sentence above quoted?

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F.R.C.S.I. (HON. CAUS.).

THE Council of the Irish College of Surgeons has decided to grant the Honorary Fellowship of the College to Dr. Crawford, Director-General of the Army Medical Department, and to Sir J. A. Hanbury, Principal Medical Officer during the Egyptian campaign, a proceeding which we predict that both the College and the two Honorary Fellows elect will one day feel to be unwise under all the circumstances, and inconsistent with the dignity of the College and of the two distinguished officers whom the Council proposes to honor.

Those who have read our comments on the conduct of the late campaign—on the evidence produced before Lord Morley's Committee, and on Sir William MacCormac's report—must certainly acquit us of any want of appreciation of the services rendered by the Army Medical Department, or any lack of sympathy for the heads of that Department in the injustice which public opinion did them when the attempt was made to lay the shortcomings of other departments to their charge. We believe that the medical service of the campaign was admirably discharged; that Dr. Crawford and Sir J. Hanbury deserve much credit for its success; and that the attempt to make them the "scapegoats" of the occasion reflected discredit only upon those who made the attempt.

Nevertheless, we dissent from the proposition to make them Honorary Fellows of the Irish College of Surgeons, because, in our opinion, that distinction was not created for successful heads of departments, and, if it were, the granting of it at the present moment bears rather the aspect of a splenetic demonstration against Sir Garnet Wolseley than a calm and judicial declaration that these gentlemen have specially merited the highest distinction which it is in the power of the College to bestow.

The authority of the Council to grant the Honorary Fellowship is defined by a Bye-law which is of the same force for the time being as the Charter, and which states that—

"It shall be lawful for the Council to elect as Honorary Fellows such persons as have eminently distinguished themselves in the science of surgery or in any of the branches of knowledge auxiliary thereto."

It would seem evident that the Council is here limited strictly to the consideration of the scientific attainments of the candidates in immediate relation to surgery as the ground for a grant of the Honorary Fellowship, but we do not see how success as an administrator of a public department can be said to come within the limits of the by-law nor even if its wording be strained so as to include sanitation as one of the "branches of knowledge auxiliary to surgery," can we suppose that any one will allege that the good health of the Egyptian army was the result of special erudition in scientific sanitation on the part of the heads of the Medical Department. We do not suppose that either of these gentlemen would consider that they have a claim to the Honorary Fellowship of a College of Surgeons in respect of their having "eminently distinguished themselves in the science of surgery," although the high position which they have gained is evidence that in this respect they are on a level with any surgeon in the Army; and, for these reasons, we cannot but look upon the grant to them of the F.R.C.S.I. (Hon. Caus.) as a straining of the law of the College and contrary to the intention of those who made that law. We had hoped that the day had passed in the College for decorating any man for any other reasen whatsoever save his scientific character in special relation to surgery, for we hold that the College has discredited itself in times past by the liberality with which it issued its Honorary Fellowship to eminently respectable persons whose position enabled them to be useful to the College or to individuals, but whose names have long since been forgotten. It is true that many years ago the College did co-opt many of this class, but we believe the feeling arose that little honour accrued to great anatomists, surgeons, and physicists by appearing on the same list with useful nonentities; and for many years no such person was admitted to the Honorary Fellowship. The last recipients were—William Bowman, James Syme, Edmund A. Parkes, Samuel Haughton, and Helmholtz; and we think the College honoured itself by such choice, and that the Council would do well to extend this list of noble names rather than dilute it with those of gentlemen whose distinctions, whatever they may be, are neither surgical nor scientific.

If it were considered desirable to give the F.R.C.S.I. (*hon. caus.*) to Dr. Crawford and Sir J. Hanbury, we think that discretion and good taste should have induced the Council of the Irish College of Surgeons to allow an interval to elapse after the dinner in Dublin to Lord Wolseley before making this demonstration. The Army Medical officers in Ireland had clearly demonstrated their views about Lord Wolseley's attitude towards the Medical Department by conspicuously absenting themselves from this banquet, one only of their strength having been present in addition to Sir Robert Jackson, whose old and intimate friendship with Lord Wolseley is sufficient justification for his presence. The military surgeons serving in Ireland, in fact, had deliberately "snubbed" Lord Wolseley, and we think they were right to do so, but we do not think the College right in taking sides in this quarrel at the present juncture. It is to be recollected that the *pros* and *cons* of the dispute between the combatant and medical departments are still undecided, and that the case is *sub judice*; and it would have been well, we think, for the College to leave the affair as it stands, and to refrain from joining in the slight to an Irishman and a great General, however much that slight may have been deserved.

The vote of the Council, coming as it did within a few days of the Wolseley banquet, will give occasion for the insinuation that the Council has acted in haste and ill-temper, and it will necessarily be felt that Honorary Fellowships granted under the influence of such feeling would reflect little honour on the recipients.

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THE GROCERS' COMPANY PRIZE PROBLEM.

WERE it not that a scientific committee of such acknowledged competency as that which advises the Grocers' Company in connection with its new scheme for promoting research, has formulated the problem to be solved by competitors for the £1,000 discovery prize, there might possibly appear room for doubting the feasibility of the task thus set. Drs. Burdon Sanderson and George Buchanan, Prof. Tyndall and Mr. John Simon have drawn up the following as the subject of competition for the first quadrennial prize:—"To discover a method by which the vaccine contagium may be cultivated apart from the animal body in some medium or media not otherwise zymotic, the method to be such that the contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product, after any number of such generations, shall (so far as can within the time be tested) prove itself of identical potency with standard vaccine lymph."

The successful fulfilment of these requirements, when it is attained, will confer upon humanity a benefit of absolutely incalculable proportions. It will at once deprive the operation of vaccination of every single drawback, real or imaginary, which now attends it; and the fortunate recipient of the promised reward will deserve to rank immortal with Jenner himself. Whether the difficulties of the task are of a nature too onerous to be overcome under conditions of existing knowledge it would as yet be rash to affirm, for no one could have anticipated the progress that has, thanks to Pasteur and Koch, been made within so short a period as the last three years in the direction of preventive inoculation with cultivated virus. Undoubtedly the obstacles to be overcome are of no ordinary description, but then the means of investigation freely given to the world as the result of recent researches provide determined observers with hitherto undreamt of possibilities of examination.

We might, perhaps, very fairly insist that opportunities for solving some part of the problem have not been made due use of; that the resources offered by extensive isolation hospitals and plentiful material might have been turned to more account than they have been as centres of merely clinical observation; but in presence of the well recognised and apparently insuperable physical obstacles to any definite research apart from bedside work, there has probably been at least a pardonable shrinking from so laborious and uncertain a study on the part of those directly concerned with administrative duties. Now, however, we may be allowed to anticipate that no scruples of expediency will deter our own countrymen from striving to win for England the distinction that will accrue to the nation which contributes the winner of the discovery prize. Apart from the pecuniary element, considerations of the highest and noblest the human mind can entertain combine to make the goal held in view one worthy of being sought by the most disinterested searcher after truth; whoever shall succeed in reaching it will be not simply the laureate of the Grocers' Company, but a benefactor whose claims will receive ungrudging and eternal recognition.

It would be well not to ignore the necessities that will be imposed on intending competitors for the prize. Experimentation, and that of the most extensive description, is a first desideratum and; inoculation experiments will hold a prominent place in the series. Trained microscopists, also, can alone hope to approach the problem with any prospect of success; for little as we know at present of the virus in question, it is fairly well established that in dealing with it we are in presence of particulate elements less than the twenty-thousandth, and probably not more than one hundred-thousandth of an inch in diameter. The conditions under which these spherules live and increase we know at best but vaguely; of the absolute terms of their life and surroundings we are entirely ignorant. They do not even offer facilities such as the bacilli present; and as far as real information of them is concerned the pages of scientific history where they find description is little more than a blank. But who can say what altered sentence must be written in lieu of these dispiriting ones when four years hence the work of many men devoted to elucidation of this most difficult problem shall have been published to the world? Our faith is strong; but stronger even than faith itself is the assurance borne of experience that when earnest effort is directed by trained intelligence towards the amelioration of human suffering, the great-hearted devotion of scientific enthusiasts is all sufficient to the conquest of difficulties that bar the way to progress and prevention.

Notes on Current Topics.

The Political Weakness of Doctors.

In an able address delivered at the annual meeting of the Midland Counties Branch of the British Medical Association, Dr. Balthazar Foster enlarged upon "the Political Powerlessness of the Medical Profession," which he illustrated forcibly by the length of time which it has taken to push the Medical Reform Bill into the position in which it now stands, and by the little regard which has been shown for the profession in the construction of that measure. He pointed out that every Bill which affects medical men is settled as the public or the agitators please, without the doctors being seriously considered in the matter, and he points out with truth that this state of things arises from the fact that the doctor who thinks it worth while to sacrifice anything of his own interest to public or professional advantage is one in a thousand, and that the great majority of medical men are utterly devoid of public spirit of any kind. We can entirely confirm the justice of Dr. Foster's criticism. It could not be reasonably expected that medical men would neglect their business for public reasons, because few of them can afford to do so, but they might do much which they do not do, and might evince an interest in medico-political matters which, without loss to themselves, might enormously increase their personal importance and the influence of our profession as a body. It is very discouraging to see medical men in election times following a political shibboleth in total forgetfulness of the important legislation in which they are most interested. The thraldom of party would seem to overwhelm all other considerations, and we see men who know little and care less for general political questions voting for any puppet which their "party" chooses to stick up for their adoration, an obedience which their "party" immediately repays by contemptuously ignoring their views on any and every occasion.

St. Andrews Graduates' Association.

The fifteenth annual session of this association was held in the rooms of the Medical Society of London, on June 30th. The treasurer's report showed a very flourishing condition of the funds. The council report congratulated the members on the avowed intention by the Government to withdraw the clause in the Universities (Scotland) Bill by which power was to be given to the commissioners to dissolve the University of St. Andrews, and also on their purpose to retain a representative of St. Andrews on the Medical Board for Scotland. Stress was laid on the need of close union so that every effort might be made to retain and to extend the medical faculty of the university, and promise was given of an early meeting to consider the best means of aiding the university and the claims of the medical faculty by a money contribution from the graduates and their friends.

The anniversary dinner was held at the Holborn Restaurant where an excellent repast was served. Dr. Richardson was in the chair. Among the visitors were Lord Balfour of Burleigh, Sir Joseph Fayrer, LL.D., K.C.S.I., Dr. Hassall, and Dr. Hayward; and among the numerous graduates were Drs. Seaton, of Sunbury, Cholmeley, Cleveland, Cooper Rose, Royston, J. Sedgwick, of Borough-Bridge, Watkins, Murray Lindsay, of Mickleover, Semple, Paul, Hicks, of Hendon, Stamper, of Pembroke Dock, Cargenven, of Derby, Longhurst, and Leonard Sedgwick.

The following officers were elected for the ensuing year :—*President of the Council*, Dr. Richardson, F.R.S.; *Treasurer*, Dr. Paul ; *Secretary*, Dr. Leonard Sedgwick ; *Council*, Drs. Archibald Alderson, Byass, Cholmeley, Christie, Cleveland, Corner, Crosby, Dale, A. G. Davey, J. G. Davey, Davies, Gillespie, C. Gordon, C.B., Griffiths, Henty, Hicks, Hill, Hood, Kesteven, Murray Lindsay, Lipscombe, Longhurst, W. Menzies, Professor Pettigrew, F.R.S., Drs. Pocock, Royston, Seaton, J. Sedgwick, Semple, South, Stamper, Tibbitts, Wilkinson, Willett, Rhys Williams, and Wyman.

Conversazione at the Royal College of Physicians, London.

The annual *conversazione* at the Royal College of Physicians is always an event of great interest ; and the most recent of these gatherings, held on Wednesday last, was in no way inferior in point of attraction or of the numbers attending it to those of previous years. Among the distinguished visitors who accepted the invitation of the President and Fellows were H.R.H. the Duke of Albany, Lords Denman, Crewe and Chelmsford, Bishop Macdougal, the Solicitor-General, Archdeacon Bathurst, Sir A. Watson, Sir C. Locock, Sir James Paget, Sir Spencer Wells, Sir W. Smart, Sir Risdon Bennett, Professor Huxley, Sir W. MacCormac, and many others. Much interest was shown by those present in the objects of art and science exhibited in the rooms of the College building, which had been prepared with much care and taste for the reception of the guests. A very considerable collection of pictures, lent by various owners, and including both oil and water-colour paintings, received a large share of attention ; but special interest was excited in some very beautifully-executed specimens of Berlin cast iron which Dr. Braxton Hicks had lent. These elegant works of art included several historical pieces and personal ornaments, all of which very fully deserved the admiration bestowed upon them. Among the more purely scientific exhibits, Dr Heneage Gibbes' specimens of bacilli of tubercle, anthrax, &c., claimed a good deal of attention, as also did numerous other equally interesting objects of a more or less strictly scientific character. Throughout the evening the Royal Artillery band, which was stationed in the hall of the College, and performed an admirable selection of music, helped to make the *soirée* completely enjoyable ; and the affair passed off with, in every way, entire success.

M. L. de Wecker (*Comptes Rendus*) shows that the infusion of the seed of the jequirity (*Abrus precatorius*) contains a bacillus which, if applied to the human eye, produces purulent ophthalmia. This is the first instance of the transmission of an infectious disease by a plant.

The Contagious Diseases Acts.

It is not yet definitely settled what course Her Majesty's Government will pursue with regard to the difficulties in which they were placed by the recent vote in the House of Commons, but Sir H. Wolff has given notice that he will move the rejection of the Detention in Hospitals Bill, which was officially referred to as a substitute for the Contagious Diseases Acts. We have reason to believe, however, that the Government have no serious intention of pressing this measure, as the military authorities are of opinion that it would be of little use as a substitute for the Acts.

The Irish Union Officers' Superannuation Bill.

The following memorial has been presented to the Chief Secretary by Dr. Jacob, as President of the Irish Medical Association, and has been followed up by a memorial of similar import from the Irish Poor-law Officers' Association :—

To the Right Hon. George Otto Trevelyan, M.P.,
Chief Secretary for Ireland.

The Memorial of the President and Council of the Irish Medical Association sheweth :—

That Memorialists represent a large body of deserving public officers who are deeply interested in the passing of the Union Medical Officers' Superannuation (Ireland) Bill, now standing for a second reading in the House of Commons.

That Memorialists have observed with much regret that, notwithstanding that the Bill was fully examined by a Select Committee in the last session of Parliament, and amended in conformity with the recommendations of that Committee, it has not yet made any progress towards passing into law in the present session.

That Memorialists have reason to believe that the opposition to the measure is limited to a very few members, and that it would receive the united support of the great majority of the representaitves of all parties in the House of Commons, if submitted for a second reading at an early date.

Your Memorialists therefore pray that her Majesty's Government will take the earliest occasion to press forward the Bill, and thus satisfy the just claims and expectations of the union officers of Ireland.

Signed on behalf of the Irish Medical Association,
Archibald H. Jacob, President.
John H. Chapman, Hon. Sec.
June 24th, 1883.

We are glad to say that the outlook of the Bill is, in consequence, more encouraging.

The death-rate from diseases of the zymotic class continues very low throughout the United Kingdom. With the exception of measles in one or two towns, there is almost an immunity. Glasgow, Newcastle, and Liverpool have an excess of this disease, and scarlet fever prevails at Sheffield, but elsewhere there is nothing to report. The highest annual death-rates from measles were 2·1 in Liverpool, and 4·9 in Newcastle-upon-Tyne ; from scarlet fever, 1·3 in Leeds, and 4·1 in Sheffield ; from whooping-cough, 1·4 in Plymouth ; from "fever," 1·0 in Bolton. There were but 26 deaths from diphtheria in the 31 large towns, of these 15 were in London, and 3 in Glasgow. Small-pox caused 4 deaths in London, 2 in Birmingham, 1 in Manchester, and 1 in Newcastle-upon-Tyne, but none in the other towns.

Chelsea Hospital for Women.

On Saturday last, the handsome and commodious new building erected in the Fulham Road, and destined to be the future home of the Chelsea Hospital for Women, was officially inspected by the Committee of Management and a number of gentlemen invited to be present on the occasion. The arrangements of the hospital have been devised and carried out with the utmost consideration for the comfort and convenience of its inmates; and it cannot fail to be a source of unbounded satisfaction to those whose efforts have been thus successful, to find themselves on the eve of substituting so thoroughly useful and completely equipped an establishment for that in which the operations of the hospital have hitherto been carried on. The new building contains 65 beds, and no ward is to be tenanted by more than nine patients. The fittings are simple, but are even elegant in comparison with the customary surroundings of a hospital ward, attention being especially attracted by the exceedingly pretty and useful bedside cupboards provided throughout the hospital, and which have been specially designed by Mr. Oetzmann, to whom the contract for furnishing has been entrusted. A valuable feature of the building is the provision of two balconies at one end of it, from which far spreading and delightful views over south London as far as and including the Crystal Palace, are obtained, and which will afford a grateful means of outdoor enjoyment to those patients who may be well enough to take advantage of it. The operating theatre is a commodious and well lighted chamber, and is situated in close contiguity to the lift, so that with the least possible delay patients can be taken to it from any part of the hospital. The least satisfactory part of the building is that devoted to post-mortem work. This is a small room built away from the main structure, and *decorated* with a profuse liberality; but withal, so contracted in dimensions that anything beyond the most desultory autopsies will be impossible within it. The kitchens and store rooms are large, airy, and well arranged; and the dormitories, &c., for resident staff, are all that can be desired. After the inspection a lunch was provided, over which Mr. J. Wright-Biddulph, J.P., presided, and which was followed by the delivery of speeches from the Chairman, Sir. Algernon Bothwick, Bart., Mr. Ernest Hart, Mr. Jas. Debac, treasurer, and the Hon. and Rev. Francis Byng. From the treasurer's statement it appears that the hospital is, financially, in a satisfactory condition. The new building and furniture cost £18,082, and there remains on hand a balance of £400, exclusive of £600 invested separately on account of the Samaritan Fund. Altogether, the charity is in a prosperous condition, and starts on its fresh career of usefulness under the most promising auspices.

Mr. Peter Spence, the eminent practical chemist, died at Manchester on Friday last. He discovered the process of the extraction of alum from the refuse shale of collieries and the waste ammoniacal liquor of gas works, which revolutionised the trade, the cost of production being permanently reduced by 40 per cent. Deceased was 77 years of age. His name will be handed down to future generations in connection with "Spence's metal."

Lord Wolseley on the Medical Service.

Not a little curiosity was felt by those interested in maintaining the fair fame of the Army Medical Department to learn in what fashion Lord Wolseley would refer to this branch of the profession, when the opportunity of reviewing its services once more presented on Thursday last. On this day General Wolseley distributed the prizes gained by students of Charing Cross Hospital Medical School, and delivered the address customary on such occasions. In this he was at pains to eulogise the earnestness, devotion, and valuable labours of officers of the Army Medical Department in a way that cannot fail to be flattering to them, but which is also singularly at variance with the remarkable evidence given by him before Lord Morley's committee of inquiry. We may, however, very willingly overlook Lord Wolseley's recent utterances now, since he has conclusively demonstrated that they were the outcome neither of experience nor reflection. When experience was recent he wrote in highly laudatory terms of the medical service; and after reflection he tenders equally worthy testimony. It was only when neither of these aids to conclusion was invoked that the leader of the Egyptian campaign showed an inclination to depreciate and condemn the work of the profession during the war.

The Society of Arts' Conversazione.

Sir William Siemens, the Chairman of the Council of the Society, will receive the members of the Society at a *conversazione* to be held in the buildings of the International Fisheries Exhibition on Wednesday, the 25th inst. Their Royal Highnesses the Prince and Princess of Wales have intimated their intention to be present.

New Professional Honours.

No one who has been brought into relation with the Registrar of the Royal College of Physicians of London will fail to appreciate the peculiarly graceful compliment paid to so highly respected a member of the profession in the bestowal of a knighthood on Dr. H. A. Pitman. Those who have advised this mark of Royal favour have not without full cause gauged the satisfaction which such distinction, so conferred, would excite throughout the profession generally; and we are personally much gratified to have the opportunity of congratulating Dr. Pitman on the well-deserved honour he has received. It would be affectation to ignore, however, that Dr. Pitman's services to medicine have been less in the way of actual scientific industry than in the direction, no less valuable in many ways, of social and personal influence. His contributions to literature, and his assistance to practical medicine would not in themselves, of course, have entitled him to look for the reward he has obtained; but in other paths of usefulness and devotion he has undoubtedly achieved that which is not inappropriately recognised by the bestowal of a knighthood.

At the same time that Dr. Pitman's elevation to the titular ranks was announced, a similar distinction to Mr. Edwin Saunders, F.R.C.S., Dentist to the Royal Family, was gazetted, and in this case also the reward is one for long and faithfully-rendered services, and will be so hailed by the professional brethen of the recipient.

The Election at the Royal College of Surgeons of England.

THE annual election of members of Council of the Royal College of Surgeons, held last Thursday, resulted, after a keen contest, in the return of Messrs. Cooper Forster and Sydney Jones, and Sir William MacCormac, this order being observed in the votes polled by each. It is thus seen that neither provincial candidate succeeded in obtaining votes sufficient to give him a position among the elected; and also it is seen that the claims of Sir William MacCormac have been regarded as superior to those of Mr. Lawson by a majority of Fellows. We do not disguise that this result is a disappointment, nor that under circumstances like those surrounding the recent election we could have been better satisfied to see a greater deference paid to seniority, especially since no possible arguments could be adduced to favour preeminence of a particular candidate over his senior competitors. How far the result will affect the future of course remains to be seen. We can, at any rate, feel that the success achieved by Mr. Sydney Jones is well deserved and will be fruitful, while Mr. Cooper Forster's re-election was all along regarded as a certain and desirable event.

Telephones for Hospitals.

WE observe with much satisfaction that the Public Health Committee of the Dublin Corporation has taken up the suggestion which we offered to them some weeks since, and has resolved—"That the secretary be instructed to inform the managing committees of the various hospitals subscribed to by the Corporation that this committee considers it desirable that they should be placed in telephonic communication with their medical staffs, after the manner of Continental hospitals." The Public Health Committee is the department of the civic administration whose function it is to report upon the votes which the Corporation should make to the Dublin hospitals, and its recommendation has, therefore, a somewhat mandatory force. The grants made last year from the corporate funds included the following:—

Meath Hospital	£300
Cork Street Fever Hospital	300
Rotundo	450
Coombe	520
Incurables	300
St. Mark's	100

And, no doubt, the recommendation of the Public Health Committee will have its effect with the institutions thus subsidised. We hope to see the Hospital Sunday Fund Council equally appreciative of the advantages of telephonic connection between the hospitals and their surgical staffs, and that they will at the coming meeting of the Sunday Fund confirm the suggestion offered by the Public Health Committee. The only objection which could be urged to incurring the expense of telephonic communication with hospitals has been recently removed by the announcement by the Telephone Company that they now keep their offices open night and day. This expansion of the usefulness of the "Exchange" is now extended to Sundays, so that under the new arrangements the surgeon who "joins up" will have continuous communication with his hospital at all times and hours of the year.

We regret to hear that a selfish and stupid opposition to the project of hospital intercommunication in Dublin has been evinced not only by a few Governors of the antique and musty type, but by a few medical officers of the "take-it-easy" class. These gentlemen do not want to be bored by being told at unseasonable hours how their patients fare, nor to be troubled between the periods of their hospital visit whether their patients live or die. This class of practitioner is a trifle too conservative and too fond of their comfort to make good hospital surgeons, and the public will probably say that functionaries who do not wish to know anything of their cases for twenty-four or forty-eight hours at a stretch would do better to relieve themselves of their irksome hospital duties, resign into private life, and leave their functions to more advanced and advancing men, who feel that they cannot by any possibility know too much of their patients. It was men of this class who for many years resisted the appointment of house-surgeons in Dublin; but they had to yield under pressure of public opinion, and they will also have to do so in reference to telephonic communication.

We hear it rumoured that the Board of Superintendence of Dublin Hospitals will also report in favour of this improvement in the means for caring for the sick poor, and will thus bring the State-supported hospitals under the same pressure as the civic subsidised institutions now are.

Cholera Phases.

FOR the existence of cholera in Egypt the British Government is being roundly abused by certain sections of the Italian and French press, the latter insisting that if that country had been still under French control, the plague would not have appeared. This is a new phase of sanitary politics; hitherto, the world had not discovered the fact that the French presence in any part was a sufficient prophylactic for disease. It is well to learn the truth, however, even in misfortune, and for the poor Egyptian we can only offer our commiseration. Doubtless, also, her Majesty's Government will be glad to clear out the remaining British soldiery when it is pointed out to them that French control is so much to the moral and material advantage of that afflicted country. Meanwhile, the Paris Hygienic Council have taken the initiative of calling a medical committee together for the purpose of revising the existing cholera instructions should the disease appear in that city. This committee consists of Drs. Pasteur, Dujardin-Beaumetz, Loiseau, Lagneau, Bouchardat, and Bourgoin. We congratulate our neighbours on this very sensible and timely initiative; and should cholera not visit that capital, which we sincerely hope, the committee might find ample scope in endeavouring to check the spread of typhoid, which is always endemic in their midst, and at the present time also epidemic.

THE French Government, in acknowledgment of the merits of Professor Pasteur, have increased his pension from £450 to £1,000 yearly, and extended it to his wife should she outlive him.

Dr. George H. Kidd, M.A.O. Dub. Univ.

The University of Dublin has done itself honour in selecting Dr. George H. Kidd for the grant of the honorary degree of Magister in Arte Obstetricâ. The entire voice of the profession in Ireland applauds the act of the University, and declares Dr. Kidd well deserving of the highest distinction which can be bestowed. Risen from the ranks by force of will, intelligence, and industry, the new honorary M.A.O. is known throughout Europe not as a mere executive machine, or an eminently respectable public officer, but as a pre-eminently distinguished and thoroughly skilled surgeon. Therefore, honours conferred on him bear favourable comparison with the distinctions offered by other bodies to persons unknown outside their own localities and departments. The following public oration delivered by Professor Webb on the occasion of the granting of the degree was a gem of Latinity, witty and classic, and worthy of the occasion :—

"Et nunc mihi, Juno Lucina, fer opem! Ingenio parturienti meo adsis, precor; nam celebrandus adest castus ille sacerdos qui cærimoniis ac sacris tuis summâ cum religione præesse solet. An me ludit insania poetæ?

> Continuo auditæ voces, vagitus et ingens
> Infantum—

non infantum, ut in inferis,

> Quos dulcis vitæ exsortes, et ab ubere raptos
> Abstulit atia dies—

sed quos favente Junone suâ, ad auras produxit Artis Obstetriciæ Magister ille noster. Illius natalibus affulsit signum synonymum Hædorum—splendor, ut ferunt, pluvialis, sed quod de Danae refertur, pluvialis auro. Arti Obstetriciæ aliquid debemus omnes Artis præcipuæ magistrum præcipuum salutemus universi."

"Vote No. 4."

A good deal of disappointment at the delay that has already occurred in connection with vote No. 4 of the Army estimates finds expression among medical officers in the larger garrisons, and hints are even being heard as to the particular object with which the vote in question is kept back. We hesitate to believe that the delay is in any way directed towards the medical department as a separate part of the military services. But, inasmuch as the occasion of this vote is confidently looked to as affording an opportunity to rebut many at least of the accusations made against that department, and against certain individual members of it in Egypt, we trust that, in the interest of all concerned, the subject may speedily be brought under discussion in the House of Commons. It is particularly undesirable that a body of men who feel collectively and individually that unjustifiable accusations have been made against them should further be led to believe that delays are purposely being created in order to postpone as long as is possible the full exposure of fallacies which they hope and believe they can make manifest.

Both diphtheria and measles are very prevalent in Berlin just now, deaths in the former registering fifty per cent. more than from the same cause in the whole of the United Kingdom. Typhoid is also present in Paris and in St. Petersburgh.

Royal Irish University.

The medical examinations of the University terminated on Friday last, and the "mortality" amongst candidates is said to have been excessive. Of 72 who presented themselves for the first half, or primary examination, 35 were rejected—48·6 per cent. For the second, or final examination, 45 offered themselves, of whom 27 failed to get through.

We are very glad to judge from these figures that the University is disposed to pursue the far-seeing policy of making its degrees respected and sought for, than the temporary expedient of passing a crowd of half-educated men in order to make a show of business before the public. If the University keeps up its examination standard, it will fulfil its function in the best way, and if it follows up that course by similar strictness in ensuring that the education of the candidate is *bona fide*, its degrees will at once command confidence. We hope the Senate will recollect that there are such things in Dublin as sham roll-calls, night lectures and false certificates, and will be independent enough to crush out these dishonest methods of making money, at least as far as R. I. U. students are concerned.

M. V. Burq (*Comptes Rendus*) confirms the reported immunity of workers in copper from cholera and typhoid fever. The *Bon Accord* trade society, consisting of 300 to 400 bronze-turners, fitters, &c., has not, since its foundation in 1819, lost a single member by either of these diseases.

A Parliamentary paper just issued contains an account of receipts and expenditure of the Royal University of Ireland, between October 1st, 1881, and March 31st, 1882. The receipts amounted to £10,365 5s., and the expenditure to £2,162 19s. 8d., leaving a balance, including £7,000 on deposit in bank, of £8,202.

The *Globe* is informed that the Charing Cross Hospital Volunteer Ambulance Corps, which is entirely composed of medical students attached to that institution, who were inspected by Lord Wolseley on Thursday last, have volunteered to go out to Damietta under the command of Mr. Cantlie, F.R.C.S., for the relief of those suffering from cholera.

At a meeting of the Council of the Royal Society, last week, Professor Huxley was chosen as president in the place of the late Dr. Spottiswoode. The *Times* remarks that the selection will be received with satisfaction, not only by men of science, but by that outer world of education and culture which judges more accurately and clearl than do specialists the claims of diverse merit.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were — Portsmouth, Birkenhead, Brighton 13; Bristol 14; Norwich, Hull 15; Leicester, Plymouth, Cardiff 16; Bradford, Oldham, Nottingham, Leeds, Derby 17; Bolton, Halifax, London 18; Preston 19; Sunderland, Edinburgh, Sheffield, Salford 20; Wolverhampton, Birmingham 21; Blackburn 22; Liverpool 23; Huddersfield 24; Newcastle-on-Tyne 26; Dublin, Manchester 27; Glasgow 28.

Irish Graduates' Association.

Mr. William Stokes, Professor of Surgery, Royal College of Surgeons, has been nominated President-elect of the Irish Graduates' Association. The next meeting will take place at Liverpool during the first week in August.

We are informed that Dr. Reginald Southey has been appointed a Commissioner in Lunacy, in the place of Dr. Robert Nairne, who has resigned his office.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Medical Bill and Dr. McCall Anderson.—Under this heading the Scotch correspondent of a leading contemporary makes the following astounding observations :—"Professor McCall Anderson's statement, going for the entire rejection of the measure, has struck a most sympathetic chord among Scotchmen generally." It must not be supposed that in giving this statement a most unqualified contradiction that we are of "the well-paid agitators of the convicted Corporations." The truth is that Dr. MacCall Anderson's letter to the *Glasgow Herald* came upon the profession with no little surprise, for it was generally felt that a discreet silence would have become him, of all men ; and considerable forbearance was displayed in allowing the singular production in question to pass practically unnoticed. The "sympathetic chord among Scotchmen" which Dr. Anderson's epistle struck was this—the perfect recollection of the irregular institution of the chair, which so far as *that* is concerned, he worthily enough occupies, and the hollowness of the commiseration for the unfortunate medical student which, in view of operations at the University, he expresses. The students are already so poor, he blandly informs the public, that it would be iniquitous to impose another examination upon them ; and yet Dr. Anderson is one of those men who, within the past fifteen years, have extended the medical curriculum at the University of Glasgow from *thirteen* to *twenty-six* classes, and augmented the cost from £46 4s. to £90 6s. Nay more, for Dr. Anderson, *public money bought* a suite of skin wards in the Western Infirmary, for which surely the public might reasonably enough expect that the future race of medical men would be initiated into the mysteries of dermatology ; but what happens ? The student desirous of special instruction in skin diseases must needs resort to the Skin Dispensary to obtain it, and that at a cost of £2 2s ! Now we leave our readers to estimate the value of Professor MacCall Anderson's 'commiseration" for the student, and we would have refrained from noticing these matters but for Dr. Anderson's "good natured friend (?)" the Scotch correspondent of our contemporary. It were vain to deny that on the part of the Scotch professors and their sycophants who have benefited by the present indefensible *régime* "the entire rejection" of the Medical Bill would be hailed with gratulation ; but the Crown has too long extended the ægis of its unjust protection to greed and incapacity ; the present rotten condition must determine, and the voice of sense and justice will command a hearing, and a respectful hearing, in the council of the nation.

The Public and the Medical Bill.—There is one species of the genus "snob" which Thackeray has entirely overlooked. We allude to the "medical snob." We would not be guilty of the affectation of endeavouring to fill the *cadre* which the great master has left vacant, but we would faintly indicate a prominent characteristic of this obnoxious personage. This professional prude proclaims a great horror of the public and of discussing certain questions in public, while at the same time he is the assiduous cultivator of the public by every oblique device conceivable. There are an immense number of questions which it is no less unseemly than unprofitable to discuss in public, but we would say for the rank and file of the profession that it is not they, but the professors at our Universities who are given to transgressing in this manner ; and that if, on the question of "Medical Reform," University professors have addressed themselves to the public in a manner not calculated to enhance the public estimate of their exalted pretensions, the fault is not that of the profession. Of these questions which are neither seemly nor profitable for public discussion that of Medical Reform *is not*. Disguise it as we may, all political power is vested in, and is from the people. The people are the ultimate tribunal in all matters of legislation. The pending medical legislation is not for the profession, it is for the people ; and it is by the representatives of the people that the measure will be passed or rejected. The discussion of the question of Medical Reform is one, then, which is eminently suited for the public. It is perfectly true that on all medical matters ninety-five per cent. of the public are sunk in crass ignorance ; hence the superstition with which they invest all medical matters, and hence they become an easy prey to charlatanism both within and without the profession. The remedy for this is clear—the cure for every form of injustice—viz., instruction and education. We would not, therefore, have medical reformers dissuaded from endeavouring to instruct the public on "Medical Reform" by the priggish and oracular utterances of certain "medical correspondents." Surely the iniquity of a State-instituted monopoly in the matter of medical education is of more easy comprehension by the public than the mysteries of the renal secretion of a moribund archbishop !

Edinburgh.—The Disgraceful Theatre Disturbance.—A meeting of the Senatus Academicus of the University of Edinburgh was held on the 3rd inst., for the purpose of receiving the report of the committee that had investigated into the circumstances attending the disturbance in the gallery of the Theatre-Royal, as reported in our last issue. The students in question put in appearance at the time appointed to hear the decision of the Senatus, when the following announcement was made :—"University of Edinburgh. — The under-named students having been convicted of creating a disturbance, and of other misconduct at the Theatre-Royal on the evening of Thursday, June 28, have, on the report and recommendation of the Principal and Dean's Committee to a special meeting of the Senatus Academicus, been sentenced as follow :—Edgar Samuel Sanderson, first-year student of medicine, and Robert Paterson Henderson, second-year student in law, to be rusticated for the present summer session and the ensuing winter session ; and George Sibley Hicks, first year's student of medicine ; Walter Smithies, do. ; Henry Bryan Densham, do. ; Walter Scott, second year's student, and William Owen, first year's student of medicine, to be rusticated for the present summer session.—By order of the Senatus Academicus, 3rd July, 1883."

"Interesting" to the Scotch Corporations.—The subjoined advertisement appears in the "quacks' corner" of the *Oban Telegraph*, a paper in which we regret much to see those effusions, as their continued appearance indicates to some extent that their object is accomplished :—"Interesting to Gentlemen.—I, Dr. Daniel Sutherland, Surgeon at the New Medical Hall, 73 Jamaica Street, Glasgow, hereby intimate to all whom it may concern that I have long studied and treated Confidential Complaints and Weaknesses as a principal part of my Practice, both here and in Edinburgh, though never formerly made known by advertisement, and it is possible this notice may be construed as a breach of professional etiquette; but I think it very pardonable when I consider the number of gentlemen constantly consulting me with their Constitutions injured and Complaints aggravated after being for months or years the dupes of Quacks and Druggists! I consider it a righteous necessity in the Public interest to Advertise the fact that a Member of the Profession proper devotes his time to the study and treatment of these special Complaints. Gentlemen are therefore inexcusable if they fall into the hands of empirical pretenders. I make free to assure Gentlemen entrusting me with their confidence that they may rely upon the highest professional honour and skilled conscientious treatment, whether they visit me at 73 Jamaica Street, Glasgow, or communicate with me by letter, which will have my immediate attention.—I am, faithfully, Daniel Sutherland, Licentiate of the Royal College of Physicians, Licentiate of the Royal College of Surgeons; also of the Faculty of Physicians and Surgeons. For 7 years Councillor and Trustee of the City of Edinburgh, and Manager of the Royal Paternity Hospital, Edinburgh; President of the Scottish Christians' Evidence Society; Medallist (Royal College Surgeons) 1867; awarded Queen's Prize (Science of Chemistry) Kensington Museum 1868; Public Honours (Royal College of Surgeons) 1869, etc., etc." "Dr." Sutherland, according to the Medical Directory, is a Licentiate of the Corporations mentioned, and we commend to their notice the "President of the Scottish Christians' Evidence Society."

Aberdeen Royal Infirmary.—The managers of the Aberdeen Royal Infirmary have issued an appeal to the clergymen and office-bearers of the churches of all denominations in Aberdeenshire and Kincardineshire requesting that steps be taken to provide for yearly subscriptions being obtained by paid or honorary collectors throughout these counties, with a view to prevent further shortcomings in the funds of the institution, and keep the income equal to the expenditure.

Health of Edinburgh.—For the week ending with Saturday, the 30th ult., the mortality in Edinburgh was 84, and the death-rate 19 per 1,000. Diseases of the chest accounted for 38 deaths, and zymotic causes for 8, of which 1 was due to fever and 6 to measles—the intimations of these diseases being 2 and 71.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 30th ult., were at the rate of 28 per 1,000 per annum, against 30 in the preceding week, and 23, 24, and 23 in the corresponding periods of 1882, 1881, and 1880.

The University Court of Aberdeen.—This Court will meet next week, when the resignation of Dr. Ogston will be accepted. The election of the new professor will not take place till the end of August.

Edinburgh University Court.—An order of Her Majesty in Council has been received, approving of the following alteration of Section IX. of Ordinance No. 5, *Edinburgh* No. 2, of the Scottish Universities Commissioners, 1858, under which the said section, as ordered under the authority of a previous order in Council, dated 17th May, 1876, has been deleted, and the following has been substituted therefor:—"That students who profess themselves ready to submit to an examination in the first division of these subjects at the period of examination immediately preceding their second winter session of professional study, may be admitted to examination at that time: Provided always that students who commence their medical studies in the summer session shall not be admitted to a degree in medicine unless their course of study, subsequent to the completion of the summer session in which they commence their medical studies, shall not be less than the minimum course of four years prescribed in Section IV. hereof."

Literary Notes and Gossip.

Again the Boylston prize of the Harvard University has been awarded to an essayist on this side the Atlantic. Last year our contributor, Dr. Dolan, of Halifax, Yorkshire, was the recipient; this year it falls to Dr. P. M. Braidwood, of Birkenhead, for his essay on "The Pathology and Treatment of Measles and Allied Diseases."

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Politzer's "Text-book of Diseases of the Ear" is, we understand, meeting with a rapid sale in the United States, a very large edition being almost exhausted in a few months, the leading American journals having pronounced it "the best work on the subject of aural diseases which has ever appeared." The translator, Dr. Cassells, of Glasgow, will doubtless feel gratified with the result of his labours.

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Dr. Sansom has published (Churchill's) in a neat small 8vo the Lettsomian Lectures he delivered before the Medical Society of London. As these have been fully reported in our columns, our readers are aware of their value. In the volume a few woodcuts illustrate the text, and on the cover is embossed an outline figure of the chest, from which a pencil and paper may be made at any time to give a "rubbing" to serve as a chest-chart.

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The series of Analytical and Therapeutical Reports on the Mineral Waters of Europe, by Professor Tichborne and Dr. Prosser James, which appeared in these columns, have now been reprinted in book form, with additions, among which may be mentioned a chapter on artificial mineral waters. This little work, of about two hundred and fifty pages, will be found a valuable guide to the profession upon the relative values and uses of the various bottled waters, and inasmuch as the analyses are done by eminently competent authorities unconnected with any particular spring, it becomes the most reliable as well as the most modern work on the subject.

⁂

Another new journal on health lines has started this month. If the public would but read one tithe of what is written by our modern sanitarians, the medical profession would become a relic of a barbarous past, and everybody would die of extreme old age. But, fortunately, or unfortunately, many who read do not heed, and those who heed frighten themselves into various imaginings, and the doctor is the result. The public have now plenty to choose from in the way of periodical literature on the subject: the *Sanitary Record*, *Sanitary Engineering*, *Public Health*, *Health*, and the *Health Journal;* the latter two have been commenced during the past few weeks.

⁂

"Kallos: a treatise on the Scientific Culture of Personal Beauty and the Cure of Ugliness." Such is the modest title of a work just issued from the press by a "Fellow of the Royal College of Surgeons." Who the Fellow is, and which of the Royal Colleges he has honoured by his patronage, is left to the thought-reading proclivities of the nineteenth century. We presume, however, that as Irish ladies are proverbially beautiful, and the artifices *à la Madame Rachel* never possessed any attractions for the sensible minds of the ladies of "the Clans o'er the Tweed," that the London College is our author's *alma mater*, and Englishwomen those for whom he writes.

⁂

Much as some might be inclined to doubt it, our author "means Kallos to be studied seriously," and here are some samples of the fare provided for the delectation of the British public. The possessors of coarse lips are counselled to eat less, and those of thin lips to eat more. Persons with wrinkled foreheads must pay "careful attention to the state of the bowels, and local emollients, such as cold cream, applied at night, and followed in the morning by astringent lotions, such as alum, may tend to check the wrinkles which form round the eyes." Our author has not a crumb of comfort for the owners of flat noses. Nature, in this case, must "be the sculptor of their noses;" but for obliquity of nose "the treatment lies in a simple operation,' which, by the way, he omits to mention. Space does not permit us to present the author of "Kallos" with a more lengthy advertisement. Moreover, our readers will probably be content without more of this farrago of nonsense, even though presented by an F.R.C.S.

⁂

Dr. Debout D'Estrees has brought out his "Medical Guide to Contrexéville" in English (Churchill's), in which the reader will find full details of this spa and the value attached to it. The waters of this village in the Vosges have long had a reputation in renal and vesical disorders, and our author believes it has great power over calculi. He is also of opinion that they are well adapted for diabetes occurring in stout and in gouty patients. The waters are calcareous, and the author naively supposes that such should be well understood by English doctors, as from the middle of last century they have been recommended in England, and the British Parliament bought Mrs. Stephen's specific.

⁂

The question often occurs to us as to the relative value of the brain-producing element to its worldly equivalent money. We will take the author as representing one side of the problem, and the publisher the other, and incontinently a modified edition of the parable of Lazarus and Dives rises before us. Last week we learned that the will of Dr. Chambers, the Edinburgh publisher, was proved under £91,000. A short time since the will of Mr. John Churchill, senior, represented about £150,000 in hard cash, and that of Mr. Brown, of the firm of Longmans and Co., about £200,000. Be it remembered that all these commenced life as poor men, and the solution of the problem is that publishers have had, at least in the past, a very fair time of it.

⁂

Dr. Lauder Brunton has brought out a new edition of his "Tables of Materia Medica" (Macmillan), a book which has already made its way as a companion to the museum, its arrangement being such as to afford considerable assistance to the student's memory. The most striking addition to the work is a series of figures of the more important articles in the organic materia medica, which will be of use to students in enabling them to recall the appearance of various substances they have seen; but we would urge upon them to examine each drug, and not be satisfied with an engraving. In fact, it is as promoting museum work that we have most valued Dr. Brunton's tables. Another feature of the new edition is a series of questions on the subject, which will assist the student in finding out what he knows, and in gauging deficiencies.

⁂

The International Encyclopædia of Surgery is having a much greater success on the Continent than in this country, for a very obvious reason. Frenchmen are profoundly patriotic, and are too apt to inquire "if any good thing can come out of Nazareth." Our cousins will doubtless ascribe this to old world bigotry, patriotism and bigotry being not infrequently synonymous terms. Be this as it may, the prospectus was too decidedly American to be acceptable with the profession in France, and the French publishers wisely determined to impart to it more of an International character so far as that country was concerned, and accordingly engaged one or two eminent Parisian pens to carry out the idea. The French edition, therefore, will contain chapters not to be found in the American edition published in London, and a large subscription list is, we understand, the result.

⁂

Under the title of "A Description of the Six Plants required for Botanical Examination of the Royal College of Surgeons, Ireland," has appeared a *brochure* of sixteen pages, designed for the use of such students as may desire to make up a concise and accurate account of the characters which distinguish the half-dozen typical plants upon which the greatest stress is laid in the first professional examination at the Royal College of Surgeons—namely, Ranunculus, Papaver, Pisum, Fragæria, Leontodon, and Digitalis. The several descriptions are very accurate and complete, and if the student will, along with his perusal of these descriptions, refer to the ample glossary of terms, he will find that all the hard names are fully explained in the order of their occurrence. He should also, of course, procure specimens of the several plants, which are all easily obtainable. For the purpose for which it is designed, this little book may be safely recommended.

⁂

Dr. Isambard Owen's "Materia Medica: a Manual for Students" (Churchill's) will be found useful to a large number. As the author confines himself to materia medica, leaving therapeutics, pharmaceutical as well as medical, students will like this unpretending work, which is an admirable supplement to systematic treatises. The leading facts are grouped together with considerable skill, so as to greatly assist the memory. A series of tables formerly published by the author are incorporated in a revised form. Indeed, the volume is of a quasi-tabular form throughout, but is more readily readable than ordinary tables. Thus all the official drugs and their preparations are presented in a series of groups, with the essential facts relating to each. Besides this, there is a synopsis of doses, of compound preparations and their ingredients, and the proportion of active ingredients in the pharmacopœial preparations. The arrangement adopted is often very striking, and altogether we have been pleased with Dr. Owen's book.

⁂

The difficulty experienced in attempting to comply with the request to "Please review" *Tippling Women*, by the Rev. Charles Courtenay, is ample excuse for mentioning this first instalment of "The Taproot Series" among recent literary novelties. An ambitious wish to reclaim from their drinking habits those who have set out on the dangerous path most often incites well-meaning philanthropists to produce such exordiums in type as are exemplified in *Tippling Women*. The good these publications do is, however, doubtful in the extreme; but when, as in the pamphlet in question, medical men are attacked for that they directly provoke to intemperance, it is fair to assume that evidence is the least tangible of the grounds on which the reverend authors of the scandal base their charge. The Church of England Temperance Society has accomplished much beneficent work; it is capable of much more, and this quite as surely with the aid of our profession as without. Baseless attacks on the latter are unworthy of the former.

⁂

If the number (5, vol. i.) of the *American Journal of Physiology* with which we have been favoured is a fair sample of the publication, it must be at once admitted that progress will be a long time yet spelt by its conductors with a small "p." The reputation which Dr. Hughlings-Jackson enjoys may very well content him for such light digressions as the editors of the journal referred to exhibit when repeating his name; or it possibly may be from a prejudiced objection to redundancy that our English specialist is described as "Dr. Hulings Jackson." Even prejudice, however, ought to regard the common rules of grammar, and to abstain from asserting of Koch—unfortunate man—that "He thinks the danger of transmitting syphilis and scrofula *are* infinitesimal." The conductors of the *American Journal of Physiology* would do very wisely by taking as their model for a time, and closely imitating as far as they are able, our English prototype of their periodical, the *Journal of Anatomy and Physiology*, and this, too, no less as regards style and composition than with respect to scientific contents.

⁂

New Books and New Editions.—The following have been received for review since the publication of our last list, June 6th:—The Bastilles of England, by Mrs. Lowe. The Latin Grammar of Pharmacy (2nd edition), by Joseph Ince, F.C.S. The Public School French Grammar, by MM. Brachet, Brette et Cie. The Treatment of Wounds and Fractures, by Sampson Gamgee, F.R.S.E. Hospitals, Infirmaries, and Dispensaries, by F. Oppert, M.D. (2nd edition). Handbook of the Theory and Practice of Medicine (5th edition), by F. T. Roberts, M.D., F.R.C.P. A few Words upon Anæsthetics, by T. Freeman, L.R.C.P. International Encyclopædia of Surgery, edited by J. Ashhurst, M.D. (Vol. III.). Lectures on Practical Pharmacy, by B. S. Proctor (2nd edition). The Mineral Waters of Aix-les-Bains, by Léon Blanc, M.D. The Student's Guide to the Practice of Medicine, by M. Charteris, M.D. (3rd edition). Braithwaite's Retrospect of Medicine, edited by Drs. W. and J. Braithwaite (Vol. LXXXVII.). Guy's Hospital

Reports, edited by H. G. Howse, M.S., and F. Taylor, M.D. (Vol. XLI.). Vichy and its Therapeutical Resources, by Prosser James, M.D. Body and Will, by Henry Maudsley, M.D.

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Medico-Parliamentary.

HOUSE OF COMMONS—MONDAY, JULY 9.

THE CONTAGIOUS DISEASES ACT.

In answer to Sir H. Wolff and Captain Price, the Marquess of **HARTINGTON** said the number of women in hospital at the time of the suspension of compulsory examination under the Contagious Diseases Acts was 267, and the number now detained in hospital was 134. If the hon. member (Sir H. D. Wolff) moved for a return of the numbers detained at each station, there would be no objection to produce it.

Captain **PRICE** gave notice that on the second reading of the Hospitals Detention Bill he would move that it was not expedient to repeal Acts which had proved of great value to the health and morality of the public.

THE CHOLERA IN EGYPT.

In answer to Sir H. Wolff,

Lord E. **FITZMAURICE** said—I propose to give to the House a short summary of the information which has reached her Majesty's Government from Sir E. Malet and Consul Cookson regarding the measures taken for preventing the spread of cholera in Egypt. These measures are under the control of the Central Government in Cairo. Sir E. Malet states that the Sanitary Board at Cairo is composed of native and foreign doctors, among whom is Dr. Grant, the medical adviser of her Majesty's Consular Court. They have from the beginning of the outbreak sat every evening, in conjunction with the Minister of the Interior and General Baker; and Sir E. Malet adds that doctors, medicines, and food have been supplied to the infected places, and he expresses the opinion that the Government have done all in their power to stamp out the disease. At Alexandria, Consul Cookson states that a Commission has been working hard in inspecting nuisances and suggesting sanitary measures, and an independent British Committee has been formed to visit the houses of British and Maltese residents in Alexandria. The infected houses have been isolated by cordons of police. With regard to the steps taken by her Majesty's Government, I may state that a departmental committee has been appointed by my right hon. friend the President of the Local Government Board, on cholera precautions generally, and a competent medical authority connected with the India Office is about to be despatched to Egypt, under the direction of the Board.

THE MAILS AND THE CHOLERA.

Mr. **FAWCETT**, in reply to Mr. Smith, said that on Saturday he received information from the manager of the Peninsula and Oriental Company that a mob of people had refused to allow the mails to be landed in Brindisi. A telegram was sent out immediately ordering the vessel to proceed to Trieste, and land the mails there. With regard to the next steamer, which would bring a much heavier mail, his opinion was that it would be better to order the steamer to proceed by sea direct to England, and instructions would be given to that effect.

Lord **FOLKESTONE** asked what precautions the Government intended to take against cholera when the vessel arrived in this country.

Mr. **FAWCETT** said he had communicated with the Privy Council on the subject. Every care was taken to disinfect the bags, which were soaked in tar, and the decision of the Sanitay Committee of the Privy Council was that that was sufficient.

CHOLERA AT BOMBAY.

In answer to Mr. O'Donnell, Mr. J. K. **CROSS** said cholera has been little, if at all, more prevalent in Indian ports during the last six months than it usually is. In Calcutta the deaths in April were 459, against 318 in April, 1882; in May they were 383, against 380 in 1882; and in June 150, against 254. The health statement of Indian ports is always telegraphed fortnightly for communication to the Sanitary Boards in the Levant, and the cholera deaths in Bombay are telegraphed weekly to the Consul General at Cairo. Her Majesty's Government have objected to the imposition of special measures of quarantine against arrivals from India with clean bills of health and having no suspicious cases on board after a voyage of ten days.

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Correspondence.

INDUSTRIAL ASSURANCES AND SPECULATION IN LIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps no section of the community is so conversant with the amount of speculation by way of insurance as the general medical practitioner. The various ways in which he obtains his knowlege brings him more in contact with this manner of business than the public generally. The striving of the insurers to obtain certificates of death that will not prejudice their interests, their calling in of medical men for no other purpose than to be able to give the certificate of death, although the patient has been attended for months by the parish or infirmary doctor. Their dread of such terms as phthisis, chronic bronchitis, Bright's disease, &c., come before us from the patients' side.

From the other side, the practitioner, especially if he has consented to act for offices who pay him low fees, is often asked *to examine* (!) the proposed person unknown to them, as they know nothing of the affair, and I am sorry that the profession is so crowded that men are found to do this. The medical officer, therefore, unwittingly lends himself to the fraud.

If you, Sir, could lend your powerful influence to putting a stop to this you would, by doing so, confer an unmixed benefit on the public, and would raise the status of the profession to a much greater extent than you will do by doing away with the legitimate employment of the unqualified assistant.

The speculating in life assurance, the dabbling in lottery racing tickets are two evils of the industrial classes that are not outdone even by the drink traffic, yet we have Salvation armies, Blue Ribbon armies, Alliance and total abstinence societies all levied against this *one* evil of drink. Now, Sir, can nothing be done in the two others.

It is only a short time since I had *five* proposals put in my hand to call on the people and examine them. I had previously told the agent I should not call on proposers who did not know a proposal had been made to insure their lives in the office, but on seeing to the *five* cases *four* were entirely ignorant. *One* case was an old pauper and under the parish doctor for two years, this proposal was for £100 which, of course, I could not recommend to the office for acceptance, *two* more shared the same fate. Now, I have acted for this office, which is the only one that pays me a respectable fee for industrial cases, for a number of years, but since this time have not been requested to examine any more for them. I need not say that some time ago I gave up all the *cheap* offices, and have refused to act for others.

A claim against one of these industrial societies has been made recently in the Wigan County Court but decided by the Judge in favour of the insurance company. An Act of Parliament, 14 George 3, chap. 14, "An Act for regulating insurance upon lives, and for prohibiting any such insurances excepting in case where the persons insuring shall have an interest in the life or death of the persons insured." And as the plaintiff had not this insurable interest he was non-suited. It transpired, however, that there were *eight* policies taken out on this man's life for a total of £222 6s. 0d., *six* of these were speculative, being held by persons who had no interest in the life of the insured, but *a lot* in his death.

It is a shame, however, that insurance companies should get off in this manner, for by their agents this speculation is encouraged, lives are proposed, and the proposal, signed very often by the agent himself, in fact, this quiet form of forgery is not considered of any harm, and looked on very often by the agent as part of his business.

If poor people are to lose their money after being *induced* to insure lives by the agents of these companies, it is time the powers that be bestirred themselves.

Apologising for trespassing at such a length on your valuable space,

I remain, yours faithfully,

Wigan, July 7th, 1883. WILLIAM BERRY.

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TREATMENT OF FRACTURES OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is a pity that Mr. Robert Jones, of Liverpool, should attempt to criticise an invention without first making himself master of the subject. One would imagine from his letter to you that I had done him some injury, or quarrelled with him over some point or another. I have never heard of Mr. Robert Jones until I saw his letter to you, therefore I cannot understand why he should make such a violent attack against my invention, mis-state facts, and make me to say that which I have never said. Let Mr. Robert Jones first see, and apply the appliance properly, and read my article over again; he will then be probably aware that he wrote without knowing what he was writing about. Firstly, he states that mine is an "older method" than that of Mr. H. O. Thomas. I inquired of instrument makers and hospitals, but could not see or hear of anything approaching it. As to "movement of the fractured ends," I never said or thought of such a thing. Anyone applying the apparatus will find that in bed it keeps all parts at perfect rest, but that in walking there must be some "slight" movements in the joints (not amounting to flexion and extension), whilst the "fractured ends" are kept at perfect rest. Put a long outside on to a patient, and there will be "slight" movement in the knee-joint if the patient attempts to walk. As to Mr. Thomas's method of treatment, it is my misfortune never to have heard of it before, and consequently I am not in a position to criticise it. Thanking Mr. Robert Jones for his comparison with "the tender mercies of a sea-captain,"

I am, Sir, yours, &c.,

H. PARSON.

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A WARNING TO MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The above is the heading of a pertinent, truthful, timely leader in the last issue of the *Medical Press and Circular*, and with your permission I will occupy a small portion of your space for a week or two to acquaint the profession with some experiences of county court law; as it is intolerable that honest citizens, whose education was duly paid for, who have houses and families to support, whose rents, rates and taxes must be discharged, and whose contributions in cash to national or local calamities are looked for as matters of course—it is intolerable, I say, that those potent officials called county court judges can snub, dodge, persecute or prosecute these unfortunate men to their hearts' content without fear of any rebuke, official or unofficial, press, public, Parliamentary or judicial.

Clause 31 of the Medical Act gives to "every person registered under it" the legal right to "practise," and "to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients." This on paper is good, sound and perfect law, but in practice it is found to be so much "a mockery, a delusion, and a snare," that scarcely one medical man in a thousand throughout England, Ireland, and Scotland is bold enough to attempt to recover his dues through the aid of the law. The greater number of doctors are more content to let themselves be used, abused, swindled, and robbed by a grateful public than to have the reputation of being "county court doctors," and to run the chances of being laughed at, cross-examined, bullied and abused by ignorant attorneys, and equally ignorant and insolent county court judges who receive ample salaries for dispensing law, and not for making and dispensing laws of their own. In a case of cutting, wounding, burning, drowning, hæmorrhage, parturition, or any of the thousand ills that flesh is heir to, a doctor would be privately and publicly abused if he demanded his fee before he went on his errand of grace and peace. But when the need of his services has passed by, mark the change. It is well expressed in the following couplet:—

> "When the patient was sick the patient most grateful would be,
> When the patient got well the patient disputed the fee."

And no wonder he would dispute it, when for the outlay of a few shillings he can obtain the services of a pettifogging lawyer to appear before "his honour" and trump up a defence, to cross-examine the plaintiff, insolently encouraged by nods, winks, sneers and jeers from fellow-pettifoggers in court, and not improbably encouraged by word and look from "his honour" himself.

I will, however, assume that a medical man has definitely taken a dishonest patient into the county court, as doubtless many of my professional brethren have found this course, however unpleasant, yet absolutely necessary. The plaintiff is sworn, and here follows the process, supposing there is no defence to the suit, as I have noted it for many years:—Clerk or Registrar—"Does A. B. owe you fifty shillings for attendance and medicine?" "He does." "How can he pay?" "A pound a month." "No, he can't pay a pound a month." "He can; his income is from thirty to forty shillings a week." "Well, but he has three or four other tradesmen to pay from judgment summonses; eight shillings a month is all he can pay. Eight shillings a month, the first payment in twenty-eight days." Remonstrance is useless; so plaintiff accepts his judgment for eight shillings a month, and will consider himself lucky if he ever receives a payment.

The present letter being introductory, I will, Sir, conclude it by shifting the ground a little; for if doctors have reason to complain that they cannot get law or justice as plaintiffs, they have an equal right to complain at times as defendants. For the court officials aid "smart" suitors.

A medical friend, who dispenses his own medicines, has a passion for buying excessive quantities of select and dear drugs. Iodide and bromide of potassium he buys in quantities of 28 to 56 lbs., and so with other drugs. Travellers from wholesale druggists make their calls upon him; to those he gives orders, and at times supplements these by orders to the house direct. Some months ago he sent an order thus, and added—"If iodide of potassium is cheap send me 20 or 30 lbs., if dear send me none, as I have plenty in stock for two or three years." The drugs arrived, and were unpacked and put away some three or four days before the invoice reached him. When it came he was surprised to find iodide of potassium charged at 14s. a lb., instead of 8s. 6d. to 10s. This was pretty smart practice, but as the traveller called regularly, and while drinking my friend's wine or spirits talked politics freely and told "good things" of famous M.P.'s, things went smoothly till, without any warning, he was served with a county court summons for more than £20, to appear in court about 70 miles from his residence. My friend sent the druggist's money, and hopes he will not be given the opportunity of talking politics with their traveller until the Tonquin, Madagascar, and Egyptian questions are settled.

I am, Sir, yours respectfully,

L.R.C.P.

8th July, 1883.

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University of Edinburgh.—The following is the first list of candidates who have passed the final examination for graduation in medicine. Those marked * have passed with distinction:—

Brown, John Henry.
Carden, George Schuylor.
Drummond, Alexander Peter.
Hill, John Stonely.
* Hunter, William.
Johnson, Samuel.
Lloyd, Henry Sanderson.
* Mackay, George.
Mackenzie, Archibald.
Mackinnon, Frank Irvine.
Munro, Andrew Watson.
Murray, James Adam Johnston.
* Neinwoudt, Gerrit, B.A.
* Paterson, Andrew Melville.
Priestley, Joseph, B.A.
Reid, George More.
Ross, Chisholm.
Rothers, Frank.
Scott, Harry.
Ward, Allan Oyier.
Warner, Edward Henry.
* Younan, Arthur Charles.

Greenhough, Vernon John.
Gutteridge, Matthew Wilkins.
Craig, James.
Aikman, Alfred.
Beily, Edwin.
Baily, Percy J.
Ballantyne, John William.
* Barker, Theodore Hugh.
Barrett, William Henry.
Barron, Hunter J.
Broatch, George Thomas.
Brown, Charles.
Buist, Andrew Crichton.
Caw, James Matthew.
Clark, Michael.
Clemow, A. H. W.
Cobbett, Ch. Newbury.
Cotton, Wm., M.A.
Cumming, William.
Dalziel, Thomas K.
Davies, D. Rees.

Notices to Correspondents.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Sufferer.—We cannot select a medical adviser for you. The disease is not difficult to cure, and any competent hospital surgeon can deal with it if you have patience and do as you are desired.

Dr. Carter.—Stimulation, under the circumstances, would be productive of little good. The electrical reaction can be obtained only so long as vitality is preserved, and once the muscular tissue is dead there can be no hope entertained of recovery by employment of the agent. The effects of faradisation are frequently beneficial in cases of contraction.

J. S.—The work you mention is out of print, but there are several equally valuable manuals to be obtained. We cannot advise you in respect to the second question you have asked.

Mr. Edwards.—The specimen forwarded is a section taken from an ordinary sebaceous tumour. There are no indications in it of malignant structure.

LOCUM TENENS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—A correspondent writes to a contemporary to inquire whether there is a medical agency in Ireland through which *locum tenens*, assistants, &c., could be secured. As there is no such agency in Ireland, I shall be glad to furnish the names, &c., of several highly qualified gentlemen for such positions, who, while awaiting appointments, are constantly reading in the Library of this College.

Yours, &c.,
G. F. Blake,
Royal College of Surgeons, Dublin, Assist. Librarian R.C.S.
July 4th, 1883.

A. F. K.—The new preparation can be obtained from Messrs. Burroughs, Wellcome, & Co., who will also doubtless be able to supply you with information as to the remedy you require.

R. L.—Convallaria majalis is growing into extensive use, and is strongly recommended in some forms of cardiac deficiency. It seems, however, to be effectual only in cases where the right side of the heart and the pulmonary circulation are affected. It is comparatively of recent introduction as a therapeutic agent.

Mr. Newton (Manchester).—You should consult the report of the Committee on Fever Hospitals.

A Military Physician.—Your letter is unavoidably held over until next week.

MEDICAL ETIQUETTE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—A neighbouring practitioner has visited a case of mine and reversed my diagnosis and treatment in my absence. I would be glad to know if there be any statute of the King and Queen's College of Physicians forbidding this conduct, and if so, if there be any means of enforcing the same. I would add that, as a matter of evidence, there would be no difficulty, as the gentleman has himself admitted all the facts.

Yours, &c.,
Ballingarry, July 3, 1883. T. Esmonde Cahill.

[There is no written law to prevent a practitioner acting in the manner of which our correspondent complains. It has always been considered a gross breach of medical decorum for a practitioner to visit another practitioner's patient unless in consultation, or unless he is assured that the case has been finally taken out of the original medical attendant's hands. It would of course be much worse if he were to make such visit unasked. But there is nothing to prevent a practitioner accepting charge of a patient once the original attendant has been dismissed.—Ed.]

A St. Andrews Graduate has omitted to enclose his card, not necessarily for publication, but as evidence of *bonâ fides*.

A Visitor.—We are neither surprised at your views nor queries after your visit. The "Heart" institution referred to is decidedly a quack hospital, to which no medical man who values his reputation would care to be attached; this reply will probably be a sufficient answer to your other questions.

RECOVERY OF FEES.

W. J. (Beleek) asks: Would you kindly inform me in your next issue if fees for dispensary tickets which have been cancelled by the committee of management are recoverable at Petty Sessions Courts under the Small Debts Act.

[Yes, the fees can be recovered as a *debt* under the Small Debts Act; the magistrates have jurisdiction in any case where the amount is less than £2, and is not owing more than a year. We should, however, recommend our correspondent to process the issuer or recipient of the ticket, or both, at Quarter Sessions.—Ed.]

Dr. D. (Whitwick).—Your letter is crowded out at the last moment by press of matter; it shall appear in our next.

Secret Drinking.—A correspondent asks us if in our experience we have come across many instances of secret drinking among women, and if so, whether we consider the grocer's wine and spirit licence has anything to do with it. To the first query we have no hesitation in saying that much secret drinking prevails, especially among the middle and lower middle strata of society; but we have not in any single instance been able to trace this to the grocer's shop, a wine cellar being at hand without the necessity of sending out of doors. We have heard it authoritatively stated that, through the facilities offered for secret drinking by the grocer's licence, wives order spirits and have them put down in their bills as tea, candles, &c., in order to deceive their husbands, and that had these same women to send to the tavern for it, they would deny themselves rather than risk the exposure. This is just possible, but we have never come across a case of the kind; our own experience tends to the view that if women suffer from drink craving, they will obtain it at all hazards.

Yorkshire.—Yes, the preparation is thoroughly reliable, and we have no doubt you will obtain good results.

The Dalrymple Home.—A drawing-room meeting in connection with this Inebriate home will be held at the residence of the Earl of Shaftesbury on Monday afternoon. Tickets can be obtained by members of the profession on application to Dr. Norman Kerr.

BUTTER AND STEAM FOR THE HALF-DROWNED!

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—You probably remember the collision lately between two ships in the Channel, bound to New Zealand, and the loss of life in consequence. A clergyman friend of some of those lost and saved in the affair told me that one lady saved, and who had tried to save two other young ladies, was in a very prostrate condition, and under medical treatment in consequence. To get the water out of her inside which she had swallowed during immersion, her medical man gave her quantities of butter to swallow, and ordered her to inhale steam vapour after! Do let me know if this is a "grand discovery!" I have heard of half-drowned persons being rolled on a cask, or hung up by the heels to let the "water run out," but I never heard of butter and steam. No doubt the recovery will be the handle for a howling discourse of miraculous recovery.

Yours truly,
London, July 4th, 1883. Doubtful.

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Vacancies.

Downpatrick Lunatic Asylum.—Assistant Resident Medical Officer. Salary, £100, with apartments, rations, &c. Election, August 4th. (See Advt.)

Lambeth.—Medical Officer of Health. Salary, £300. Applications to be sent to the Clerk of the Vestry by July 12, latest. Candidates will not be required to devote their whole time to the office.

Manchester.—Resident Assistant Medical Officer to the Workhouse. Salary, £140. Applications to the Clerk of the Guardians by July 18.

Sheffield.—Resident Medical Officer for the Infectious Diseases Hospital. Salary, £200, with board, &c. Applications to the Town Clerk before July 17.

Stockton-on-Tees Hospital.—House Surgeon (non-resident). Salary, £200. Applications to the Secretary by July 14.

Strabane Union, Strabane Dispensary.—Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, July 18.

Appointments.

Dunn, T., M.B. & C.M., Assistant Medical Officer to the Barony Parish Hospital, Glasgow.

Fear, W., M.R.C.S., Medical Officer for the Horsmonden District of the Tonbridge Union.

Frazer, W., M.D., an Hon. Physician to St. Mary's Home for Invalid Ladies, Bournemouth.

Hamilton, A. A., M.B. Dub., Medical Officer for the Epworth District of the Thorne Union.

Haultain, F. W. N., M.B., C.M., House Surgeon to the Royal Maternity Hospital, Edinburgh

Hewetson, H. B., M.R.C.S., Surgeon to the Eye and Ear Department of the General Infirmary, Leeds.

Lawford, J. B., M.R.C.S., L.R.C.P. Lond., Registrar and Chloroformist to the Evelina Hospital for Children.

Taylor, H. E., M.R.C.S., Assistant Surgeon to the Eye and Ear Hospital, Bradford, Yorks.

Whittingdale, J. F. S., M.B. Camb., House Surgeon to the Royal Maternity Hospital, Edinburgh.

Births.

Seaman.—July 5, at 22 Ledbury Road, W., the wife of W. C. Seamar, M.D., late Surgeon-Major 72nd (Duke of Albany's Own Highlanders), of a son.

Wade.—July 3, at the County Asylum, Wells, Somerset, the wife of A. Law Wade, M.D., Medical Superintendent, of a son.

Marriages.

Clarke—Taylor.—July 5, at St. Stephen's, East Twickenham, Ernest Clarke, M.B., B.S., of Blackheath, to Kate Litton, second daughter of John Hirst Taylor, Esq., of Cambridge Park, Twickenham.

Deaths.

Cupiss.—June 30, Francis P. Cupiss, M.R.C.S., of St. Servan, France, aged 56.

Edmundson.—July 3, at Enniscorthy, Joseph Edmundson, Resident Medical Superintendent of the Wexford District Lunatic Asylum.

Fitzgerald.—June 29, at 5 Duncairn Terrace, Bray, Co. Wicklow, Robert Fitzgerald, M.D., late of Limerick.

Harwood.—May 4, at Sydney, New South Wales, Thomas Soutter Harwood, surgeon, formerly of London, aged 72.

Jewesbury.—July 3, at St. Ives, Cornwall, Charles Frederick Jewesbury, M.R.C.S., L.R.C.P. (late of Ceylon), aged 33.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 18, 1883.

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NOTES ON THE HISTORY OF EPIDEMICS OF CHOLERA.

Compiled by Surgeon-General C. A. GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen.

ANCIENT Hindoo medical writers described cholera under the names *Bishoocheekă* and *Jevarantishar*.

In 1629 it prevailed at Batavia, but information is not available as to whether on that occasion the disease arose locally or was imported.

In Tanjore and Madura it was known as the *mort de chien* in the beginning of the eighteenth century. It made its appearance again with General Pierce's force on the march from Bengal to Masulipatam in 1767-8.

In 1781 it travelled eastward from Ganjam to Calcutta and Sylhet, continuing to recur on the coast of Coromandel from time to time between that year and 1782. In the latter year the disease prevailed at Trincomalee. In 1783 it extended over Burmah and India. In 1816 cholera attacked the forces under the Marquis of Hastings operating in Central India. In 1817 it occurred in Bengal, but did not extend beyond that province.

In 1818 cholera travelled from Bengal to Madras along the coast line, and also through the Central provinces. In the Bombay Presidency the progress of the epidemic was steadily from east to west. In Bengal it progressed upwards along the Ganges and Jumna towards Agra, Delhi, and Hurdwar, meeting in its progress a stream of the same disease travelling downwards from the latter place. On the same occasion the disease extended eastward to Burmah and Malacca.

In 1819 to Penang, Sumatra, Ceylon, Mauritius, and Bourbon.

In 1820 to Tonquin and China.

In 1821 to Muscat; also to the Indian Archipelago.

In 1822 to Persia, having, it was believed, been introduced in Taurus from three different directions—namely, from Teheran on the east, Ispahan on the south, and Bagdad on the west. From Taurus it extended to Tiflis, and thence to Astrakan, where, on this occasion, its progress in that direction ceased. It was, however, conveyed to Aleppo by means of caravans.

In 1823 it recurred in the greater number of places it had visited the previous year; it spread along the shores of the Mediterranean and Caspian Seas, disappearing, not to recur during the five succeeding years.

In 1826 cholera occurred at various places in Bengal, principally at military stations; it extended in turn from Dinapore to Benares, Cawnpore, Delhi, and Muttra. On this occasion it prevailed simultaneously at Benares and Baroda.

In 1827 it raged in Chinese Tartary and in the Delta of the Ganges. It extended on the one hand to Chittagong, Arracan, and Moulmein; on the other to the districts of Agra, Delhi, Nusseerabad, and the Punjab.

In 1828 the latter places were revisited by the disease. But the epidemic extended far beyond them towards the north-west.

In 1829 the current, extending as just stated, reached Herat, Bokhara, Teheran, and Khorassan.

In 1830, Astrakan, which had suffered during the previous year, was again attacked, so also was Neuberg.

In 1831 the epidemic extended to Bulgaria, Galicia, Berlin, Paris, Vienna, Warsaw, St. Petersburgh, Archangel, Sweden, and England, overspreading also the intermediate territories.

In 1832 it reached Montreal from Dublin. It appeared in New York and Philadelphia, and spread over the whole of the United States. It extended upwards along the St. Lawrence, reaching Detroit and Amherstburgh. It also extended downward along the course of the Mississippi. It prevailed in Spain and Portugal, in Madras and Central provinces of India, but only slightly in Bengal proper.

In 1833 it reached the United States by a different route from what it did in the previous year, but was conveyed northward along the same route as on that occasion.

In 1834 cholera had all but disappeared in Europe. In India it prevailed at Sylhet and Cachar, at Dinapore, in the Central provinces, and along the valley of the Nerbuddah; also in the Bombay presidency.

In 1835 it was at a low ebb throughout Bengal. In the south of France it prevailed with great violence, especially at Marseilles and Toulon, extending also to Italy, where it languished during the winter.

In 1836 at Milan; along the Dalmatian coast; at Ancona and in Sicily. In India there was little of it except at Ghazepore, where the British regiment occupying that station suffered severely.

In 1837 the scourge left Europe for a time. Rome was the last city attacked before the epidemic disappeared. It had visited in the course of the year Marseilles, Berlin, Prague; in England, Coventry, and the *Dreadnought* hulk moored off Greenwich; it attacked Malta and Gozo. It occurred in ports along the Somali coast, having been carried to them, it was believed, from Malabar; from them it extended to Zanzibar. In India, at Dinapore and Cawnpore; in Lower Bengal. It also prevailed in Central Asia.

In 1838, throughout the Bengal presidency; in the North-Western provinces, extending thence towards Cabul.

In 1839 it reached that city; it appeared at Quettah in August, and during the year prevailed at almost every station in Bengal.

In 1840 the Punjab and Central India were absolutely free from cholera. The disease prevailed in Lower Bengal and in Catack. It was believed to have been conveyed to the Straits and to China from Calcutta by means of the troops forming the expedition which then sailed.

In 1841 it recurred in the districts in Lower Bengal attacked by it the previous year.

In 1842 it prevailed throughout Lower Bengal, but did not extend upwards beyond that province.

In 1843 it was very severe at Agra.

From 1840 to 1843 it attacked the Straits Settlements; the whole seaboard of China, from the North of Burmah downward along the Irrawaddy to Rangoon; to Moulmein; another current of the epidemic travelling through Chinese Tartary, and so on to Cabul.

In 1844 one current of the disease travelled westward from Bokhara, visiting Yarkand and Kokan to the north-east of Persia. Another current progressed from the Punjab eastward to Delhi. In Bengal proper only a few stations were visited by it.

In 1845 cholera extended to the south and to the west from Peshawur; to Jhelum, Hyderabad in Scinde, and to Kurrachee; by a second current to Loodianah, Umballah, and Meerut; by a third to Teheran, Tartary, and Derbent, on the Caspian; it also raged in Ceylon. Thus the epidemic extended to Persia and Arabia from two sources—namely, Central Asia on the north, and Bombay on the south.

In 1846 cholera prevailed over the Bombay presidency. It was also at Aden, Mocha, along the greater part of the seaboard of the Arabian peninsula. It spread upwards along the Tigris and Euphrates to Orfa. On the other hand, it extended to Zanzibar.

In 1847 it was again at Derbent. It spread to Tenirkhan, Astrakan, along the coast of the Black Sea to Trebizond, to Novgorod to the north, and Moscow to the west.

In 1848 the epidemic reached India from Central Asia, to which, as already observed, it had in 1840 to 1843 extended from China. It prevailed at Calcutta, Dinapore, and Cawnpore, but did not extend upwards beyond Agra. It occurred at Decca and Pooree. A current extended westward through Arabia, Poland, and Sweden. It visited Egypt and Russia. It was introduced into New York and New Orleans by emigrants from Havre; and from New Orleans spread upwards along the Mississippi.

In 1849 it extended over Canada, reaching the Dominion, not from the eastward, as in 1832, but from the United States. Early in the same year a few cases occurred in Austria, Vienna, and Gibraltar; the disease extended southward in France to Marseilles, and thence to Toulon, Nice, Genoa, Naples, and Brindisi. Paris was also attacked, and the greater part of England visited by the epidemic. In Asia, Behar and Central India suffered, and the disease reached Bombay from the east.

In 1851 it was virulent in Egypt; also along the African side of the Mediterranean; slighter over the greater part of Europe and America. It spread over Mexico and California, Cuba, and Jamaica. It prevailed in the south-western parts of Bengal, in Bombay and Madras presidencies, and along the western seaboard of India. It ravaged Poland, the western provinces of Russia, and along the left bank of the Vistula to Prussia. It occurred in the south of Persia. From Bussorah it spread along two routes—namely, west to Hillah, and east to Mohamerah.

In 1852 it extended *via* Astrakan to Russia; southwards along the borders of the Caspian Sea into Trans-Caucasia. In India it prevailed over the north-western provinces; it extended to Ghurwal and Komaon; at Simla, Almorah, and in the Punjab.

In 1853 the epidemic was in the north of Persia; it travelled *viâ* Bassorah to Bagdad, and extended over Mesopotamia. It occurred in Russia, Denmark, and Sweden; in England; in Bessarabia and neighbouring States; in Piedmont; in Barbary; in Portugal and France; in Prussia; in all the West India islands; in New York and New Orleans. It prevailed also in Dacca and Assam; it extended upwards to Cawnpore, but there its progress ceased.

It 1854 it prevailed throughout nearly every country in the New and Old World. In the Bengal presidency its occurrence was limited. It was conveyed to the Mauritius.

In 1855 it prevailed over all Europe, a considerable part of America, and the West Indies. The troops in the Crimea suffered severely by the disease. It prevailed in Asia Minor, in France, and in Great Britain. It occurred at various places in Persia and Arabia; also in Behar, Gorruckpore, and on the Nepaul frontier.

In 1856 the epidemic was at Recht, the capital of the province of Ghilan on the Caspian Sea; at Teheran and other places in Persia. It occurred in several places around Agra; from there it spread to Gwalior in the south, Nynee Tal in the north, Lahore and Ajmere in the west. At the same time it extended to the Central provinces; to the presidencies of Bombay and Madras. It occurred at Meean Meer with severity in the month of August. It prevailed at the hill stations on the Simla range of the Himalayas.

In 1857 it showed itself in the north-east of Persia; it spread to Shiraz, where it prevailed with great violence. It occurred among the forces around Delhi, and among those in sickness.

In 1858, at Teheran and Mohamera. At Mecca, and at many places along the Arabian coast of the Red Sea. It occurred with violence at Aden, Berbera, and Lahedje, extending also to Zanzibar and Mozambique.

It is observed that during the three years including 1856, '57, and '58, the disease had nearly ceased in a great part of Europe and America.

In 1859 cholera reappeared suddenly at several places in the United Kingdom; in London and Hull; at Wick in Caithness-shire, prevailing in the latter place with unusual severity. It recurred at Mecca. It extended through Lower Bengal, and up to, but not beyond, Cawnpore. It prevailed at Bombay and along the great tract of India from Kurrachee to Cape Comorin.

In 1860 it prevailed over Persia; in Bengal, Oude, and Bombay; it extended from Assam to Darjeeling, and was very intense at Agra.

In 1861 it continued with severity in Persia. It prevailed over the whole of Bengal proper; it was at Allahabad, Gwalior, Jubbulpore, Agra, Muttra, Umballah, and most intensely at Meean Meer. It is stated with regard to the progress of the epidemic in Northern India that no particular circumstance seemed to affect its course; it crossed, and moved directly contrary to currents of rivers and of the wind; that when the winds blew in directions favourable to the course of aerial miasmata the epidemic did not appear to advance with any particular velocity; that it spread from particular points in all directions independently of all known conditions.

In 1862 a severe cholera epidemic occurred in Pekin; on that occasion it first appeared at Taku, then at Tientsin. It also prevailed at Shanghai, and at Canton in the south of the empire.

In 1863 cholera extended upwards along the valley of the Ganges; it stretched on one side to Hazarabagh, on the other to Oude. The epidemic visited Bombay also, being, it was said, conveyed thither by means of pilgrims.

In 1864 it prevailed over Bengal, Central and Western India, and in Bombay.

In 1865 along the Malabar coast; in Mysore, and at Bellary. In Bombay and Scinde; along the shores of the Persian Gulf; in Yemen and the Somali country. It reached Mokalla and Mocha; it spread to Aden and to Abyssinia. It prevailed in Egypt; it spread to the Mediterranean ports, and from thence inland everywhere. It affected Bagdad, Odessa, and Constantinople. From Odessa it spread to Saxony and Germany; to Italy, France, and Spain. It extended from the East into Portugal and Malta. From Bordeaux it was conveyed to New York. India, Bengal, and the Punjab were comparatively free from it.

In 1866 the course of the disease extended to St. Petersburg. It included Bavaria, Saxony, Belgium, Holland, the north-east of France, and, in fact, the greater part of Europe. The epidemic again occurred at Mecca. It spread into Mesopotamia, through Kurdistan and Persia. It prevailed in the west of India; in the Punjab, Cashmere, and Affghanistan. It occurred in Italy; in Great Britain; in Dublin; in Holland. It reached New York from England and elsewhere. From New York it radiated in various directions. In India its prevalence was on the increase in Bengal proper and in Behar; also throughout the North-Western provinces.

In 1867 it prevailed in the Punjab, Cashmere, and Affghanistan. It existed in some parts of Europe, including Galatia, Switzerland, Sardinia, &c. It was present in Russia. It declined over the continent of America generally; it spread, however, in the Argentine Republic, and in towns situated on the banks of the La Plata. From the north of India it spread to Persia.

In 1868 it spread from Abyssinia into Central and Southern Africa; to Zanzibar; and for the first time appeared on the West Coast, breaking out at the Gambia, and thence extending downwards along the coast line.

It is said generally that from 1865 to 1868 the direction followed by the disease in Persia was from west to east.

In 1869 the epidemic reached Zanzibar from the interior of Africa. It prevailed in Central India and in Persia. It crossed the Turkish frontier into the district of Khalis. It appeared at Kiev, and thence spread into the surrounding districts. It was also at Reshed on the Caspian; at Bakir and at Astrabad. The epidemic travelled from Bengal north-west to Cabul, south to Cape Comorin, south-east to China, and west through Africa. From Kiev it spread north-east to Moscow, and from Nijni Novgorod down the Dnieper to Odessa. From Moscow, north-west to St. Petersburgh; and thence, south-west to Warsaw.

In 1870 it extended from Persia, *via* Russia to Western Europe. It prevailed in Central Asia, extending in such a manner from different points that difficulty exists in tracing its precise lines of progress.

In 1871 it broke out in Asia Minor. It prevailed in Constantinople. From Russia it extended to Finland. It existed in Affghanistan and the Balkhan. It spread to Persia and Arabia. India was tolerably free from it.

In 1872 cholera appeared at Jozakh in Turkestan. It spread with great rapidity to Samarkand, Hissar, and Amu Darya on the south; to Bokhara and Kokan. It visited Kiva and Taskent, branching thence towards Lake Issky, and on the other hand to the Russian fort No. 1. Thus its progress in all was in three several directions—namely, south, west, and north. During the same year it visited Vienna and other parts of Austro-Hungary; also Roumania, Prussia, and Belgium.

In 1873 it prevailed in Munich; also in Prussia, and along the valley of the Vistula. In Europe generally, however, the epidemic began to subside. It prevailed in New Orleans and along the valley of the Mississippi. Its progress throughout the United States was said to be in all directions—viz., north, south, east, and west, according as the pressure of commerce, travel, or war propelled it.

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URIC ACID: ITS PHYSIOLOGY AND ITS RELATION TO RENAL CALCULI AND GRAVEL.

By ALFRED BARING GARROD, M.D.,
F.R.C.P., F.R.S., &c.,
Consulting Physician to King's College Hospital, London.

Lecture III.

(Concluded from page 24.)

Influence of Hippuric and Benzoic Acids.—How is it that the urine of the sucking calf contains a notable quantity of uric acid, seeing that the same animal, when it grows up and takes its ordinary food, excretes an urine which is devoid of this principle? Why should the simple alteration of food cause such a result if uric acid is formed in the kidneys themselves? Is not this fact completely opposed to the second view? Before endeavouring to explain these difficulties, I thought it desirable to prove the fact, and examined first the urine of two sucking calves. In both I found distinct evidence of the presence of uric acid. At the same time, I discovered another previously unknown fact—viz., that the cow's urine, also under certain circumstances, contains uric acid, as when taking turnips, mangold, brewers' grains, and such like food, with little hay or grass, and that, with such a diet, there is little hippuric acid in it. In the horse's urine, which was rich in hippuric acid, I found no uric acid.

At first sight it would appear to follow from these various facts, that the seat of origin of uric acid is further back than the kidneys, and that these organs merely eliminate it from the circulating fluid; in other words, that what we have called the first view is the correct one; but I have already shown, in my first lecture, that the kidneys will not act as filterers of uric acid, even when that principle is known to exist in the blood. Still, difficulties remain against those who advocate the second view, and, until these be cleared away, I cannot feel that this latter has been placed on a satisfactory basis.

Some little time ago, in thinking over the subject of gravel and calculus, I arrived at the idea that, if the urine of man could be maintained in a condition resembling that of the herbivorous mammal, there would be no such things as uric concretions, uric gravel and calculus would be unknown. While following up my idea of assimilating the urine of man to that of the herbivorous mammal, I made these experiments.

I took a specimen of healthy human urine, of full specific gravity, and sufficiently rich in urates to give a free deposit of uric acid crystals when acidulated With this I filled two tubes to about one-fourth of their capacity. To the first of these I added the urine of a horse, so as almost to fill the tube; to the second I added the same quantity of distilled water, in order that the amount of dilution of the human urine should be the same in each tube. After the tubes had been kept for some two or three hours at about 100° Fahr., their contents were examined. A few drops of hydrochloric acid added to the second tube—where water had been used as the diluent—caused a slow crystallisation of uric acid, but the acidification of the first, in which the urine had been diluted with that of the horse, failed to exhibit any precipitation; nor, when it was evaporated to a small bulk, could uric acid be detected either by the murexide or any other test. The experiment was repeated with the substitution of the urine of the lion for that of the horse. This failed to cause the disappearance of the uric acid.

If these observations are correct, we have arrived at a remarkable conclusion, for we have found, not only that the horse's urine is itself free from uric acid, but that it possesses the power of destroying, at least to some extent, the uric acid contained in the urine of man. It struck me that this conclusion was one which might be fraught with weighty consequences, and deserved, or rather demanded, much further and stricter investigation to corroborate it. Such proof, you will find, is not wanting.

I next took eight very small uric acid calculi, none of them larger than a pin's head, and, by the aid of a solution of carbonate of lithium, dissolved them in a little water. To this solution, I added about eight ounces of the urine of the horse. After the mixed fluids had been kept some few hours at the temperature of the body, no uric acid could be detected.

This experiment shows that uric acid, in the form of calculi, when first dissolved in an alkaline solution, is destroyed by the influence of some ingredient which is present in the urine of the horse. After reflecting upon these phenomena, I endeavoured to find out what was the principle contained in these urines of the herbivora which imparted to them this peculiar power; and, seeing that they are rich in hippuric acid—a substance absent from the urine of the carnivora—I instituted a very numerous set of experiments upon the action of this acid on uric acid.

First, a strong solution of hippurate of potassium was mixed in equal quantities with a cold solution of the urate of the same metal, and kept for some few hours at the temperature of the body. On subsequent examination for uric acid by the microscopic test, none could be found nor could any be detected by the murexide test. Another recorded observation is as follows. A cold concentrated solution of urate of ammonia was mixed with a strong solution of hippurate of sodium, and slightly alkaline with the carbonate; after being kept for a few hours at 100° Fahr., no uric acid could be found.

As it might be urged that the uric acid, though existing, was masked by the presence of other matters, the following observations were made, and have been frequently repeated. A cold solution of urate of ammonium was added to one of hippurate of sodium, and the solution made slightly alkaline with the carbonate, so as to imitate as nearly as possible the conditions which exist in the urine of the herbivora. On immediately placing a drop on a microscopic slide, and acidulating it with hydrochloric acid, numerous long crystals of uric acid were soon formed, and afterwards rhombic crystals of uric acid were seen, these latter being readily distinguished by their characteristic shape, and by their intense polarising power for light. After about half an hour, the solution having been previously warmed up to the temperature of the body, a second drop was examined, and the uric acid crystals were found to be much less numerous, and, in another hour or so, they were not to be detected at all. The solution was afterwards evaporated, and no evidence of uric acid could be discovered either by the microscope or the murexide test. The appearances are shown in Figs. 1 and 2. By this observation the fact that a change slowly takes place in the solution of the mixed salts is demonstrated; and it is also proved that the uric acid is not simply masked by the presence of other salts, for it is readily exhibited when the solutions are first mixed, and only slowly disappears under the influence of time and warmth.

In the earlier experiments which I made, which were qualitative only, it was found essential that the hippuric acid should be in large excess, in order that the results should be conclusive; but I was soon led to make quantitative experiments, so numerous that their enumeration would be tedious. I shall, therefore, only give you the results obtained and leave the details to be studied elsewhere, if desired.

In these observations I have used the urates of ammonium, sodium, potassium, and lithium, and acted upon them with the hippurates of the same basis, and I have uniformly found that when hippurates and urates are together in solution a change ensues, the urate becoming gradually destroyed, and probably a part of the hippurate also. It has required, under the conditions which have been present in most of the experiments, nearly fifty times as much hippurate as urate for the complete destruction of the urate; but, when the dilution was much increased, the quantity of hippurate required seem to be lessened, as little as twenty-five parts of hippurate being sufficient. Possibly in the animal body the action takes place more rapidly than in the flasks of the laboratory. The details of my experiments are contained in the appendix to a paper recently read to the Royal Society.

It is generally supposed that hippuric acid replaces uric acid, that is, is formed in its stead in the system. It does indeed replace it, though not, as is usually thought, by being formed, under certain circumstances, instead of it, but on account of its possessing the power of removing the uric acid after it has been produced in the renal cells. The explanation holds good equally with reference to the occasional presence of uric acid in the urine of the adult herbivorous mammal. Under their ordinary diet a certain amount of uric acid is also present in large quantities, some times as much as 1—1·5 per cent., in which case no uric acid can be discovered in the urine; but, when these animals are made to eat food which fails to yield hippuric acid, the uric acid remains intact, and hence it is that, from time to time, we hear of the presence of this principle in the urine of herbivorous mammals.

Now it follows necessarily that what happens in the case of these lower animals, applies also to man. If the quantity of hippuric acid becomes increased, the uric acid becomes diminished, and we are in a position to explain an observation made by Heller, who, in conjunction with a friend, first ascertained the quantity of uric acid which each excreted daily when under an ordinary diet; they then changed the character of their food—Heller living for a week on wheaten and rye bread—his friend on rye bread only, water being the sole drink of both. The uric acid soon began to diminish and to be replaced by hippuric acid, and, at the end of a week, a mere trace of uric acid was found in Heller's urine—none in that of his friend. During the next week, on an ordinary diet, the hippuric acid gradually diminished and the uric acid reappeared in the former quantities. Doubtless the character of the food, in these experiments, had a direct influence on the formation as well as on the destruction of the uric acid, for the amount of the nitrogenised elements of the food must have been small.

We know that glycine or glycocol (gelatine sugar), which enters into the composition of the bile of many animals is closely connected with hippuric acid, that this latter can be broken up into benzoic acid and glycine, when boiled with caustic alkali, and, in fact, benzoic acid, when absorbed from the stomach, takes up glycine and becomes converted in the system into hippuric acid and is thus thrown out in the urine. Such being the case, I thought it most desirable to try the influence of this body upon uric acid and to find out whether it plays any part in the change of the uric acid. I made numerous experiments, using glycine in place of hippuric acid, the other conditions remaining the same, and in no instance did I observe any change in the uric acid; even when days or weeks had elapsed. I then had to look to benzoic acid and ascertain whether the change in the uric acid was due to its influence, and for this purpose I completed a set of observations corresponding to those previously made with hippuric acid. The results were as follows:—

I found that benzoic acid, in the form of a benzoate, when in contact with an urate in an alkaline solution, caused the same slow change in the uric acid which ensued when a hippurate was employed. This change, however, cannot be well observed under the microscope because the crystallisation of the benzoic acid is so rapid that the presence of uric acid is obscured; but, when the solution is evaporated and the benzoic acid removed by alcohol, the murexide test can be readily employed. In the appendix to my recent communication to the Royal Society, I have detailed the various observations on this point, which appear to show that about the same amount of a benzoate as of a hippurate is required fully to effect the change in the uric acid.

If hippuric and benzoic acids in an alkaline solution possess the power of changing and removing uric acid, it is natural to suppose that, when the blood is in an abnormal state from its presence, the administration of the salts of these acids should prove valuable; for there is no doubt that, if hippurate of sodium be added to a blood-serum which show the presence of an urate, the latter is soon removed from it. Clinically, I have derived great advantage from the administration of these salts, which I have used very largely in cases of gout; and patients have asked to be allowed to continue taking them, so much did they think they were benefited by them. To us at the present time, it is important to ascertain whether they are of value in cases where uric acid is liable to be deposited in any portion of the urinary tract. This I shall endeavour to do.

In the first place, these salts act advantageously on the mucous membrane of the bladder and its appendages; and, in cases where there is a disposition in the urine to become ammoniacal from decomposition, they are most useful in checking such tendency. This action on the membrane may influence much the secretion of the colloid matter, and thus prove valuable in cases of gravel and calculus, which are so intimately associated with its urine; and lastly, it may have an effect upon the excretion of uric acid—a point which I must endeavour to ascertain.

I have said that the usual absence of uric acid from the urine of the herbivorous mammal is due, not to its non-formation, in small quantities, in their kidneys, but to the presence of considerable quantities of hippuric acid in the urine; and that, provided that we remove this latter principle by an alteration in the food, assimilating it to that of the young sucking animal which takes milk only; or by giving vegetables which do not yield hippuric acid; that then uric acid appears in the urine. Ought we not, therefore, to conclude that the administration of benzoic or hippuric acid would influence the excretion of uric acid? Is this the case? In the herbivora, the urine is always alkaline in reaction; in man it is acid. In my experiments on the destructive influence of hippuric or benzoic acid upon uric acid, I found it important to use solutions made alkaline with a carbonate, thus imitating, as nearly as possible, the condition of herbivorous urines.

I will here give you the results which I have obtained.

First Set.

The average of four days' urine passed at 12 noon; breakfast at 9 a.m.; specific gravity 1015; diet normal.

5 fluid ounces gave of uric acid 0·63 grains.

After benzoate had been taken 34 hours, and 95 grains taken in repeated doses.

5 fluid ounces gave of uric acid 0·126 grains.

After omitting benzoate 76 hours.

5 fluid ounces gave of uric acid 0·665 grains.

So that, in these experiments, the uric acid appeared to be much diminished by the influence of the benzoate.

Second Set.

Urine at 11 p.m.; dinner at 7 p.m.; no drug taken.

5 fluid ounces gave of uric acid 0·34 grains.

Urine at 11 p.m., after 55 grains of benzoate administered in divided doses.

5 fluid ounces gave of uric acid 0·03 grain.

So that, as far as these experiments go, the uric acid was reduced to one-tenth of its original amount by the action of the benzoate.

Third Set.

Benzoate of soda in 30-grain doses, three times a day. Urine from 11 a.m. to 11 p.m., after having taken benzoate for 12 hours.

Total quantity = 39 fluid ounces.

Uric acid in the 12 hours = 3·90 grains.

Urine before taking benzoate, from 11 a.m. to 11 p.m.

Quantity = 31 fluid ounces. Uric acid = 4·96 grains.

So that the quantity of uric acid was much diminished by the benzoate.

Fourth Set.

Benzoate of soda given in 20-grain doses, three times a day. Urine passed from 11 a.m. to 2 p.m., after 60 grains had been taken. Quantity 5¾ fluid ounces; specific gravity 1020; evaporated to 5 fluid ounces.

Total uric acid = 0·17 grain.

Urine passed from 11 a.m. to 2 p.m., after 120 grains of benzoate had been taken. Quantity = 9½ fluid ounces; specific gravity 1016; evaporated to 5 fluid ounces.

Total uric acid = 0·57 grain.

When no benzoate had been taken for 27 hours. Urine from 11 a.m. to 2 p.m. Quantity = 8 fluid ounces; specific gravity 1018; evaporated to 5 fluid ounces.

Total uric acid = 1·00 grain.

When no benzoate had been taken for 51 hours. Urine from 11 a.m. to 2 p.m. Quantity = 12 fluid ounces; evaporated to 5 fluid ounces.

Total uric acid = 1·25 grain.

When no benzoate had been taken for 75 hours. Urine from 11 a.m. to 2 p.m. Quantity = 10 fluid ounces; evaporated to 5 fluid ounces.

Total uric acid = 1 grain.

In this last set of experiments, during the administration of the benzoate, the uric acid was diminished in a remarkable degree.

The results of the preceding observations made with the alkaline benzoates differ from those obtained by myself in 1842, and also from those of Kerner, in 1858, on which occasions benzoic acid itself was employed. Nor is it difficult to explain the discrepancy, for we know that benzoic acid, given by itself, increases the acidity of the urine, as is well shown when it is administered in cases of phosphatic urine; and, under these circumstances, it can possess little or no power of changing any urate it may meet with in the renal cells or other parts of the urinary tract. I am still engaged in clinically investigating the value of the benzoates and hippurates, both in cases of gout, and of gravel and calculus; and I hope ere long to bring the further results before the profession. I can confidently affirm that I have already obtained great advantage in the treatment of these diseases from their employment.

I frequently give the benzoic acid in the form of benzoate of sodium; but, if I wish at the same time to increase the quantity of the urinary excretion, then I give the benzoate of potassium or of lithium; and, if there be an abnormal acidity of the urine, some alkaline citrate.

Seeing that herbivorous animals excrete hippuric acid in a greater or lesser quantity according to the character of the food upon which they are fed, I cannot help thinking that some article of diet might be devised for those who suffer from the diseases above mentioned, which might, at least to a great extent, keep in check the tendency to form and deposit uric acid.

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We are asked to announce that H.R.H. the Duke and Duchess of Connaught will visit Norwich on Monday, August 20th, for the purpose of inaugurating the new hospital buildings in that city. A fancy bazaar in aid of the hospital will be held on that occasion.

MINERAL WATER INHALATION.

By W. G. BLACK, F.R.C.S.E.

Having visited Bournemouth lately, I took the opportunity of going over the grounds and foundations of the new Mont Dore establishment being erected there for the cure of complaints by the inhalation of mineral waters. As it is a novel form of treatment in this country, according to the scheme sketched out in the prospectus issued, it should meet with favourable opinion, and as the origination of a new and practical form of treatment for pulmonic affections, it should have hopeful augury of success.

The system is already adopted in some Spas abroad, and notably at Mont Dore in France, from which the scheme takes its name, and which popular resort I visited a few years since, and saw the recognised mode of pneumatic treatment by inhalation of vapours. It should be pointed out that the mineral waters there are *naturally hot*, and therefore easily vaporised in the closed chambers, while the waters at Bournemouth must be *artificially heated*, which will necessitate more expense in fuel than required at Mont Dore. The system usually employed is that the mineral vapour introduced into *large rooms*, with cemented walls and stone floors, and the windows and *doors are closed* for the short period of inhalation required by the patients sitting inside them. The vaporisation of the mineral water is chiefly effected by spray machines, so that the temperature of the inhaled mixture of air and water is kept at a moderate degree, and within physiological limits for absorption by lungs and skin. The invalids at their hotels dress themselves in flannels, and are carried in closed sedan chairs to the inhalation chamber, where they sit down on the benches or chairs to inspire the vapour, or walk about to and fro on the floor. After a quarter of an hour's treatment the chamber *is opened*, and the patients return to their sedan chairs and go to their hotels to rest, and redress themselves, and are prepared in time to take their *déjeuner*, or late breakfast, about 11 o'clock. The like treatment could be carried on at our own British mineral spas, which are supplied by hot natural waters, as those of Bath and Buxton, easily.

There may be seen at some of our Spas *vapour baths* for the use of the invalids, but these are found to be supplied only with pipe or common fresh water. It may seem curious that the *natural mineral* water itself had not been used, as it was handy, inexpensive, and pure, and already warmed by Nature.

The objections urged by people maintaining the present methods with plain water, are that the mineral waters would be spoiled by boiling, and no medicinal ingredients would be distilled off in the vapour. But this is now obviated by the *vaporisation* being effected by the spray machine, along with air, or steam, as the motive power of the blast, and the temperature of the effective vapour need not necessarily be at an uncomfortable height for sustaining its maintenance and respirability along with common air.

Both Bath and Buxton waters contain ample gaseous ingredients, as nitrogen and carbonic acid, being suitable for medicinal inhalation, but their saline and earthy constituents can also easily be made respirable by the agency of spray vaporisers, disseminating them in the air. Though vapour inhalation is most adaptable by using *naturally hot waters*, yet it is just as likely that success might attend the utilising of such *cold mineral* waters as those of Harrogate, especially as they contain a vaporisible gas, the sulphurreted hydrogen. The vaporisation of the *sulphurous* ingredients from these waters could be easily effected by spray machines, without injuring them by previous artificially heating, and it would probably minimise the unpleasant odour of the waters, if they were combined with steam. The remarkable immunity from bronchitis and pneumonia enjoyed by passengers and seamen on board ship, when exposed to inclement weather, would cherish the belief that the artificial vaporisation of *sea water* might lead to equally good results when applied to the cure of diseases of the chest, in patients frequenting our health resorts. On the other side of the question again, there are aqueous sprays or watery mists charged with poisonous ingredients, deleterious to the health of the lungs and air passages, known commonly as London or city fogs.

It has been alleged by some investigators of the action of inhalation of medicated vapours (not including gases) that but infinitesimal quantities have been found to be really absorbed into the lungs or blood by the mechanical processes they adopted. Attention, however, may be drawn to the difference existing between inhalation by an instrument, as an ether inhaler fitted to the mouth, whereby the lungs only are influenced, and the general inhalation practised in a large chamber full of vapour. In this case, the whole superfices of the skin are brought into the sphere of operation of the vapour, as well as the lungs, just as takes place in the natural experiment in sea air or city fog, the effects of which no one can hesitate to accept as being very appreciable. As to the mode of action of the skin then, it may as yet be a matter for conjecture, whether it be an absorbing agent or an emunctorial one, or whether it assists the lungs or the lungs assist it in absorption of vapours, will remain to be determined by experimental investigation.

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Clinical Records.

LOUTH COUNTY INFIRMARY.

Cases of Compound Fracture – Tetanus – Recovery.

Under the care of Dr. HERCULES MacDONNELL.

Patrick Garland, æt. 27, was admitted to the County Louth Infirmary on October 11th, 1882, suffering from a compound comminuted fracture of the right foot. While assisting at a threshing mill, his right foot was caught in the machinery, and the entire fore part pulverised.

With difficulty a sufficiently large flap was obtained, and a modified Chopart performed. The operation was performed under strict Listerian precautions. The dressing was removed in two days, when the wound looked healthy in every particular. Evening temp. 98·4.

Oct. 18th.—Dressed antiseptically. Morning temp. normal; evening 99.

19th, 20th, 21st, 22nd.—Temp. normal. Sleeping well.

24th.—Slight stiffness in jaw. Stump dressed. Looking healthy.

25th.—Tetanic symptoms more marked. Dressings removed, and linseed poultice applied. Ordered a mixture containing in each dose 12 grs. of chloral and 10 grs. bromide of potass every five hours. Temp. normal from this date.

26th.—Opisthotonos well marked. To have one oz. ol. ricini.

27th.—Bowels moved once. Taking 2½ quarts of milk daily.

28th.—Spasms more frequent. Abdominal muscles retracted and rigid. To have chloral and bromide mixture every second hour; 3 oz. brandy, and 1 oz. Liebig's extract in a pint of beef-tea daily; milk ad libitum, to be used warm.

29th, 30th.—Spasms increasing in frequency and length. Hot stupes to epigastrium.

31st.—Urine retained; drawn off every eight hours by catheter. Bowels confined. 1 oz. ol. ricini; ½ oz. ol. terebinth.

Nov. 1st.—Bowels moved three times. No sleep. Twitching of both legs constant. Spasms every five minutes.

2nd, 3rd.—No sleep. Spasms almost continuous. To have oil and turpentine again.

4th.—Bowels moved once. Motion, tarry. A slight trace of pus on the poultices. In one of the spasms a portion of one of the pectoral muscles was ruptured. Relieved by strapping. Sleeping a little at intervals.

5th.—Diminution in frequency of spasms.

6th.—Got some sleep last night. Tongue thickly coated.

7th.—Jaws not so stiff. Spasms still diminishing in frequency and severity. To have oil and turpentine again.

8th.—Spasms involving larynx more than previously. To have 16 grs. of chloral and 12 grs. bromide every second hour instead of previous mixture.

9th, 10th, 11th.—Opisthotonos less marked. Spasms diminishing steadily.

12th, 13th, 14th, 15th.—Improving daily. Only six spasms on 15th. Discontinued poultices. Stump dressed with tenax, oil and turpentine again, as bowels are confined.

16th.—Slept fairly well. Bowels moved three times, of a natural colour. To have a mixture containing bismuth and gentian; at night a draught containing 30 grs. of chloral. Perspiring freely. Abdomen still rigid.

17th.—Spasms have ceased entirely. To have rice for dinner.

21st.—Has been improving rapidly. Sleeps fairly well. Moved into another ward, and is able to sit up.

Dec. 3rd.—Was up and dressed to-day. Stump completely healed.

Case II.—John Duffy, æt. 9, admitted to the County Louth Infirmary on May 27th, 1879. A wheelbarrow passed over his hand, and crushed the nail and top of the third finger of the left hand on May 13th.

May 27th.—Tetanic symptoms appeared this morning, the jaws being stiff and muscles of back arching. Risus sardonicus fairly marked. To have a jalap and calomel aperient; also a mixture every fourth hour containing 5 grs. each of chloral and bromide of potass. The extensor tendons do not act.

28th.—Bowels not moved. To have 3 drs. of ol. terebinth, and half-an-ounce of ol. ricini. Pulse 100. Evening temp. 100.

29th, 30th.—Jaws very stiff. Abdominal muscles rigid. Eyes peering.

31st.—Two good motions yesterday. Spasms affecting larynx slightly.

June 1st.—Better this morning. Spasms lighter and less frequent. Had some sleep last night.

2nd.—Jaws not so stiff. To stop chloral and bromide mixture.

10th.—No stiffness in jaws now, but a copious acniform eruption came out. To have a mixture of quinine and iron.

18th.—Eruption has gone almost completely. Left hospital to-day.

Remarks.—In Case I. the tetanic symptoms did not appear for twelve days, began then to increase in severity, and did not diminish for twelve days more. During these twenty-four days the patient took 6 oz. 6 drs. of chloral hydrate, and 5½ ozs. of bromide of potass. The combination of these drugs seemed to exercise a marked influence. On several occasions I purposely exhibited only one of them for a couple of doses consecutively, and its influence seemed very much impaired. The use of turpentine in connection with castor oil has a most beneficial action, changing completely the character of the stools, and unloading the colon, the first action of the bowels being tarry, and the second much better in colour and consistence, owing, I believe, to the direct action on the intestinal mucous membrane. The temperature in both these cases was only slightly and temporarily elevated. As far as my experience goes of seven cases of acute traumatic tetanus, unless the chloral and bromide is pushed till the toxic effects are distinctly marked, very slight improvement takes place. The difficulty is to find out the maximum dose the patient can bear.

Department of Lunacy.

THE LINCOLN LUNATIC HOSPITAL.

The Lincoln Lunatic Hospital, which is under the medical superintendence of Dr. Russell, affords excellent accommodation for insane patients of the lower middle classes at very moderate rates of board. A few patients are received at fourteen shillings a week, and a large number at a guinea a week, while the highest charge is three guineas a week. The Commissioners on Lunacy speak very favourably of the condition of the hospital, and of the comfort of its inmates, and of the care bestowed on their amusement and occupation.

THE WEST RIDING ASYLUM.

The West Riding Asylum at Wakefield continues to thrive under the careful superintendence of Dr. Herbert Major, and dispenses much benefit in the district to which it belongs; 428 patients were admitted into it during 1882, and 167 were discharged recovered, while 110 were discharged in some measure relieved. The daily average number of patients resident in the asylum was 1,402, and the total number under care during the year was 1,880. One case of suicide is reported. The occurrence took place in the shoemaker's shop, where the patient had been employed for some weeks, apparently with benefit, and it indicates very forcibly the risks inseparably connected with the employment of patients in many occupations, risks, however, which must be held to be fully justified, even at the expense of occasional disasters, in consideration of the great good which employment confers upon the large number of patients who can be brought under its influence. At the inquest on the case, no blame was attributed to any-one, it being considered that the patient had been justifiably employed as he was when the fatal impulse overcame him. One admirable feature of the West Riding Asylum has been the comparative fulness of its medical staff. Dr. Major makes a complimentary reference to the three assistant medical officers and four clinical assistants who have been associated with him in 1882.

THE WILTS COUNTY ASYLUM.

Mr. Ireland Bowes, the medical superintendent of the Wilts County Asylum at Devizes, gives a very clear and exhaustive account of the hospital under his charge, in his recently published annual report. 737 patients were under care during 1882, 124 were admitted, 35 were discharged recovered, and 65 died. Some cases of diarrhœa which were supposed to be due to atmospheric changes, and an epidemic of typhoid fever visited the asylum, and in connection with this fact the Commissioners in Lunacy observe that the sewers external to the building seem to be imperfectly ventilated, and that the main cesspool is unnecessarily large. They suggest that in order effectually to guard against the admission of sewage gas to the wards the drains where they pass beneath the building shall be constructed of cast-iron tubes with gas-tight joints. During 13 months elapsing between the visits of the Commissioners, 19 men and 31 women were secluded on 42 and 108 occasions respectively, and for a total of 234 and 521 hours. There are still many box beds in the asylum. Wet packing has been introduced quite recently, and 11 patients have been subjected to this restraint for 96 hours. No patient is continuously packed for more than an hour and a half, at the end of which time he is unpacked and examined by the doctor. The result of this treatment is alleged to have been satisfactory. Mr. Bowes gives a brief *resumé* of the lesions found on post-mortem examination in each case of death in his asylum.

THE SURREY COUNTY LUNATIC ASYLUM AT WOKING.

In opening their last report on the condition of this asylum, the Visiting Commissioners in Lunacy refer to the retirement of Dr. Brushfield from the office of Medical Superintendent, and pay a well-deserved compliment to him for the manner in which he had filled that position for many years. The high reputation which the asylum now enjoys they ascribe in great measure to his able and enlightened management, and to the judicious system of treatment which he established. A retiring pension of £700 per annum was granted to Dr. Brushfield, and Dr. Barton who had been previously Senior Assistant Medical Officer was elected to succeed him. Under Dr. Barton's guidance the asylum continues to prosper. The rate of recovery last year amounted to 42·7 per cent. on the number of patients admitted, which is much above the average of British asylums, and the death-rate fell to 6·8 of the average number of patients daily resident, which is much below the average of British asylums. No fatal casualty occurred, but one determined attempt at suicide is reported by a female who inflicted a serious wound on her throat with a broken hair-pin. Dr. Barton is energetic in promoting the employment and amusement of his patients, and justly attributes to them a highly curative and sedative value. He refers to an attempt to provide out-door occupation for women. Sixty female patients were sent into the fields during hay-making and harvesting last summer and autumn. Although they did not do much work they benefited by the novel occupation in the open air.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

Hypogastric Lithotomy.—M. St. Germain, of the Hôpital des Enfants Malades, has just published a very interesting case of hypogastric lithotomy practised on a child eight years old. The patient for three or four years previous had been suffering more or less from those symptoms which generally characterise the presence of a calculus in the urinary receptacle. Examined at the hospital, all doubts on the nature of the case were immediately cleared up, the sound rendering a click when brought in contact with the foreign body. M. St. Germain having selected the hypogastric region for the extraction of the stone, a bag of india-rubber was introduced into the rectum and filled with water in order to make the bladder bulge forward by its distension. The bladder itself was filled with a three per cent. solution of boric acid. An incision about two inches in length was made in the median line of the abdominal wall over the globular tumour constituted by the distended bladder, and this latter being reached, it was incised for a similar length, and the calculus was extracted by means of a long forceps with the greatest facility. Both wounds were united in their whole length with the exception of one point, through which passed a large drainage tube. In spite of these precautions the urine flowed through the wound and retarded its occlusion. However, by degrees the process of cicatrisation advanced, and in three months afterwards, when the patient left the hospital, there remained but a pinhole fistula. It should be stated that the cause of his leaving the hospital was the precarious state of his health, the result of long confinement. This case is no doubt interesting in one sense, as, if I do not make a mistake, it is the first case of hypogastric lithotomy practised on a child; but it cannot be denied that the length of time found necessary for the occlusion of the wound could not have been of advantage to the patient, since his general health became seriously compromised from the long sojourn in the hospital. This new method of operating for stone is gaining partisans on the Continent, but it must be admitted that medical men are not so enthusiastic as to its merits as at first, for they have recognised that the operation is far from being attended with inconveniences—inconveniences which are sometimes serious enough, even in the cases considered the most suitable, to determine the surgeon to abandon it. I have myself witnessed two cases of suspubean lithotomy, or rather one, for the other had to be abandoned almost at the commencement, and the results were not at all encouraging. In the first case the patient died, but hardly as the result of the operation, as he was a very unfit subject for any operation. At the autopsy it was found that the mucous membrane of the rectum was torn in several places in a longitudinal direction by the forced dilatation of the india-rubber bag. In the second case the bag, according as it was filled with water, was expelled by the contractions of the rectum; and when at last the resistance was overcome, it slipped up right into the sigmoid flexure, where it could be plainly felt and seen through the abdominal wall. Thinking it was the bladder, which had been previously injected, as in the first case, the surgeon was going to cut down on it, when some one mildly suggested that it might be the bag. Here, also, as the same amount of liquid was injected for the distension of the apparatus, the rectum, if not the intestine, must have suffered from the same lesions as in the first case. It is, however, no doubt possible that the inconveniences attending the preliminary steps of the operation could be minimised: the india-rubber bag need not be so much distended, and a means might be discovered to hinder it from slipping up. But there exists another inconvenience, which is constant, and that is, not only the length of time necessary for the complete cure, but the assiduous attention required during the whole period. In perineal lithotomy the after-treatment is generally of the simplest kind. In fact, after the first couple of days, the patient is independent of further medical care. Not so in the case of hypogastric lithotomy, for here the surgeon has to be indefatigable in his attention: the wound has to be dressed twice a day, the bladder washed out with an antiseptic solution, the temperature taken night and morning, besides many other minor cares which this operation involves. Consequently the best operation for general country practitioners is not the one forming the subject of these observations, as his time would be seriously compromised. However, that fact, if the operation were found necessary, would no doubt have very little weight with medical men, and justly so. There are at least two cases in which hypogastric lithotomy not only might be performed, but might be imperatively required. The first is an abnormally large prostate, and the second a very large calculus. A third, perhaps, might be added, that in which the patient had been previously operated on through the perinæum.

The whole of the last meeting of the Academie de Medecine was taken up with a discussion on the propriety of that learned body taking the initiative in provoking an examination of the present system of disposing of the contents of the cess-pools, with a view to its amendment. The arguments on both sides were warmly sustained, but otherwise devoid of interest. Professor Ball was elected as titular member of the section of medical pathology.

Trichlorophenate of Lime.—A Russian medical journal publishes an account of experiments made by one of its collaborators on the antiseptic properties of trichlorophenate of lime, a mixture of phenic acid and chloride of calcium. From it, it appears that this compound is twenty times stronger as an antiseptic than phenic acid, permanganate of potassa, chloride of calcium, salicylic acid, or boric acid. It is not only disinfectant, but it removes all odours from wounds. It is essentially useful in soft chancre, diphtheria, and other gangrenous affections. Trichlorate of phenol is not only easily and quickly prepared, but its price is also less than that of phenic acid.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

The Bohemian Lying-in Hospital.—The annual report of this renowned institution, drawn up by Prof. v. Weber, and published in the *Allgemeine Wiener Med. Zeitung*, is a most exhaustive one. In this respect it might serve as a model for similar institutions at home; in another respect—viz., as regards success—the story it tells is as encouraging as any can well be. During the year 1882 the confinements in the hospital numbered 2,963. Out of this enormous number of deliveries there were but 7 deaths—0·24 per cent., or 1 in every 423·3 cases. This is what Prof. v. Weber claims as the correct mortality list; but on considering the different items individually it will be seen that, according to the views of some, the figures require a slight adjustment. Thus, 12 women are reported to have died in the hospital, and 7 others died in the Krankenhaus to which they had been transferred, so that, instead of 7, there were 19 deaths; and, as other lying-in hospitals debit themselves with all deaths occurring in the institution, there is no reason why this one should be an exception. The figures given here show how difficult it is to arrive at accurate results either in hospital or out-door practice. They are capable of three different readings—1st. The reading of Prof. v. Weber, according to which all deaths are excluded not directly traceable to child-bearing; 2nd. That of including the deaths of all patients dying *within the lying-in hospital* within a certain period—say, 30 days; 3rd. That in which are included *all deaths* occurring within the above-named period of 30 days. The latter is the mode of reckoning that ought to be adopted, and, according to it, the deaths would be 0·64 per cent., or 1 in 156. According to the mode of reckoning that seems to be in vogue with us, the number of deaths would be put down as 12—0·4 per cent., or 1 in 247. Whatever mode of reckoning be adopted, the figures are very satisfactory, and an immense advance on those of the ten years 1865 to 1874, during which the average mortality was 6·67 per cent. The writer claims that the average mortality during the last four years—1879 to 1882—has been 0·32 per cent.

The German Hygienic Exhibition.—This exhibition, at once the pride and the astonishment of all good Germans, is now the leading feature in the busy metropolis on the Spree. It must be understood that the exhibition is a German one. It is not a universal exhibition such as we have been accustomed to in England, but as an exclusively German institution, smacks of that exclusiveness and pettiness always inseparable from mere local affairs. Perhaps a great nation ought to consider any national exhibition beneath it that does not accept the best of their kind in the way of exhibits, whatever their source may be. If the sources whence exhibits are to be accepted are to be limited to this or that locality, this or that country or group of countries, the best may be excluded. The aim of excellence or perfection is lost in the infinitely lesser one of locality or nationality. Taken for what it is, however, the exhibition must be acknowledged to be a success and an honour to the German-speaking people. Perhaps no better idea of the scope and subjects embraced in the terms hygiene and life-saving can be given than in an enumeration of some of the articles or appliances for which the Empress Augusta's special gold medals have been awarded. These medals, of which there were forty, have been awarded to those contributors who, by their exhibits, have forwarded most effectually the general designs of the exhibition. The first was awarded to Dr. Josef v. Fodor, Buda Pesth (scientific apparatus for determining the carbonic acid in the atmosphere, carbonic oxyde in the blood; for demonstrating the properties of the soil, and for hygienic works and Kartogrammes). 2. Dr. Georg Recknagel, Professor and Rector of the Royal School of Industry, Kaiserslautern (group of exhibits comprising differential manometer, pocket anemometer, thermotelegraph, hydrotelegraph, lactodensimeter, &c.). 3. Der Berliner Volksküchen Verein (workman's eating establishment) in full work. 4. Dr. Hermann Cohn (graphic representation of the increase of shortsightedness in German Gymnasien). 7 Badischer Frauenverein, Karlsruhe (the sick institutions of the ArchDuchy of Baden, the nursing duties of which are performed by the members of the Baden Ladies' Society). 11. P. Dörffel, Court optician and mechanician (complete ophthalmic clinic). 12. Schimmel and Co., Leipzig (antiseptic preparations, chemical products, ethereal oils, &c.). 14. Bairischer Verein for the care of the wounded and sick on the field, and Bairischer Frauenverein, Munich (land transport wagons for wounded, literature, &c.). 15. Central Comité of the Netherland Red Cross Verein, the Hague (stretchers, messengers, dressings, ambulances). 21. Agricultural machine and implement and wagon. Building company (machines for street-sweeping and cleaning snow-plough, spring wagons, food transport wagons). 22. Siegmar, Elster (gas meters, apparatus for analysis of gas, for lighting railway carriages, gas heating apparatus, safety lamps). It will be seen from the above examples that hygiene and life-saving can be made to cover a very wide field. One of the most interesting parts of the exhibition is that occupied by the German Imperial Health Office, which, of late, has exercised such an important influence over medical thought everywhere. We hope to give our readers a short account of this department, and of its working, at an early date.

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THE MEDICAL ACT AMENDMENT BILL AND THE SCOTCH EXTRA-MURAL SCHOOLS.

A joint meeting of Edinburgh and Glasgow extra-mural lecturers was held, on Thursday last, at the Royal College of Physicians, Edinburgh, for the purpose of considering the provisions of the Medical Act Amendment Bill. There were upwards of thirty gentlemen present, about half of whom were from Glasgow. Dr. Littlejohn, Medical Officer of Health for the City of Edinburgh, who was called to the chair, said he regarded the Bill as a most important one, affecting as it did not only the personal position of the extra-mural lecturers, but the still greater subject of medical teaching in Scotland. So far as Scotland was concerned, the Bill was essentially a University measure, and while they willingly allowed that they shared in the prosperity of the Universities, they at the same time believed that they contributed to that prosperity, and that if the extra-mural schools of Glasgow and Edinburgh were destroyed, the Universities would sooner or later sustain serious damage.

Dr. Morton, Glasgow, in moving the first resolution—"That, in the opinion of this meeting, the position and interests of the extra-mural medical schools of Scotland were entirely overlooked by the late Royal Commission, and have been equally ignored by the Government in framing the Medical Act Amendment Bill now in the House of Commons"—said he thought they ought now unitedly to push forward their case, and he submitted the resolution in the full confidence that those who professed to aim at purity of examination and freedom from monopoly in teaching would support them. It seemed to be somewhat singular that a Bill professing to aim at these two points should still seek to retain in the power of the Universities the right to grant licences of all kinds with the exception of an additional licence which the Government intended to grant.

Dr. Stevenson Macadam, of the Edinburgh School of Medicine, in seconding the motion, said that the Bill was clearly one-sided. In England and Ireland justice had been done to the universities and corporations alike, but so far as Scotland was concerned it was a university and a non-corporation Bill, and was likely, if passed, to do serious harm to the extra-mural teachers. He thought that the Government, before framing so important a Bill, should have made full inquiry in regard to the medical schools in Scotland as well as in England and Ireland. Dr. Macadam also referred to the Universities Bill, and said that about one-half of the sum of £40,000 which it proposed should be handed over to the universities of Scotland might be fairly considered as belonging to the medical departments, but not one farthing of that was proposed to be given towards the extra-mural teaching of students. The resolution was unanimously adopted.

Dr. Angus Macdonald, Edinburgh, moved the second resolution :—

"That, should the bill pass in its present form, the universities of Scotland, while retaining intact their monopoly in granting degrees, will, by their enormous majority on the Board, become also possessed of all examining and licensing power, and thus in Scotland will be the absolute masters of the portals of the profession, and that, in the opinion of this meeting, a monopoly so complete will lead not only to destruction of the extra-mural schools, but in the end will prove disastrous to the universities themselves and to the cause of medical education in Scotland."

He said that if, as had been proposed, the corporations held only three votes on the Board, they would really have no voice whatever, and those who leaned upon these corporations for the maintenance of their interests would, whenever their interests clashed with those of the universities, find themselves entirely out in the cold. Charges had been made as to the laxity which existed in the examinations by the corporations in Scotland, but he held there was no real warrant for anything in the shape of penal action being taken with regard to the corporations from any proved laxity.

Dr. Clark, of Glasgow, in seconding the resolution, said he was convinced that the Bill was essentially a good Bill, and that the passing of a measure on the same lines, but not exactly in the same form would be highly beneficial to extra-mural tuition. One essential point in such a Bill was that they should not be handicapped by the great preponderance in the Board which was given to the universities under the present scheme.

Dr. Wolfe, of Glasgow, proposed an addition to the resolution, but it was held to be incompetent at that stage, and the resolution was then adopted.

Dr. Ebenezer Duncan, of Glasgow, proposed the third resolution :—

"That this meeting desires to impress upon the Government the fact that the origin and progress of extra-mural teaching in Scotland has been chiefly owing to its free and full recognition by the corporations, and that there being no present arrangements under the Bill whereby the extra-mural teachers can be directly represented on the proposed Medical Board for Scotland, the meeting is of opinion that each of the Scotch corporations should return at least two representatives to the Board, in order that the interests of the extra-mural schools may be preserved."

They believed that the Scottish corporations were to a large extent representative of the profession in Scotland, and consequently ought to have a large share in the composition of the proposed Board. The proportion which the Government proposed to give to these corporations was, in view of the interest which they had at stake in medical matters, absurdly small, and would really give them no influence whatever.

The resolution, after having been seconded by Dr. Craig, Edinburgh, was agreed to.

Dr. Wolfe then submitted as a separate resolution that which he had proposed to be added to the second resolution, and which had for its object the desirable condition that teachers should not occupy the post of examiners of their students. This, however, was negatived, as it was thought that the Government had heard enough on this subject.

On the motion of Dr. C. Muirhead, of Edinburgh, seconded, by Dr. Patterson, of Glasgow, it was agreed that the resolutions adopted should be embodied in a minute of the meeting and forwarded to the Government. The proceedings then terminated.

The members afterwards dined together.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 18, 1883.

THE MEDICAL BILL.

The announcement by Mr. Gladstone that the Government proposes to pass the Medical Bill in preference to many other important measures which it has been found necessary to drop will be received with satisfaction and relief of mind by medical reformers. It would be truly unfortunate if a Bill which had such a groundwork of inquiry and consideration, and which has been accepted by the profession without serious cavil, should come to nothing, and leave the subject to be re-opened and the agitation for reform renewed for years to come. We earnestly trust that Mr. Mundella will adhere to his determination to carry the measure through, and that he will see his way to smooth its path through the lower House by granting reasonable amendments.

In our opinion, the chief fault of the Bill is that it in some measure sacrifices the medical corporations to propitiate the universities, and that it does this without any demerit on the part of the corporations or any special right of the universities to have a predominance. Mr. Mundella seems to be impressed with the belief that university medical education and examination is something much higher and better than collegiate education and examination. There may be ground for this notion in the case of universities which insist upon their *alumni* being cultured in arts as well as medicine ;

but in the case of other universities which are merely examining centres, there is not the slightest ground for according to them a larger influence on the medical system of the future than is given to the colleges.

Acting under the influence of this delusion, the Bill has been made to suit the Scotch universities especially, and—to please them—an opening has been designedly left for the Scotch medical boards to take up a lower educational standard than the other boards, and thus to continue the existing system of under-selling England and Ireland. The Bill provides that the examination level shall be uniform throughout the Kingdom, but, by omitting to provide for the same equality of curriculum, it clearly implies that the medical boards may please themselves in this respect, and that it is not the function of the Medical Council to adjust the three medical board schemes to an even level. Now, as long as two forms of proof of the competency of the practitioner—*i.e.*, examination and course of study—are recognised by the Bill, it is plainly illogical and unjust to provide for a minimum standard of the examination proof and to leave the education proof to the caprice of the medical boards. It certainly cannot be tolerated that the Scotch board shall bid down for the patronage of the student by lowering its educational standard, and the Bill will not be acceptable until this defect is remedied.

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VOLUNTEER MEDICAL ORGANISATION.

SOME few months ago a movement was set on foot, by the exertions of Surgeon-Major Evatt of the Army Medical Department, to organise among the medical students of London a volunteer corps of surgeons trained for the performance of active duty in the field. The scheme received at first but a limited amount of attention, but through incessant activity on the part of its advocates it is now becoming much more generally and enthusiastically supported; and several hospital corps have been formed as a result of Dr. Evatt's determined prosecution of his plan for creating a large and useful auxiliary force to the existing medical departments.

The method pursued in this connection is to bring together for purposes of drill as many students at a school as are willing to engage in the work. These are then put through a regular course of instruction—first of all in the ordinary company drill in which every soldier must be made proficient, and subsequently in the special evolutions connected with ambulance work. In this latter relation, as bearers themselves, every student so instructed is made acquainted with the actual details of such mechanical duties as are regularly performed by the bearer companies of army corps, and is thereby, through the only experience that can be of any permanent value to him, placed in a position of ability to direct such bearers aright should he ever be called on to superintend their labours when on active duty. That these exercises, moreover, are useful in many ways apart from the experience they confer can hardly be doubted; and the best proof of this is to be found in the gratifying success attending the movement already. At the outset of Dr. Evatt's attempt it was objected that medical students would not consent to undergo the drudgery inseparable from a course of training like that proposed by the scheme. The answer to this is simple and conclusive. Already, at Charing Cross Hospital, over seventy students have completed drills to render them efficient; and at the London Hospital a class of sixty-six is undergoing the necessary instruction; while at St. Bartholomew's Hospital as many more have been for some time in regular practice to the same end. This, moreover, is but a beginning; and it may safely be predicted that ere another year has passed at least every metropolitan hospital will number an ambulance corps among its local institutions.

The technical portion of the instruction these students undergo is naturally so intimately associated with their hospital work that, once the manual labour has been effectively gone through, there is little fear of their failing to deserve confidence as field surgeons; and it is almost incredible that so simple a means of aiding the education of those who design to enter the services in a medical capacity has not long ago been availed of. Dr. Evatt has pointed out with much truth that one of the most serious obstacles to efficient work on the part of army surgeons is their absolute ignorance of the manual details of their profession, and the difficulties they encounter from having never been subject to any disciplinary exercises fitting them for the *régime* of their new existence. It may also be advanced as a prime argument in favour of the ambulance classes, that they necessitate a discipline among their members which is likely to be of invaluable assistance to them in whatever path their future life may lie; while to all who may in any way be required to exercise command it will confer untold advantages by virtue of the superiority which invariably attaches to an officer who has himself excelled in the performances he is directing on the part of others.

The question has already arisen—and as the number of classes and members increases it will attain greater importance—as to the position that shall be occupied in the future by the officers who are turned out as a result of the new movement. Dr. Evatt's own suggestion is to constitute them a special department of the volunteer service, duly recognised by the State, and subsidised by it. That, in other words, a Volunteer Medical Department, equivalent to, and the auxiliary of, the Army Medical Department, shall be formally created, the ranks of which shall henceforth be recruited from the various hospital corps. Each student who has completed the necessary drills, and acquitted himself satisfactorily, would then, on obtaining his qualification as a practitioner, become also an officer of the Volunteer Medical Department, and his services would be at all times available when occasion for their exercise should arise. The existence of such a force in times of emergency would be an incalculable boon, and even at the present time how valuable it might prove as a source of volunteer *trained* surgeons for duty in Egypt, is easily seen. Though it would probably be the case that the majority of these men would be tied by circumstances of practice, &c., to a particular spot, yet there would doubtless be always a certain proportion available for even foreign service if the need should arise; and as the numbers holding commissions increased, so would the proportion of aspirants for duty grow also.

It is most desirable that the new movement shall receive support and assistance from the considerable and important body of existing volunteer surgeons; and these last will naturally supply staff-surgeons, attached, of course, to the regiments with which they are now connected, under a scheme of organisation such as Dr. Evatt is suggesting. It need not be again pointed out that complete union of all surgeons trained to field duty, and not permanently attached to the army, will result from the adoption of the scheme in its entirety: this, of itself, will be an immense gain to the profession, which is strengthened by whatever effects a combination of its scattered elements for a common purpose. The advantage to the country of a reliable corps of medical men willing and able to assume the care of wounded in the field, trained in habits of discipline, and competent to direct the labours of others with a view to saving life and retarding suffering—this needs no further enforcing. The numerous benefits associated with the scheme, indeed, are so many and manifest that it is impossible to be other than satisfied with the progress it is making, and to hope and anticipate for it a speedy and ample recognition on the part of those "in authority."

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A SURGICAL KNIGHTHOOD.

Her Majesty's advisers have condescended, at length, to take cognisance of the fact that the medical profession in Ireland has been for years excluded from participation in the honours which have been liberally dispensed to English and Scotch physicians, and they recommended the Queen to confer on Mr. Porter Her Majesty's surgeon in Ireland the stamp of knighthood. We have, as may be recollected, expressed ourselves warmly respecting the slight put upon Irish physicians and surgeons by refusing to them for so long any public recognition of their place amongst the profession of Great Britian, and we, long since, claimed for Mr. Porter the distinction of baronetcy which has been conferred on English and Scotch surgeons and on Irish surgeons of twenty years ago. We thought, and think so still, that Mr. Porter by his qualifications as a scientific surgeon, the confidence which the public reposes in his skill, his personal and social qualities, the ample independent fortune which he enjoys, and the official position which he occupies as surgeon to Her Majesty, is in every way worthy of as high distinction as has been granted to any English or Scotch surgeon. We insist moreover that the medical profession in Ireland, whether its members be regarded from a scientific, a social, an educational, or an executive standpoint, are entitled to occupy, and do in fact occupy as high a position in public esteem as their brethren either north or south of the Tweed. It is, therefore, with indignation and contempt that the medical profession in Ireland receives Mr. Gladstone's tender of knighthood to Mr. Porter. So far as the offer of such a distinction, honour, decoration, or whatever the Queen's advisers may please to call it, can be considered as a recognition of Mr. Porter's rank and attainments, we congratulate him upon it, but speaking for our profession in Ireland, we emphatically repudiate Mr. Gladstone's condescending patronage, and we have to suggest to Her Majesty's advisers the propriety of reserving their ginger-bread titles for ex-lord mayors, and if they regard the profession in Ireland as not worthy of a gentleman's position we ask that they will be pleased not to seek to lower them before the public eyes by throwing them the scraps from Her Majety's table. The insult to the profession in Ireland which the offer of knighthood implies is enhanced by a retrospect of what has been the usage in times past. It is but a few weeks since that Mr. Spencer Wells as President of the English College of Surgeons was made the worthy recipient of a baronetcy, to-day an ex-president of the Irish College of Surgeons is made to feel that knighthood is good enough for mere Irish doctors. Within Her Majesty's reign the proposal to confer a baronetcy was preceded by its grant to the following English and Scotch physicians and surgeons:—

Sir James Clark, Sir Henry Holland, Sir Charles Locock, Sir William Lawrence, Sir William Fergusson, Sir James Simpson, Sir Thomas Watson, Sir William W. Gull, Sir James Paget, Sir William Jenner, K.C.B., Sir George Burrows, and Sir Robert Christison.

The precedent thus established had been followed in Ireland where Sir Henry Marsh, Sir Philip Crampton, and Sir Dominic Corrigan were given the baronetcy, and we know of no occasion on which this the custom of marking surgical distinction by the higher title has been departed from. Sir William Wilde got knighthood for his work as an Irish Census Commissioner, Sir William McCormac for his able discharge of the General Secretariat of the International Medical Congress, Sir George Owens and Sir William Carroll for having well discharged their functions as Lord Mayor of Dublin, Sir Robert Jackson for long and valuable military services, Sir Erasmus Wilson for his present of Cleopatra's Needle to the nation, and Sir Oscar Clayton for Heaven knows what, but in no single instance, we believe, has any decoration of a lower grade than baronetcy been offered as a recognition of high surgical or medical attainments, and we trust that it has now been offered for the last time.

As to Mr. Porter's personal relation to this unpleasant episode we must do him the justice to state the fact that when the first offer of knighthoood was made to him he explicitly declared in his reply that it was no fitting decoration for the surgeon to the Queen in Ireland and objected to receive it as such, and it was not until he had been officially informed that nothing else would be granted, and after he had taken the advice of members of our profession whom he considered competent to form a judgment on such a subject that he, acting on their advice, expressed himself as willing to take the lesser title. We think that in so doing Mr. Porter and his advisers formed a most unhappy decision, and we are confident that the refusal of this humiliating offer would have raised Mr. Porter in public estimation as much as his acceptance of it will lower him. The opinion of the Irish daily press is unanimously with us on this point, and we can only join with them in hoping that the Queen's advisers will see the diplomatic error they have committed and the injustice they have done Mr. Porter and Irish surgery, and amend it by conferring on him the honour of baronetcy as they would undoubtedly have done if he resided in London or Edinburgh. Should Mr. Gladstone refuse to take this course we can only say that the profession in Ireland expect that Mr. Porter will not humiliate them by taking a lower grade, but will respectfully intimate to the Lord Lieutenant that respect for his profession prevents him receiving the proffered title.

Notes on Current Topics.

Sanitation in Dublin.

At the last meeting of the Dublin Public Health Committee, the Superintendent Medical Officer read a report relative to the existing arrangements for the disinfection of clothing and infected premises; also for the removal of patients suffering from infective diseases to hospital. Plans were laid before the committee of proected alterations at the disinfecting chamber.

A letter was read from the College of Physicians in reply to the resolution of the Public Health Committee, on the subject of the threatened approach of cholera to this country. The college have referred the matter to a committee consisting of the president, vice-president, Dr. Grimshaw, Dr. Finny, the Rev. Dr. Haughton, Dr. Chapman, and the Registrar, who are to meet and draw up a report upon it. In compliance with the request of the North Dublin Union Board of Guardians, the committee appointed the master of the workhouse as a sanitary officer.

Dr. Hunter and the Cholera in Egypt.

The appointment of Surgeon-General Hunter to medical control during the cholera epidemic in Egypt by her Majesty's Government is a happy one in every way so far as the experience and ability of that officer is concerned. As a member of the Indian Medical Service, he has necessarily enjoyed full opportunities of studying cholera, and as formerly in charge of a large civil hospital at Bombay, is well qualified to judge as to the relative merits of the several methods of treatment in that disease which from time to time during the last twenty years have been practised. Dr. Hunter will no doubt be furnished with full instructions as to the precise duties he is expected to perform; suffice it to say for the present, in general terms, that with him will rest "the supervision of the Medical Control." At the same time, a medical man from Italy is about to proceed, or has already started for Alexandria, and M. Pasteur goes as "Delegate" from France.

Doubtless in due time the three countries thus represented will each have the privilege of an elaborate "report." But in the meantime, are we justified in believing that this phalanx of three eminent men is to defy or in any way whatever check the progress or extension of the epidemic now raging until that epidemic has run its own natural course? Unhesitatingly we say—None whatever. Then, again, how far may the Government of the Khedive be expected to give effect to measures proposed by each or all of these delegates, more especially if such recommendations run counter to national habits and belief, or involve the expenditure of money? The information recently telegraphed regarding Mansurah by the correspondent of a daily paper is not calculated to encourage any great hope on either head. But we shall have the inevitable "Report" nevertheless. That will be a gain in itself, even if it be all the result obtained.

But how comes it that the services of the experienced officer of the Army Medical Department who is already in Egypt have not been utilised in devising all measures deemed necessary or practicable on the spot? There is no man better qualified for the task than Surgeon-General Irving; and, moreover, not only was he until lately sanitary officer at Whitehall Yard, but he was also a member of the Army Sanitary Commission. Therefore it was perfectly unnecessary to send to Egypt another officer to do what Dr. Irving could do perfectly well.

The Night Lecture Sham Certificate System in Dublin.

The Council of the Irish College of Surgeons has, we regret to say, decreed free trade in night lecturing. The vote of the Council on this point was led up to by the vote of the College at large, which, as we have already stated, had made up its mind to pretend to a confidence in the *bona fides* of night lecturers, and to appeal to them to desist from the dishonest but lucrative practices which they have pursued for years past. Strange to say, this decision was mainly influenced by a section of the reform party, who argued that, though they knew night lecturing to be a means of evading medical study, and though they were fully aware that the certificates granted in respect of night lectures were to all intents and purposes sham certificates, nevertheless proposed to continue the sham certificate system because it did not seem to them of much importance whether certificates are sham or real. The matter came to a vote in the Council, and, backed by the influence of a College vote, the night lecture party carried the day, but only by the casting vote of Mr. Wheeler, the President, and the refusal to vote by Mr. Macnamara, the representative of the College in the Medical Council. Mr. Macnamara's speech in the Medical Council in defence of night lecturing, and his refusal to vote on this occasion, are eloquent anticipations of what may be expected from the Irish Branch Council when it comes to answer the charges made by Dr. Jacob to the General Medical Council. No one can be better informed as to the *mala fides* of night lectures than the members of the College Council and of the Branch Council; and yet we shall doubtless see the latter attempting, as it did before, to equivocate itself out of the necessity for declaring honestly its opinion respecting this lucrative trade in certificates. But the attitude of timid people has force—in this matter only in the direction of delay. They may stop the reform by a year or two, and so put so much additional money in the pockets of the sham certificate traders, and send out so many additional incompetents into practice; but they cannot make the public or the profession believe that it is right to continue to sell false certificates of study at so much per, nor can they deny that this trade is carried on wholesale by the night lecture party. Things have come very close to a break-up with that party when they can only carry a new lease for their practices by the casting vote of a President, or the tergiversation of a Medical Councillor.

Brigade-Surgeon O'Leary.

What a pity it is that the following copy of a letter, addressed to Dr. O'Leary by Surgeon-Major Ramsay, could not be added to the "Proceedings" of Lord Morley's Committee. At all events, it is right that the friends of Dr. O'Leary should have an opportunity of reading it—namely :—

No. 2 Station Hospital, Curragh Camp,
10th March, 1883.

My dear O'Leary,—I cannot imagine how or from whom General Drury Lowe got the statement that "a batch of thirty or forty men requiring medical aid" was sent away from the field hospital without getting it; but I can assert most positively that no such thing ever happened. As to their being sent away by you, that is too absurd and quite impossible. Had such a thing been done, it *must* have been done by me. I can swear it never was done. How any man with common sense could invent or believe such an impossible absurdity is more than I can imagine. It is utterly untrue from beginning to end.

Thanks, I am now all right, and I think this place will quite set me up. I hope you are fit again, and that you will find Egypt more comfortable than it was when you left it.

Yours sincerely,
(Signed) T. Ramsay.

P.S.—To prevent any possibility of mistake or misconception, I can state most positively that no words such as you are stated to have used have or could have been used to any man or "batch of men" at the field hospital without my knowledge; and further, that, to my knowledge, no such words were ever used to any man or batch of men at the field hospital by you or any one else connected with the hospital.

(Signed) T. Ramsay, Surgeon-Major, A.M.D.

In justice to Dr. O'Leary, we trust that some member of Parliament will take an opportunity to bring to the notice of "the House" the preceding letter, exonerating Dr. O'Leary as it does completely from unfounded allegations made in regard to him. No doubt the general officer concerned will take the earliest practicable opportunity, if indeed he has not done so already, to withdraw, or at any rate *nullify*, impressions made by what turns out to be a statement based upon error or misconception.

"Evolution" of Epidemics.

In a pamphlet on the subject, ("Instances of the Evolution of Epidemics.") Dr. Pearse, of Plymouth, endeavours to indicate the "evolution" of epidemic diseases, also that the process to which he applies that term means no more than that particular conditions of the human body coincide with, or are brought about by physical and other conditions under which an individual or community exists at a particular time. In this sense the term selected is perhaps as good as any other, but means no more that "circumstances alter cases." Among the conditions which affect the state of the system he includes changes of climate incidental to long sea voyages, changes of physical surroundings, changes which accompany the succession of seasons, and so on. Alluding to the occurrence of a case of cholera among a shipload of coolies in the passage from Calcutta to the West Indies, Dr. Pearse asks: "May we assume that the choleraic type evolved from the change to water a somewhat difficult physical state on board ship to which he was habituated in India, just as fatal cholera has often occurred after taking seidlitz or Epsom salts." But, inasmuch as either of the salts mentioned appears to have been in the water on board the *Alnwick Castle*, it follows that the comparison drawn has no reference to similar circumstances or conditions. One point raised by Dr. Pearse is important at the present day when so much is being written on the subject of *entities* in the causation of disease. He does not believe in the existence of a "specific poison of cholera." Nor do we.

The Advance of the Telephone.

The manifold advantages conferred by telephonic communication between hospitals and the residences of members of their staff are too evident to be long unrecognised. For some time now Dr. Clement Godson has been using a telephone, laid from his house to St. Bartholomew's Hospital, and so great a convenience has he found it that strong representations in favour of generally adopting this means of intercommunication have been made to Sir Sydney Waterlow, treasurer of the charity. In response to these appeals, Sir Sydney has sanctioned the employment of the telephone throughout the hospital, and for providing communication between it and the homes of physicians and surgeons to the institution. This step will commend itself to every one as an important advance, and as taking very proper advantage of the facilities afforded by scientific improvements to reduce the labours of heavily-worked members of the profession. By the new arrangement it will be possible, very often, for verbal directions to take the place of actual presence, and thus for a surgeon, for instance, to be saved the labour of journeying in the middle of night, or during the busiest time of day, to the hospital where he may chance to be summoned by the arrival of a serious case. It is to be hoped that the example set at St. Bartholomew's will be generally followed in London.

Mr. Jonathan Hutchinson, F.R.S.

Mr. Jonathan Hutchinson, F.R.S., whose reputation as a surgeon has done much to attract students from all countries to the London Hospital—and whose lectures on "Diseases of the Tongue" are now appearing in our columns—will, at the end of the present month, cease to hold the position of senior surgeon to the institution he has so long been associated with. His retirement is necessitated by the rules under which members of the staff are elected, Mr. Hutchinson's term of office having now expired. At a recent meeting of the hospital committee the high esteem in which Mr. Hutchinson is held at the London was shown by his being unanimously appointed to be Emeritus Professor of Surgery at the hospital; and we are rejoiced to learn that in this capacity Professor Hutchinson will deliver, each session, a course of lectures on surgery, extending over six consecutive weeks.

On Friday afternoon a meeting of past and present students of the hospital was held in the anatomical theatre of the medical school, Mr. Walter Rivington, F.R.C.S., presiding, when it was resolved with enthusiasm to raise some fitting "Hutchinson Testimonial," the exact shape of which, however, being left for further consideration. As showing the keen interest excited in the subject, it may be said that, although but a few hours' notice of the meeting had been given, between sixty and seventy gentlemen responded to the summons, among them being several older and eminent past students of the school. A committee was elected to discuss the best method of carrying out the views of the meeting, and to receive subscriptions, which may be paid either to Dr. Andrew Clark, treasurer, or to any member of the committee, the secretaries of which are Dr. J. A. Williams and Mr. Chas. H. Wade. It is understood that, whatever form the testimonial may take, it will be presented to Mr. Hutchinson at a dinner which will be given in his honour early in the ensuing winter session.

A Result of the C.D. Vote.

According to the *Western Morning News* there were at the time when Mr. Stansfeld's motion was introduced into the House of Commons, 460 women in hospital at Plymouth suffering from venereal disease. Now there are 70; so that 390 infected women have been cast loose on society in a single centre, to constitute a blessing derived at the fatherly hands of Mr. Stansfeld.

International Exhibition at Nice.

The favourite and beautiful town of Nice is to be the scene of an important international exhibition in the coming winter, arrangements being steadily in progress to ensure that the opening ceremony shall take place some time in December. Such an attraction cannot fail to enormously increase the number of the visitors who annually avail themselves of the natural beauties of this delightful health resort, and there can be no doubt the exhibition will in no small degree contribute to their well-being by stimulating progress in sanitation throughout the district of which Nice is the centre. The success of the undertaking, moreover, is assured by the assistance and encouragement afforded by a number of prominent English physicians and scientists, who ask also for co-operation from any who, as engineers, pharmacists, mechanicians, &c., can contribute to make the exhibition either more complete or more representative. In Section II. sanitary appliances, pharmaceutical preparations, medical and surgical instruments, &c., &c., are included; and it may fairly be expected that British firms will be well represented among the exhibitors. The official agents for Great Britain are Messrs. J. M. Johnson & Sons, Limited, 1 Castle Street, Holborn.

Mr. George Fleming, P.R.C.V.S.

The distinguished, thrice-elected, President of the Royal College of Veterinary Surgeons, Mr. George Fleming, LL.D., has received an especial mark of the high esteem in which his services are held, by being appointed to the post of Principal Veterinary Surgeon to the Army. This valuable preferment has been made by H.R.H. the Duke of Cambridge, Field-Marshal Commanding-in-Chief, as a well merited recognition of Mr. Fleming's pre-eminence as a scientific veterinarian; and in this way it will be hailed as a most worthy distinction by all who are familiar with its recipient's sterling contributions to the literature of science. Indirectly, Mr. Fleming has done not a little for regular medicine, and his promotion is a gratifying indication that his merit is fully appreciated by the authorities best able to give it fitting reward.

Royal College of Surgeons of England.

At the annual meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, the newly elected members—Sir William MacCormac and Mr. Sydney Jones—took their seats for the first time, and Mr. John Marshall was unanimously elected President of the College in succession to Sir Spencer Wells, Bart., whose term of office has expired. Mr. Cooper Forster, and Mr. Savory were elected respectively senior and junior Vice-Presidents, and Mr. Lund was chosen Examiner, in place of Mr. T. Holmes, whose seat at the Board became vacant by rotation. At the same meeting a committee was appointed to consider a motion proposed by Mr. Cadge to recognise proxy voting at College elections. The members of the committee are—the President and Vice-Presidents, Sir J. Paget, Sir S. Wells, Prof. Humphry, Prof. Erichsen, and Messrs. Lund, Holmes, and Cadge.

The Formation of Fat from Fat-Acids.

Dr. Immanuel Munk read an interesting paper on the above subject before the Berlin Physiological Society a short time ago, to which we are indebted for some interesting observations. Previous investigations had led the author to conclude that fat-acids play the same part in preventing the destruction of albumen that fat itself does. It was ascertained that dogs fed with flesh and fat preserved their nitrogen and body weight in an exactly similar manner when, in place of fat, for weeks together, only the acids of it were given; that the resorption of fat-acids in the intestinal tract was almost as complete as that of fat itself; that, finally, after feeding with fat-acids exclusively, the fatty substances contained in the chyle from the thoracic duct consisted in only a small part 5·13 per cent.) of free fat-acids, and 6 to 17 times as much neutral fat, and not more soaps than after exclusive albumen feeding. It follows from this, the fat-acids on their way from the intestinal tract to the thoracic duct, undergo a synthetic change to fat, which must—in case the diet is one of fat-acids exclusively—be brought about by the abstraction of the glycocol necessary to the synthesis, from the organism itself. The author has now succeeded in proving the transformation of fat-acids into fat.

A short time ago, Lebedeff, after feeding dogs for some time with linseed oil and mutton fat—fats that are not naturally present in dogs—proved the presence of these fats in the animals experimented on. If the above named synthesis of fat-acids into fats really takes place in the organism, the author concluded that by feeding dogs with the acids of fats heterogeneous to the organism of dogs such feeding would be followed by the deposit of these fats in their bodies—and this actually took place. After the author had learned from an experiment that the combined fat-acids of mutton fat, although only melting at a temperature of about 50°C., were digested in the intestines of the dog to 8090 per cent., he proceeded to experiment further. A medium sized poodle, 13·8 klgr. in weight, was caused to fast for 19 days, after which, his body weight was reduced 32 per cent., he was then fed for 14 days with a little lean flesh and as much fat-acids from mutton fat as he would consume. In this period he consumed 2,850 grms. of fat-acids, and 3,200 grms. of lean meat, and again increased his body weight by about 17 per cent. The animal was then killed, and exhibited on examination, an extraordinary deposit of fat in the subcutaneous connective tissue; on the intestines; in the liver, muscles, &c. The fat thus obtained, which was of an exquisite whiteness, was easily proved to be neutral mutton fat, to the extent of 96 per cent.

The blood withdrawn from the carotid artery before the animal's death contained only 0·12 per cent. of fat, and the whole of the blood contained only 1·15 grms., a proof that the fat thus formed synthetically—like that taken up from ordinary nourishment—does not remain long in the blood, but is quickly withdrawn into the tissues.

Alleged Malpraxis.

A case was called last week, for trial at Limerick, in which a woman named Hayes sought damages from Dr. de Landre, for alleged negligence, as a surgeon.

On the case having been called on, plaintiff's counsel said that the case was one in which medical expert evidence was necessary to prove the plaintiff's case. They had that moment received two telegrams from their medical man, at Tralee, in which he stated that he refused to attend at the hearing, unless he received twenty guineas, and ten guineas per day during the trial. Under these circumstances his client would withdraw the action.

Counsel for Dr. de Landre refused to the withdrawal of the record. The action was a thorough bogus one from the beginning, and a piece of sheer ingratitude against a professional gentleman of the greatest ability, and the highest repute in the city of Limerick, and one that should never have been brought. He would ask his Lordship, under the 35th Section of the Judicature Act to dismiss the action with costs. When his Lordship dismissed the case accordingly with costs against the plaintiff.

Miss Arabella Kenealy, second daughter of the late Dr. Kenealy, was successful last week at the King and Queen's College of Physicians, coming out first in order of merit over the 50 candidates for the diploma, and of whom two were women.

The highest annual death-rates from diseases of the zymotic class in the large towns last week per 1,000 of their population, were from measles 1·7 in Liverpool, and 4·2 in Newcastle-upon-Tyne; from scarlet fever, 1·6 both in Sheffield and in Leeds; from "fever," 1·6 in Portsmouth; and from diarrhœa, 2·0 in Portmouth, and 2·1 both in Nottingham and in Preston. The 22 deaths from diphtheria included 12 in London, 3 in Leeds, and 2 in Edinburgh. Small-pox caused 3 deaths in Birmingham, and one both in London and in Hull, but none elsewhere.

Professor Schuethauer, of Pesth, reports in the *St. Petersburg Med. Woc.* the post-mortem upon a woman, aged seventy, where no spleen was found. The organ had not been destroyed by disease, but had never been present.

The Home Secretary has consented to receive a joint deputation from the Canterbury, Dover, Maidstone, Eltham, Sheerness, and other boards of guardians, and also representatives appointed by the municipal authorities of the various Kentish towns affected by the withdrawal of the operation of the Contagious Diseases Acts.

The following office-bearers have been elected for the ensuing year in the Durham University Medical Graduates' Association:—President: Dr. Philipson. Vice-Presidents: Drs. L. Armstrong and Travers. Secretaries: Drs. Mears and Milson. Council: Drs. Arnison, Bowman, Drummond, Bedford, Fenwick, Fielden, Goldsmith, Morton Porter, Tyson, W. T. Wilson, Gibb, and W. Robinson.

The seventh anniversary of the Sanitary Institute of Great Britain was held on Thursday last, when Professor Humphry, M.D., F.R.S., who presided, referred in the course of his remarks to the cholera in Egypt, and so far as Europe was concerned he expressed more confidence in sanitary precautions and cleanliness than in quarantines or cordons. In the evening the members of the Institute dined together, under the presidency of Dr. Alfred Carpenter.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Brighton 10; Derby, Halifax 13; Bristol 14; Leicester, Bolton 15; Cardiff, Edinburgh, Wolverhampton, Salford, Sunderland, Norwich 16; Hull, Bradford, Nottingham, Plymouth, Birkenhead, Blackburn 17; Portsmouth 18; Manchester, Sheffield, Birmingham, Huddersfield 19; London Oldham 20; Preston 21; Leeds, Newcastle-on-Tyne 22; Liverpool 23; Glasgow 28.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Madras 33, Paris 24, Geneva 19, Brussels 25, Amsterdam 23, Rotterdam 21, The Hague 24, Copenhagen 20, Stockholm 22, Christiania 13, St. Petersburg 30, Berlin 40, Hamburg 26, Dresden 25, Breslau 31, Munich 34, Vienna 26, Prague 39, Buda-Pesth 35, Rome 20, Turin 22, Venice 24, Lisbon 26, New York 25, Brooklyn 18, Philadelphia 22, Baltimore 16.

Dr. Stumpf (*Archiv. f. Klin. Medicin.*) has made some interesting experiments on the influence of certain medicines upon the secretion of milk. Small doses of potassium iodide administered to a goat doubled the fatty matter and increased the sugar in her milk, the albumenoids and salts remaining unchanged. Lead slightly increased total solids and albumenoids, but diminished fatty matter. Morphine produced no perceptible change. Alcohol—whether pure, diluted with water, or in the form of beer—increased sugar and fatty matter, decreasing the specific gravity, and leaving the quantity unaffected.

Scotland.

[From our Northern Correspondents.]

The College of Physicians of Edinburgh and the Membership.—At the late examination for the membership of this College four candidates presented themselves for examination, of whom three failed to satisfy the examiners. We congratulated the College on the step they had taken when they instituted the examination for their membership, and we are glad now to be able to state not only that there is an examination, but that it is conducted in every way to the credit of the College. The diploma will soon be eagerly sought after when it becomes known in the profession that it can be worn with credit and honour by the recipient.

Musselburgh Town Council and their Analyst.—The Musselburgh Town Council, finding that some unpleasant revelations have followed the appointment of Mr. Falconer King as analyst, have tried to get rid of their troublesome Mentor, and for this purpose appealed to the Home Secretary to remove him. The appeal was of course refused, as Mr. King's only fault appeared to be the correctness of his reports. The Town Council have tried their last shaft, and have reduced the salary from £15 to £1 1s. 0d. per annum, to be paid quarterly. We believe that Mr. King intends to try the legality of the Council in reducing his salary, and we wish him all success. The case shows how necessary it is to protect public servants in the execution of their duty from the power of men of the stamp which too frequently composes our Local Authorities.

Aberdeen University Court.—At a special meeting of the University Court last week a petition was presented from Dr. Francis Ogston, sen., in which he formally tendered resignation of the Chair of Medical Jurisprudence. Dr. Ogston urged the acceptance of his resignation on the ground of his advanced age. The petition stated that Dr. Ogston was in his 80th year, that he had taught medical jurisprudence as a lecturer, and as a professor in addition, for a period of 44 years. The members of the Court united in paying a very high compliment to the ability with which their venerable colleague had discharged his duties, and resolved to recommend the Privy Council to grant him a retiring allowance. There are eight candidates for the office, viz.:—Dr. Robert Beveridge, Aberdeen; Dr. Angus Fraser, Aberdeen; Dr. John Urquhart, Aberdeen; Dr. William Garden, Aberdeen; Dr. Simpson, Medical Officer for Aberdeen; Dr. Frank Ogston, Aberdeen, a son of the retired Professor; Dr. Matthew Hay, Assistant to the Professor of Materia Medica, Edinburgh; Dr. Aubrey Husband, Lecturer on Medical Jurisprudence, Edinburgh. The election will take place in August, soon after the meeting of the Privy Council, before the prorogation of Parliament.

Melancholy Death of Dr. Robertson, of the Aberdeen Royal Infirmary.—A feeling of sadness has been evoked in medical circles in Aberdeenshire and Banffshire by the melancholy death of Dr. Edward Wagstaffe Robertson, at the early age of twenty-eight years. Deceased as a student distinguished himself alike in the Arts curriculum and the medical classes. For a year prior to his graduation he was house-physician in the Aberdeen Royal Infirmary, and after he took his degrees (M.B. and C.M.) he was engaged for about eighteen months as house-surgeon and superintendent of the Infirmary at Elgin. Upon the retirement last year of Dr. Rattray from the medical superintendentship of the Aberdeen Royal Infirmary, Dr. Robertson was chosen to fill the vacant place, and he discharged the duties of the office with great assiduity and ability. Indeed, there is no doubt that his extreme attention and anxiety in fulfilling his functions in the hospital have directly resulted in shortening his days. A nervous affection, induced by overwork, rendered rest imperative, and Dr. Robertson went for a couple of months' holiday among his relatives. His health thus considerably improved, and last week he wrote announcing his intention of returning to his duties at the Infirmary last Saturday. That morning he was accidentally drowned in the river Mersey, near Little Sutton. His death is widely regretted, and keen sympathy is felt for his bereaved relatives.

The Partick Poisoning Case.—With reference to this case, reported in a former impression, we understand the explanation to be as follows:—Some eighteen months ago the Partick retail druggist ordered from a wholesale house *tinct. acteæ rasemosæ*, which was supplied as such, being in due course put into the special bottle for this preparation. It would seem that this preparation is not frequently prescribed. The medical practitioner prescribed acteæ rasemosæ tincture, which was accurately enough dispensed by the assistant, the contents of the bottle being assumed to be the drug in question. Subsequent inquiry, however, revealed the startling fact that the contents of the bottle were *tincture of aconite.* Should the retail druggist be able to prove this, it is clear that no blame whatever can attach either to him or his assistant. He will doubtless find it difficult, however, after so long an interval, to shift the responsibility.

Glasgow Death-Rate.—For the week ending with Saturday, the 7th inst., the death-rate of Glasgow was 28 per 1,000 of the population. This is the same as in the previous week, the figure for the corresponding weeks of 1882, 1881, and 1880 being 22, 23, and 27 respectively.

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 7th inst., was 70, and the death-rate 16 per 1,000. Diseases of the chest accounted for 36 deaths, and zymotic causes for 4, of which 1 was due to fever, 1 to diphtheria, and 1 to measles, the intimations of these diseases for the week being 6, 1, and 76.

Proposed Cottage Hospital for Hawick.—For some time arrangements have been in progress for the establishment of an hospital and dispensary in Hawick, and there are now signs that the object of the promoters will be attained. A year ago a number of gentlemen formed themselves into a committee for the purpose of collecting money, and to carry on the work. That committee has been signally successful, and there is now in hand a substantial endowment fund. Ladies in town and district are at present organising a "Fancy Fayre," which is expected to eclipse all similar exhibitions hitherto held on the Borders, and which will be opened in August by the Countess of Dalkeith. By this it is hoped the fund will be largely increased, and building operations will be immediately commenced.

Correspondence.

"SHIP SURGEONS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Perhaps you will allow me to make a few observations on the above *questio vexata.*

I have had some experience ashore among that class from whom emigrants are drawn, and I have had also a little experience as to their treatment on board an Atlantic liner. From that experience I can say honestly that the emigrants on board ships belonging to the line I sailed on are treated infinitely better than they would be at home—that they are better fed and cared for in illness than they would be in either England or Ireland, in the station of life to which they generally belong. I fail to see the hardships of ship surgeons as compared with their brethren in Her Majesty's service, or in the Poor-law service. For my part I think a surgeon who is what he ought to be is treated with every consideration. I found no difficulty in obtaining anything I wanted for sick emigrants, beef tea, arrowroot, chicken, wine, &c.

I think what is really wanted to make the surgeoncies what they ought to be is to make it a *sine quâ non* that no person should be allowed to take charge of an ocean steamer who was not fully qualified, and who had not been in practice for at least five years; that surgeons should get an increase of say two shillings and sixpence a day for every five years' service; and a pension after twenty years' service.

I am, &c.,

WILLIAM DONOVAN, L.R.C.P., L.R.C.S. Ed.,
Medical Officer of Health, &c.; sometime Surgeon Cunard Service.

Whitwick, Leicester, June 30, 1883.

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FOREIGN DEGREES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should be glad if Dr. Hardwicke would answer the following questions:—

1. Are the examinations at the different foreign universities conducted in English, or the language of the country?
2. Do these universities insist upon a year's, or more, residence and attendance upon certain courses of lectures?
3. Do the degrees conferred upon Englishmen, or other foreigners to the country in which the university is situated, give such graduates equal rights and privileges to practise in such countries as are enjoyed by the native graduates?
4. If the examinations are "thorough" and *bonâ fide*, why should Englishmen go abroad for a degree which they might just as easily obtain at home?

Home graduates have every right to be protected against the injustice of having men entitled to register degrees which are not really the equivalent of those they hold. It is essential that satisfactory guarantees should be given, in the case of foreign degrees, that to obtain them, the same difficulties should be encountered as in our home universities. Once allow them to be registered, and one may safely predict that the degree would be alone put forward, and no stress be laid on the place it was taken at. The British public are not very discriminating. To them all M.D.'s are alike. Some foreign degrees are, when taken on the same footing by Englishmen as by natives, quite up to the very highest standard, but to obtain them, an intimate knowledge of the language, attendance upon so many courses of lectures, and to pass the examination in the language of the country, are necessary. But this has not been the case with all the men who boast a foreign degree. Excuse my troubling, and allow me to thank you for your "carefulness, and I think very clear perception," in dealing with the merits of Dr. Hardwicke's claims. I hope no rash step may be taken by those in authority in this question. No one will call in question the merits of a degree from one of the old-established foreign universities, where *thorough* merit is insisted upon in the candidate, and the degree conferred carries with it all the privileges enjoyed by a native; but the assurance that such is the case is essential.

I am, &c.,

AN INQUIRER.

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ESPRIT DE CORPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I request you will insert in the next publication of your paper the following statement:—

I resigned the appointment of surgeon and agent to the Admiralty 20 years since, as on being appointed thereto, after the demise of the late agent, I considered it derogatory to my profession to retain it at the small fee of 2s. 6d. per visit; and on representing my reason for so doing to the late Admiral, then Captain De Courcy, I was at once installed at a respectable remuneration, and continued to act unmolested as medical attendant on the Coastguard and naval patients, with the unqualified approval of all parties, until Dr. —— applied for the office at the rate on which I had previously declined to act, viz., 2s, 6d. ! ! Alas, for the honour of our noble profession! Well may we exclaim, "What a falling off!" and what a cheerless presage for the hard-worked, respectable doctor who tries to uphold his position as he considers it his *sworn duty to do.*

Yours, &c.,

Belmullet, July, 1883. JAMES MULLANY.

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SEA SICKNESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In another medical journal I have read with amusement the experience of a brother practitioner, evidently in charge of emigrants—the various treatments he observed by sea-sick people from oranges, lemons, champagne, creasote, soda, Worcester sauce, hydrocyanic acid, bromides, up to curry, and, no doubt, a host of other infallible remedies so-called, and all evidently of no use. The sufferers, when they get, as a nautical phrase describes, their sea legs, all is well. As an old wide-world traveller in her Majesty's military medical service, I learnt experience on the point of sea-sickness, and observed "the simplicity of the laws of nature"—"the causes" in various illnesses; sea-sickness one. I have recommended many for years past the following:—When you feel the motion of the ship, and depressed nausea follows, take a tumblerful of tepid fresh water, gulp it down at the hands of the steward on board. Very shortly the stomach will retch and vomit the water; relief follows; and in half an-hour take a tumbler of cold fresh water; the stomach remains quiet. Without going into the medico-scientific reason of this treatment, which must be apparent to medical men, and without writing a pamphlet on it, results are true as I write. A few years ago, crossing from Jersey in a Channel steamer, I induced several passengers to adopt my wishes on leaving Jersey, and the thanks I received on entering the Southampton water were appreciated by me, as I acted most disinterestedly for sick passengers. I was asked by many gentlemen for my card, but I refused, not naming even my profession. One gentleman, with his wife and daughters, insisted on my card; I gave it. Shortly afterwards a diamond ring, worth at least fifty guineas, reached me as a slight token of gratitude. Let other sea-sick passengers follow my plan of treatment, and they will thank an unknown friend in their hearts.

I am, Sir, yours, &c.,

A MILITARY PHYSICIAN (retired),

London, July 16th, 1883. M.D., M.R.C.P. London.

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Literature.

INSANITY: ITS CAUSES, PREVENTION, AND TREATMENT. (a)

THE apology offered by the author for the publication of this short study of a great subject is that it deals with matter of surpassing interest, inasmuch as mental maladies may, at any time, attack our nearest and dearest relations. But such an apology for a medical work can only be accepted when some new light is to be thrown on the absorbing topic, or when some practical assistance is to be afforded in the treatment or prevention of the maladies which threaten our domestic peace. And in neither of these respects does Mr. Harris's treatise on insanity justify its existence. It does not in any way advance the pathology of the brain and nervous system; it introduces no instructive novelties in the arrangement of ascertained facts, and it has no new word to say on the prophylaxis of mental disorders or the management of the insane. There is, indeed, some difficulty in understanding to what kind of audience this treatise is addressed. It is so sketchy and superficial that it cannot be seriously intended for medical men who have in their hands the standard textbooks on mental medicine, and have access to the copious literature of the subject, and it is impossible to believe that it is meant for the general public, as it contains disquisitions on the uses and modes of administration of chloral, Indian hemp, digitalis, nitrate of silver, liquor hydrargyri, bichloridi, and other dangerous drugs which ought only to be employed by a medical man, and directions for artificial alimentation by the mouth, nose, and other processes, which no one save a medical man ought ever to attempt. The little book fills up no gap, supplies no want, and opens up no new ground, and we can only suppose that Mr. Harris has arisen from a diligent study of that special branch of medical practice to which he is devoting himself so brimful of knowledge that an overflow was inevitable, an overflow the result of which is now before us. But overflows are generally wasteful; and we cannot say that this one is any exception to the rule. When Mr. Harris has studied his subject still more deeply, he will perhaps see reason to modify some of the opinions which he now so confidently expresses on questions on which some of the ablest and most experienced men in his department hesitate to pronounce judgment. He possesses zeal in his calling, and a vigorous style of expressing his ideas, and if he will shun speculation and platitudes, and devote himself to the patient and precise study of disease, he will produce work that will secure a more favourable reception than is likely to be accorded to his thin and pretentious booklet on insanity.

(a) "Insanity: its Causes, Prevention, and Treatment." By William Harris, M.R.C.P., M.R.C.S., and L.S.A. London: Wyman and Sons. 1882. Pp. 90.

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THE SURGICAL KNIGHTHOOD FOR IRELAND.

We understand that an informal meeting of the profession was held on Monday afternoon in Dublin—time not permitting to summon the profession to a formal consideration of the matter—for the purpose of considering the proposition to grant knighthood as a recognition of the status of the surgical profession in Ireland. The chair was occupied by the President of the College of Physicians, and the meeting was attended by many of the leaders of the profession, including the President of the Irish Medical Association. A memorial to His Excellency Earl Spencer was adopted, setting forth that the grant of knighthood as a recognition of the status of Medicine and Surgery in Ireland was without precedent, and inconsistent with the dignity of the profession. It was resolved that a deputation consisting of the Presidents and Vice-Presidents of the Colleges, and of the Irish Medical Association, together with such signatories of the memorial as might be able to attend, should wait upon the Under-Secretary on Tuesday, for the purpose of presenting the memorial for the consideration of the Lord Lieutenant, and urging its prayer upon the attention of the Government.

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THE MEDICAL ACTS AMENDMENT BILL.

On Monday last Mr. Mundella received a deputation, introduced by Mr. Hopwood, M.P., in opposition to the Medical Acts Amendment Bill.—Dr. J. Rogers said the deputation asked for an amendment of the Bill, so that the general practitioners throughout the country might be directly represented on the various professional educational boards; and that unregistered persons should not be allowed to practise.—Mr. Nelson Hardy said that he had examined every Medical Bill since 1870, and this one was the worst of any.—Mr. Mundella: You are the first person who ever said so.—Dr. Alfred Carpenter said that the profession had no voice in the management of the bodies to which they belonged in the new Bill.—Mr. Mundella said that, in future, there would be a representation; from John O'Groat's to the Land's End, the most important members of the profession had expressed their favourable opinion of the Bill. As to unregistered persons practising, the same restrictions against them, as now, would be continued. There had been in the past too many examining bodies, and the Bill provided for a uniform test for the education of men for the medical profession.

Whilst congratulating Mr. Mundella on his reply to Mr. Nelson Hardy's dictatorial presumption, we trust that the rumours which reach us of compromises to stave off opposition in other quarters are unfounded. We have pointed out from time to time a few of the amendments which would render the Bill acceptable to the great bulk of the profession, and these being granted, we hope with Mr. Mundella that the Bill will pass, notwithstanding Mr. Nelson Hardy's opinion that it is "the worst of any."

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Medico-Parliamentary.

HOUSE OF COMMONS.—Friday, July 13th.

MEDICAL PRACTICE IN THE ST. PANCRAS WORKHOUSE.

Mr. Hopwood asked the President of the Local Government Board whether his attention had been called to the statements of Mr. Walter Dunlop, medical officer of St. Pancras Workhouse, that "the inmates numbered about 2,000. He had to see every person on admission, and visit about 1,000 of them daily;" whether this gentleman is the same who asserted that he had vaccinated about 1,500 mothers within a few hours after their delivery; whether such numerous and responsible duties could be performed with sufficient care by one man; and whether he had yet expressed, or intended to express, his sanction of the vaccination of women in workhouses within a few hours after their delivery.

Mr. G. Russell said the Local Government Board had communicated with Mr. Dunlop, who had informed them that at a recent inquest he stated that the inmates of the workhouse numbered nearly 2,000; that he was medically responsible for 1,000 inmates, which included those in the sick, infirm, insane, lying-in, and nursery wards, which, with the exception of the lying-in ward, were visited by him daily. He had vaccinated 1,500 mothers within an early period after their confinement, a period varying from the seventh to the fourteenth day after delivery. All severe cases were relieved, not at the workhouse, but at the infirmary at Highgate, where accommodation was provided for 500 patients. The Board possessed no evidence that the duties were not properly performed. With regard to the last part of the question, he could only say that a similar question was answered on the 11th of last month, the effect of which was that the Local Government Board would be glad to see the risk of vaccination dissociated as far as possible from the necessary risks of confinement.

THE CHOLERA EPIDEMIC.

Lord E. Fitzmaurice stated that, having obtained the valuable advice of Sir Joseph Fayrer, the post of special medical officer to Egypt has been offered and accepted by Surgeon-General William Hunter, F.R.C.P. Honorary Surgeon to her Majesty. He is a gentleman of the greatest Indian experience, and formerly served in the Bombay Presidency in the service of that Government, from which, however, he has now retired. I am quite sure that the House will feel that her Majesty's Government have been fortunate in being able to secure the advice and assistance of a gentleman of his knowledge and experience. Orders have been given by the Minister of the Interiorand General Baker to those under them to facilitate the passage of doctors, provisions, and medicines to all places attacked, and in infected places special service has been organised by the railway administration for Government use.

HOUSE OF COMMONS.—Monday, July 16th.

THE CONTAGIOUS DISEASES ACTS.

Captain Price asked the First Lord of the Treasury whether, after the statement made by the Secretary of State for War, as to the alarming increase in the number of cases of contagious disease in Her Majesty's forces since the abolition of compulsory examination, he still adhered to his intention of endeavouring to pass this Session a Bill for the repeal of the Contagious Diseases Acts.——The Prime Minister in reply said that in the present state of public business he was unable to give a definite answer.

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Notices to Correspondents.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Professor Jonathan Hutchinson's College of Surgeons, "Lectures on Diseases of the Tongue" are unavoidably held over this week; we hope to re-commence the course in our next.

THE TREATMENT OF FRACTURES OF THE PATELLA.

To the Editor of the Medical Press and Circular.

Sir,—Mr. Henry Parson is much too angry to be fair in his brief and artless note which you published this week. Indeed, I feel guilty in having ventured an opinion, so imperiously am I brought to task. Mr. Parson should, however, remember that when he throws the gauntlet of a new appliance he must be prepared, like other men, to submit to criticism, and neither shed tears nor impute motives. Either equally betrays a weakness somewhere. I am ignorant of having "mis-stated facts," and innocent of comparing Mr. Parson to a "sea captain;" but if, on the ambiguity of my phraseology, I have conveyed to him the impression of a "violent attack," I beg to express my contrition.

In my ignorance I had supposed, and hypothesis acts as a red rag to Mr. Parson, that "movement of knee" involved the upper fragment of the broken patella. I shall never make so rash a statement again. For such blunders, Mr. Parson tells me to "master the subject," and to re-read his article. I have done so, and, I say it in faltering accents, the more I read it the less I understand it. Mr. Parson says he never heard of me before: I am sorry to have to confess my ignorance of him; but, thanks, Mr. Editor, to your courtesy, we have both emerged from obscurity, and I pray that under the shadow of your wing we shall never have occasion to return to it.

Yours, &c.,

Liverpool, July 13. Robert Jones.

[*** This correspondence must now close.—Ed.]

J. D.—There is no book on Irish Poor-law medical law. The laws themselves can be found in the Irish Medical Directory, and in the official Dispensary Regulations, which will also be found in its pages. We shall be glad to answer any special question you put to us.

Dr. Kelly (Rotherhithe).—Your *erratum* did not reach us until after the journal was printed; the correction, however, was immaterial, and in no way alters the sense of the paragraph.

Dr. Gaston (San Paulo, Brazil) is thanked for his communication. If he will kindly forward the *Medical Reporter* of November 4th for reference, we shall be in a position to carry out his suggestion if deemed desirable.

Mr. McGeorge (Liverpool) is thanked for his offer, but our arrangements are already completed for the annual meeting.

THE POLITICAL WEAKNESS OF DOCTORS.

To the Editor of the Medical Press and Circular.

Sir,—Your annotation under the above heading (*Medical Press*, July 11th) is so timely and truthful that, did time and means permit, I would have some twenty thousand copies printed and posted to the profession throughout the United Kingdom. Heaven helps those who help themselves is a threadbare saying; and the profession of medicine neither will nor can expect any help from Parliament or the public till it takes to heart the story of Hercules and the waggoner. Both within Parliament and without, the country is so thoroughly drugged with law and lawyers that doctors and physic are ignored, and if a stray doctor arrives at Westminster we never hear of him there as a medical reformer. Within the last fifteen years Ireland has returned a few medical men to Parliament, England has sent two, and Scotland two, "but what are they among so many" representatives of law? And even these few are found quietly to subside into inaction or to league themselves with this or that party and lose their own identity, and the chances of benefiting the profession to boot. The Northumberland miners are more alive as to their wants. They pay their representative; and occasionally, when the particular interests of labour are not concerned, the member for Morpeth, with a strange idea of the views he professes, indulges his constituents with an occasional onslaught on labourers of another class—I mean the medical profession; *vide* his attack about three years ago in the House, his aider and abettor being a barrister. However humiliating the confession, doctors are *de trop* in these countries as politicians. I have a personal acquaintanceship of more than twenty years with a retired practitioner, a gentleman of eminent and multiform talents and attainments, and almost a centenarian in years, who bears a name well known as that of an orator and patriot; and if questioned, this gentleman will confirm my statement that doctors as politicians are nowhere. In France they manage these things differently. Doctors there take their places as legislators along with lawyers and clerics. But whether their country's good or their personal good is the driving power which urges them deponent sayeth not. Sir, in conclusion, permit me to say that, until some *esprit de corps* is created and fostered in our ranks, the profession will remain, as at present, the football of every politician, lawyer, publican, and pitman in the land.

Yours, &c.,

July 13, 1883. Pauvre Docteur.

Dr. Allen (New Orleans).—We do not remember the circumstance to which you refer. Thanks for your promise.

Mr. Makuna (Melksham).—We will look through the paper and give an answer in our next.

DISPENSARY TICKETS.

Granulation asks: 1. Is it necessary to send the minutes of a Dispensary Committee meeting for cancelling red tickets before the Board of Guardians, and if the medical officer of a district can legally sue for fees until the ruling of the Dispensary Committee is ratified by the Board of Guardians? 2. What fees, if any, is a doctor entitled to who is called to certify to the condition of a lunatic, the lunatic being in said doctor's district, but being compelled, in order to meet two magistrates, to go into a neighbouring district? In case the magistrates refuse to sign the necessary certificate for payment from Guardians, what course is open to the aggrieved medical man?

[1. Certainly not; the Guardians have nothing to say to the matter, and the medical officer can sue on a cancelled ticket with or without their assent. 2. By Sec. 10 of Lunacy Regulation Act, the magistrates are obliged to call in "the medical officer, or, if there be more than one, the nearest available medical officer of the dispensary district *in which they shall be at the time*." The medical officer of the district in which the patient resides only comes before the magistrates in case the local doctor is not to be had. In such case only can he receive a fee, and if the magistrates refuse to certify, the medical officer cannot recover his fee under any circumstances.—Ed.]

A New Licentiate.—We are unable to express any view on the matter.

SECRET DRINKING.

To the Editor of the Medical Press and Circular.

Sir,—In your impression of the 11th inst. a correspondent asks if the grocer's wine and spirit licence has anything to do with it. Indirectly it has, as the grocer sells spirits, &c.; but the publican has his private door to sell "tea and coffee;" and I know, for a fact, that several women go into the tea and coffee department, in the private room, at taverns, to get what?—brandy and soda, and gin and bitters, which they drink there on the spot, as they only go in "of course" to buy tea or coffee, which the publican obligingly keeps for them. It looks respectable, that department outside; and there is this to be said in favour of the grocer, that his licence does not permit the consumption of intoxicants on the premises. Once let a woman crave drink, she is incorrigible after; there is no sliding scale. Either good or fearfully bad is woman.

Yours, &c.,

One who knows by Experience and Knowledge.

July 13, 1883.

Vacancies.

Birmingham Children's Hospital.—Assistant Resident Medical Officer Salary, £40, with board. Applications to the Secretary by the 30th inst.

Downpatrick Lunatic Asylum.—Assistant Resident Medical Officer. Salary, £100, with apartments, rations, &c. Election, August 4th. (See Advt.)

Enniscorthy District Lunatic Asylum.—Medical Superintendent. Particulars as to duties and emoluments obtainable at Dublin Castle. (See Advt.)

Middlesex County Asylum.—Assistant Medical Officer to the Male Department, Colney Hatch. Salary commencing at £150, with board. Printed forms of application will be supplied on request.

Royal Free Hospital, London.—Junior Resident Medical Officer. Board and residence provided, but no salary. Applications to the Secretary by the 25th inst. (See Advt.)

Appointments.

Brady, J. B. J., L.K.Q.C.P.I., L.R.C.S.I., Honorary Medical Officer to the North Dispensary, Liverpool.

Bryan, F. C., M.R.C.S., Medical Officer for the Third District and Workhouse of the East Preston Union.

Butcher, J. O., a House Surgeon to the Dental Hospital of London.

Campbell, A., M.B., Examiner in Medicine at the University of Aberdeen.

Collier, W., M.A., M.D. Cantab., M.R.C.S., House Physician to the Wolverhampton and Staffordshire General Hospital.

Cotterill, J. M., M.B., C.M., F.R.C.S.E., Assistant Surgeon to the Royal Infirmary, Edinburgh.

Cripps, C. C., M.B., M.S. Durh., M.R.C.S., House Surgeon to the London Lock Hospital, Male and Out-patient Department.

Davies, T., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Machynlleth District of the Machynlleth Union.

Fagge, C. H., M.D. Lond., M.R.C.S., Physician to the Deaf and Dumb Asylum.

Hawkins, F. H., M.B., Resident Clinical Assistant to the Brompton Hospital for Consumption and Diseases of the Chest.

Heygate, W. N., M.R.C.S., Honorary Medical Officer to the Eastern Dispensary, Bath.

Jones, O. C., B.M. Oxon., House Physician to the London Hospital.

Malet, H. M.D., Medical Officer of Health for the Borough of Wolverhampton.

Wood, W. H., M.R.C.S., Medical Officer for the Nunney District of the Frome Union.

Army Medical Department.—Surgeon-General J. A. Woolfryes, M.D., C.B., C.M.G., has been granted retired pay; Surgeon-General J. E. Clutterbuck. M.D., has been granted retired pay.

Births.

Jack.—July 13, at Powysten, Bournemouth, the wife of Surgeon D. Morton Jack, M.D., I.M.D., of a son.

Marriages.

Auchinleck—Johnston.—July 11, at All Saints' Church, Hugh A. Auchinleck, F.R.C.S.I., York Street, Dublin, to Rhoda Elizabeth, eldest daughter of R. J. Johnston, Esq., Northampton.

Clarke — Taylor. — July 5, at St. Stephen's, East Twickenham, Ernest Clarke, M.B., B.S., of Blackheath, to Kate Litton, second daughter of John Hirst Taylor, Esq., of Cambridge Park, Twickenham.

Deaths.

Cox.—July 9, at Netley, Surgeon Thomas Cox, A.M.D., son of the late Thomas Cox, C.E., of Ardfinan.

Mein.—July 12, at 12 Glencairn Crescent, Edinburgh, Archibald Mein, Esq., M.D.

Peele.—July 13, at Ludlow, Alice Jane, daughter of R. de Courcy Peele, Surgeon-Major (retired) Indian Medical Service, aged 17.

Shanley.—July 9, at Strokestown, co. Roscommon, Michael Shanley, M.D.

Taylor.—July 10, at Albert Place, Warrenpoint, William Taylor, L.R.C.S.I., of Downpatrick, aged 33.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 25, 1883.

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NOTES ON THE HISTORY OF EPIDEMICS OF CHOLERA.

Compiled by Surgeon-General C. A. GORDON, M.C., C.B.,
Honorary Physician to Her Majesty.

(*Continued from page* 45.)

IN 1543 cholera is stated to have been "exported from India."

In 1817 cholera reached Jessore from without. In that year the disease is believed to have "broken out" in remote places at short intervals of time. It travelled down the coast of India, often in opposition to a strong current of wind, but along the track of human intercourse. On that occasion it appears to have been restricted within the limits of India. In 1818 several families were simultaneously attacked; the disease, moreover, spread eastward beyond the limits of India. On other occasions, in that country and elsewhere, th edisease has been restricted within certain limits. It was so in India in 1871; its limitation to certain areas on that occasion, uninfluenced —according to the views of some writers—by facilities of communication between the affected districts and those that remained unaffected. In 1873 the epidemic extended along the Mississippi from New Orleans; it was, however, confined to the valley of that great river, and did not become general.

On other occasions the scourge has extended far and wide. In Europe to latitude 64° north, but apparently not beyond that limit. In America, from Mexico to Canada, the West Indies, and to the interior of the Western Continent.

In 1848, between the months of May and December, the influence of cholera reached from Moscow in long. 37° East to the southern part of the United States of America, in long. 90° West.

In India, the epidemic of one period may not only affect the area of a preceding epidemic, but extend beyond its limits. This happened in respect to the outbreak of 1827 as compared with the outbreak of 1825-6.

It may continue to a certain point, and there cease, without the presence of any particular circumstance capable of explaining why it does so. In 1632 the natives of Goa had a belief—from reports received—that the disease, having extended from India, over Persia, Syria, and Egypt, it disappeared in the African desert. In 1823 the epidemic which reached Russia from Persia died out at Astracan; that of Syria of the same year, died out at Damascus, and neither of them extended to Turkey or to Europe, although intercourse with both countries was unrestricted. In 1829 the epidemic having extended from Bokhara across the steppes of Tartary reached Orenberg, and there "died out." In 1831 the disease ceased to spread in Germany, and France remained unaffected till the following spring.

In 1858 the eastern coast line of Africa was severely visited; the epidemic, however, stopped short at the Zanzibar district, nor did it extend inland.

It has been stated that nowhere has the diffusion of cholera taken place more rapidly than the rate at which communication occurs between different localities. The history of the epidemic of 1832 in Paris, that of Kurrachee in 1846, and others in India and elsewhere, indicate that there are instances in regard to which the theory of diffusion of the disease by means of human intercourse—as far as such intercourse can be traced—fails to explain the occurrence of the epidemic in a particular locality, and its spread beyond it.

Prior to the outbreak of cholera in Paris, as above, that city was in constant communication with Germany, Holland and England, in all of which countries the disease had prevailed for upwards of a year. In the meantime, Paris remained free from cholera until the spring of 1832, when the disease suddenly occurred in that capital, the subjects of its earliest attacks coming from such different parts of the city, and belonging to such different professions that the probability was very remote that personal communication between them had taken place.

Diffusion or spread of cholera does not take place uniformly. When the disease becomes epidemic it seems rather to extend from particular centres, often passing over villages and towns in its apparent line of progress and at times subsequently attacking them. Places affected in one epidemic are on occasions visited by subsequent attacks; at other times they are for longer or shorter periods left exempt.

Isolated outbreaks of cholera may occur in localities far apart, the intervening tracts or districts remaining free from the disease. In 1818, cholera prevailed in Delhi and Meerut, the intermediate towns and villages meantime remaining exempt. On the same occasion the disease was not met with between Nagpore and Baitool, a distance of seventy miles, although it prevailed at both these places. In 1837, isolated outbreaks of cholera occurred in Mexico, in Italy, at Marseilles, Berlin, Prague, Coventry, and on board the *Dreadnought*. In the latter instance, the *Iphigenia*, moored under the stern of the *Dreadnought* remained free from the disease, nor did the disease extend to Greenwich, notwithstanding that both those vessels were moored directly off that place. Shortly afterwards, the disease ceased in Europe, and from 1839 till 1846 that portion of the globe is considered to have continued absolutely free from the disease in epidemic form.

In 1855, the diffusion of cholera in France took place, in some instances along the great thoroughfares and rivers; in other instances in such a way that it was impossible to follow it. The disease sometimes appeared in a particular locality, confining itself to a small number of persons, and then disappearing. In other instances it increased in violence, and spread in different directions from particular points. In India, the epidemic was described as extending over the country, apparently so capriciously that it was declared impossible to say whether it was propagated along the main lines of communication, extended by means of the prevailing winds, or in what way it became diffused.

In 1856, cholera prevailed simultaneously in Northern India, Brazil, Cape de Verd, South of Europe, Russia, and Sweden. In the first named territory it appeared suddenly, and without any visible cause, at several isolated points.

With regard to the epidemic in India, 1861, at one place the disease appeared to proceed along the line of the main road, then it branched off, passed over several villages, and attacked others more distant. In some parts of a particular district the epidemic prevailed with great virulence, at another it was less severe; neither in respect to this occurrence, nor as to villages which escaped, were there any apparent conditions to account for the circumstance. The epidemic suddenly appeared in the Bhurtpore district; from that place it spread north-westward and south-eastward to a certain point in either direction, and there suddenly ceased. It did not attack the troops in the Fort of Lahore until three weeeks after it had became prevalent at Mean Meer, nor when it did attack the former could any communication be traced between them and those in the latter place. "In Northern India the disease seemed to be diffused independently of all discoverable conditions."

In 1865, cholera was diffused over Yemen and Hadramat in Southern Arabia, and the Somali country in East Africa. This outbreak was looked upon as a diffusion of the epidemic which began in the lower provinces of Bengal in 1863, and thence spread over India in 1864-5. On this occasion, the disease was believed by some writers to have been imported by pilgrims into Yemen. In that year, the progress of the disease in various directions from Egypt was as follows, namely: Alexandra, 2nd June; Marseilles, 18th; Malta, 21st; Smyrna, 24th; Constantinople, 28th; Beyrout and Jaffa, 1st July; Cyprus and Ancona, 7th; Valencia and Dardenelles, 8th; Gibraltar, 18th; Damascus and Trebizond, 1st August; Sulina and Kustendji, 2nd; Tultcha, 4th; Novorossiisk, Caucasia, 9th; Podolia and Odessa, 10th; Aleppo, 11th; Palma, 19th; Erzerum, 22nd; Altenburg, Saxony, 27th; Kertch, 29th; Algiers, 4th September; Bagdad and Southampton, 17th; Paris, 18th; near Naples, 28th; near Trieste, 29th; Naples, 6th October; Guadaloupe, 22nd; Taganrog, 28th; Ward's Island, New York, 22nd November.

In 1867, it was considered that cholera was conveyed to Mooltan at a more rapid pace than that of ordinary traffic by pedestrians and bullock carts. On that occasion the disease was considered to have been conveyed the last two hundred miles by means of the railway.

In 1867-8-9, cholera seemed to affect groups of localities in Russia, some conterminous with each other, some isolated.

In 1869, it appeared simultaneously in places at some distance from each other in India, as for example at Jounpore and Goruckpore.

In 1871 the extension of the epidemic to Europe was traced to importation from Asia, yet it was only when the disease began to spread in Russia, that it also extended as an epidemic through Persia and Arabia.

In 1875 the epidemic of that year in India was more diffused than that of 1874 had been. Both of these were very unequally diffused over the different places affected by them, but in the mass the severity of the disease in 1875 was greater than that of 1874. In 1875 the diffusion of the epidemic in Central India was gradual. The places first attacked were along the main lines of communication at considerable distances apart; subsequently villages were attacked in groups.

Cholera has never appeared in America except after Europe had suffered first by it. It has never occurred in the West of Europe unless the Eastern part of the Continent had been previously under its influence, and not in the East unless connected with an outbreak in Turkey, Asia, Arabia, or Persia.

Lastly comes the question—Can the progress of diffusion of epidemic cholera be checked by any means yet discovered? The reply to this query is that once cholera has become developed as such, no human means can stop its progress. There are authors who describe that disease as "preventible." Doubtless there is evidence to support the conclusion that in particular localities, and under particular circumstances, outbreaks of cholera have, to all appearance been so prevented; but, on the other hand, instances are enumerated in these notes of places being left thus exempt by the epidemic without the intervention of any preventive means whatever, and as regards the *general* diffusion of an epidemic, a reply in the affirmative has yet to be given to the question—Can it be checked? This is a melancholy state of things considering all the boasted "triumphs" of sanitation. Unhappily it is true. Such terms as "eradicating," and "stamping out" cholera are merely abstract expressions. We can do neither. But we can be prepared for it in the event of its occurrence. And to this end the best endeavours of the medical profession and of the public ought to be directed. It by no means follows that cholera will reach us; but let us be prepared for such an eventuality.

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ON SOME IMPLICATIONS OF DISSOLUTION OF THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.C.P., F.R.S.,
Physician to the London Hospital, and to the National Hospital or the Epileptic and Paralysed.

(*Continued from page 434, November 22nd, 1882.*

I will here recapitulate what has been illustrated by the hypothetical centre of seven terms. Nervous centres —we consider them as motor only—do not represent muscles but, or except as, movements. Each term or unit of a centre represents a movement of the *whole* region which the centre altogether represents; every unit is the whole centre in miniature—representation of

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[*] I wish to acknowledge a strange blunder. In the foot-note to the title of the last instalment of this paper a correction of part of a previous foot-note on page 413 was made. No correction was needed. The foot-note (page 413) is quite right. For what is called "most voluntary" is rigidly synonymous with "least automatic."

generality. But each unit represents a different movement of the whole region; every unit is the whole centre in different miniature — representation of speciality. Mode of Representation and process of Localisation are only two names for one thing; method of Co-ordination is a third equivalent name. Hence, repeating the foregoing from another standpoint, we say that there is no Localisation in the sense that each unit of the centre represents only a part of the muscular region; each unit represents, or co-ordinates, the whole region. And there is no Localisation in the sense that every unit of the centre represents the whole region similarly; each represents, or co-ordinates, the whole region differently.

From such constitution of the centre it follows that destruction of any part of it produces some paralysis *throughout* the muscular region represented, and yet, from destruction of different parts, there are different kinds of paralysis throughout it; paralysis preponderates in some district of the region according to the particular part of the centre destroyed. The degree of paralysis is proportional to the quantity of the centre—the number of its terms—destroyed; the particular kind of it is according to the particular part—the particular terms—destroyed; total paralysis is loss of all or of most of the terms of the centre. Similarly, *mutatis mutandis*, for convulsion from the opposite kind of lesion (positive, or "discharging," lesion): *for the present we are ignoring secondary discharges* of healthy terms, by those morbidly highly unstable. In saying that each term represents the whole region differently, a gradually increasing difference in representation was assumed, as was imperfectly illustrated in our hypothetical centre. In that centre X is most represented at one extreme, Z most at the other extreme, and Y most in the middle. Hence the progress of paralysis from increasing extent of a negative lesion is a Compound Order, and a compound order of a different kind according to the particular part of the centre in which that lesion begins. There appears more paralysis in the part of the region suffering first, and also greater range of paralysis the more the lesion extends. From increasing extent of a positive lesion there is compound order of spreading of convulsion, and a different order according to the particular part of the centre first affected. There is more spasm of the part first engaged, and greater range of spasm. Here again we neglect secondary discharges. (a)

From such constitution as is ascribed here to centres comes the explanation that a muscular region imperfectly, and yet permanently, paralysed throughout, may be occasionally convulsed throughout. For some term representing the whole region may be destroyed when another representing the whole region is highly unstable. From it, too, we see how compensation results in cases of negative lesions. For, since each term represents the whole region, on loss of, say, one, there is yet representation of the whole region by the six remaining. We see, too, that compensation, sometimes "practically" perfect, can never be absolute, since no two terms represent the whole region in quite the same way. It follows, too, that there are degrees of compensation—from very great to none—according to the extent of the lesion. And, further, we see that, just as paralysis increases in compound order the more extensive the negative lesion, so compensation diminishes in compound order the more extensive the negative lesion.

Next, taking count of secondary discharges, which, so far in this recapitulation, we have ignored, we see how in cases of high instability of parts of centres there are, on their discharge, degrees *of the opposite* of compensation. I mean that whilst, on the one hand, to illustrate, loss of one term of the centre produces comparatively little paralysis throughout the region—there being compensation by the six remaining—on the other hand, excessive discharge of one term may, by its leading to secondary discharges of more or fewer of the other terms, convulse the whole region severely. There is, in the latter case, so to speak, "inverted compensation." In other words, more or fewer of the six terms which will compensate the loss of one may be made, when that one term is highly unstable, to co-operate in an excess.

All these different statements are really, in effect, statements of different aspects of one thing—Dissolution, using that term as the reverse of Evolution. Leaving now for a time our hypothetical centre, we pass on to see how the principles deduced apply to actual cases of disease.

If the last-mentioned two of the dicta—Compensation and its opposite Co-operation in excess—be true in principle, we have in them the solution of the difficulty that (1) whilst destruction of part of the highest motor centres produces little *negative* effect, (2) excessive discharge of such part produces (directly and indirectly) great *positive* effect. For example, a part of the highest motor centres (*a*) may be destroyed without obvious permanent paralysis resulting—many would say without any. I submit that there is universal slight paralysis from such lesions. On the other hand, an excessive discharge (*b*) beginning in a part of these centres, as in cases of epilepsy proper, convulses the whole body severely. There are not the obvious simple opposites—(1) paralysis from negative lesion, and (2) convulsion from positive lesion; but the *double opposites*—(1) *slight* paralysis, some say none, and (2) *severe* convulsion. If there be no paralysis in the former case, the contrast is all the greater. Now, we repeat the foregoing on what we call the double opposites in more detail and with some amendments.

As we said, each term of a centre represents in a different way from every other term of it the muscular region which the centre as a whole represents; each term *is* the whole centre in miniature, but in different miniature. The "region" represented by the highest centres (the climax of nervous Evolution) is the whole body; each of the innumerable terms of these centres, it is supposed, represents the whole organism in a different way from every other of the terms. Epilepsy proper is owing to "discharging lesions" in parts of these centres: we speak at present of severe paroxysms—of *le grand mal*. It is inferred that there are numerous epilepsies ("varieties" of epilepsy proper), as many, at any rate, as there are different "warnings" of what we call *the* paroxysms; for different "warnings" of necessity point to "discharging lesions" differently seated. No one denies that there are varieties of epileptiform seizures; these occur from differently seated "discharging lesions" in the middle motor centres. It would be very remarkable were there not differently seated "discharging lesions" in the highest centres, and hence many different epilepsies. If one patient's epileptic seizures always begin by an epigastric sensation, and another's always by a particular kind of vertigo, the "discharging lesions" must be differently seated in the highest centres in the two cases. We may be as certain of this as that the "discharging lesion" is in different parts of the middle centres in two patients, one of whom epileptiform seizures begin in his foot, and in the other's in his hand. Different epileptiform seizures have their particular places of onset, degrees of involvement of particular parts, and orders of spreading. It is supposed similarly that, in each epilepsy, the severe convulsion, although universal, differs somewhat in its exact onset, degree of involvement of particular parts, and order of spreading from the severe convulsion in any other epilepsy. *Mutatis mutandis*, for the effects of "destructive lesions," it is supposed that there will be different *slight* universal paralyses, according to the particular part of the highest centres destroyed.

(a) With strict accuracy we should say that the paralysis and spasm become gradually more decided over a greater range; the seeming discrepancy comes of the artificiality of the illustration, and allowance made for that, the principle stated holds good. We shall refer to this matter again.

(*a*) It has long been admitted that large parts of the brain may be destroyed without there resulting any striking symptoms. It has been said that there may be no symptoms in such cases. This is untenable unless on the supposition that some parts of the brain are without function, a supposition no one is likely to entertain.

(*b*) I find that the term "discharging lesion" has led to misunderstandings. It has been taken to imply that a pathological product discharges. Possibly such expressions as "discharging lesions *seated*" may lead to this notion; but surely that one is a very innocently transparent figure. I have been supposed to put forward "the theory of discharges" as the pathology of epilepsies, whereas I have expressly repudiated any such application of the theory. The correct statement of my opinions would be that the "theory of discharges" is *not* the pathology of epilepsies. The "discharging lesion" is an hyper-physiological condition of cells. Now, so far from confounding this with any pathological process, I have urged that the two should be most carefully distinguished; only by doing so can we, with clearness, seek the nature of the pathological process leading to the hyper-physiological condition of high instability; the morbidly high instability is one thing; the pathological processes (morbid alterations of nutrition) leading to it are doubtless many. We must have a term which is the opposite of destruction, or destruction of function, of nervous elements. I sometimes use the terms "negative lesion" and "positive lesion;" in one no or little energy is liberable; in the other an abnormally high quantity is occasionally liberated.

As will be seen, we have artificially simplified the subject in several ways, and especially by speaking of but a single centre. The explanations by aid of our hypothetical centre of seven terms are necessarily imperfect. In the just preceding remarks, referring to actual cases of disease, lower centres (middle and lowest) were implied by the term "highest centres." We now take count explicitly of three orders of centres—highest, middle, and lowest.

I have previously stated in this journal what I suppose to be the hierarchy of nervous centres according to the doctrine of Evolution. (*a*) I here re-state it in a better way. This scheme is, not, as I have in some former papers erroneously said, after the morphological divisions, into spinal cord, medulla oblongata, pons varolii, cerebral hemispheres, and cerebellum. It is an anatomical division. By anatomical I mean that it is after the different degree of complexity, &c., of representation *of parts of the body* by different centres. The nervous system is a representing system, and even the centres "for mind" represent parts of the body. The doctrine of Evolution repudiates all schemes which make piebald divisions into Ideational, &c., centres, and sensory and motor centres—all centres are sensory or motor, or both. Nor does it divide motor centres into centres for representation of movements, and centres for co-ordination of movements; the two things—representation and co-ordination—are really one. The whole nervous system is a sensori-motor mechanism, a co-ordinating system from top to bottom. The Evolutionist can take a brutally materialistic view of disease of any part of the nervous system, for the reason that he does *not* take a materialistic view of mind—does not confound nervous states with psychical states. The highest centres are only exceedingly complex, and special sensori-motor nervous arrangements representing, or co-ordinating, in the ways we shortly go on to show, the whole organism. The doctrine of Evolution has nothing whatever to do with the nature of the relation of psychical to the physical states of these centres; it simply affirms concomitance of psychical states with states of these centres. There is not the slightest incongruity in saying that the highest centres are centres co-ordinating impressions and movements, and in saying also that they are the anatomical substrata of psychical states; there would be in saying that activities of the highest centres *are* psychical states.

(*To be continued.*)

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THE TREATMENT OF INEBRIATES.

By JOHN W. MARTIN, M.D., M.Ch.

Sheffield.

The recent establishment of the Dalrymple Home for the cure of inebriates, under the auspices of the Lord Mayor of London, and the forcible article on the same subject, in the Philadelphia *Medical Reporter*, by Dr. Crothers, of Hartford, Connecticut, a well known authority, brings the question again prominently to the notice of the profession.

Dr. Crothers strongly advocates the establishment of places for the restraint, and proper treatment of habitual drunkards; and forcibly points out the inutility of fine, or imprisonment, as a means of restraint, in the case of these unfortunates. Indeed, he gives well marked examples of the pernicious effect of such punishment, in confirming, the hitherto comparatively speaking innocent drunkard, in vicious, and criminal habits. Dr. Crothers rightly views habitual inebriation, as a form of moral insanity, requiring proper scientific medical, and hygienic treatment. The object in view would be to restore both mind and body to a healthy condition. He would place them under a semi-military discipline; have them engaged during the day upon suitable aud remunerative labour, by means of which, the institution might be made self supporting; occupy their leisure hours with lectures, concerts, pleasant or instructive reading according to taste; and finally bring to his aid electricity, Turkish, and other baths, gymnastics, and every means by which new vigour could be imparted to enfeebled bodies, and enfeebled wills. The subject is one, about which the public mind is not as yet sufficiently instructed. It is one, however, that is certain to become in time, one of the leading questions of the day.

To propose a return to the old system of treating those who are mentally afflicted, by chains, handcuffs, and all the other horrors of bye-gone days, would raise a storm of indignant protest, from one end of the land to the other; and yet, the present treatment of inebriates, is, as far as the wisdom of the method concerned, quite on a par with the folly of our forefathers, in their treatment of the insane. The solemn, and indeed, one may also safely term it, wicked farce, of fine or imprisonment, goes on from day to day in our police courts. Men, and women, who, at the outset of their downward course, are covered with shame, when placed in the dock, or, when they find themselves compelled to associate with criminals, become used to the position, lose their remaining sense of self-respect, and rapidly descend, deeper and deeper into the mire of criminal acts, and criminal surroundings, until they become a permanent burthen to the state, as jail birds, or as dependents on workhouses; or they become canker spots for the spread of further evil, either through evil example, or through the still more dangerous influences of heredity, the morbid propensities of the fathers, or mothers, descending to the weak fibred or imperfectly developed child. The statistics given by Dr. Crothers, are most interesting. In 1879 in the State of Massachusetts, seventeen thousand five hundred and seventy inebriates were punished by fine or imprisonment. In New York State, in one year, over fifty thousand convictions for drunkenness were recorded, and so on, in all the cities and states in the Union, in like proportion.

Dr. Crothers says: "Inebriety, pauperism, insanity, and the criminal classes are steadily increasing. The number of commitments for inebriety is also increasing. The demand for jails, almshouses, and insane hospitals is greater now than ever before. Such institutions are crowded. This fact is startling, coming from the statistics of every jail and prison, *that from ninety-eight to one hundred per cent. of all commitments for inebriety the first time, return under similar commitments*, and become repeated until sent either to insane hospitals, or to die in almshouses." The dark colours of this picture require no comment. He goes on to point out the evil effect of imprisonment upon the already enfeebled constitution and will of the drunkard. "Confinement in jails or prisons removes the inebriate from alcohol, *but* places him in surroundings of physical and mental degeneration, from which recovery rarely follows. This is on the same principle, as the removal of typhoid cases to small-pox hospitals, or treating insanity by sending patients to the hall of the Stock Board in Wall Street, New York. Every case of inebriety is suffering from a low form of nerve debility, and general impairment of all the organic

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(*a*) I should say that a very great part of this paper is nothing more than an application of certain of Herbert Spencer's principles, stated in his Psychology, were it not that I dare not risk misleading readers by imputing crudities of my own to this distinguished man.

functions. The brain is starved from defective nutrition, alcohol has broken up the healthy action of the nerve centres, and conditions of profound degeneration of mind and body are present." "Prison diet always leaves a low state of nutrition, and opens the door for many diseases." "Absence of open air, proper exercise, sunlight, &c., all lower the tone and vigour of the organism. The physical influence from the wounded pride merging into despair, and the enforced association with the lowest grades of humanity, leaves an impression more or less permanent." "In jails where inebriates are confined for short terms, the inmates are allowed free intercourse. The results from this contact, are familiarity with the most degrading influences, and the sympathy of a class that are outlaws to all that is good and true." "All medical means, all physical influences, and all help from surroundings and conditions, being wanting, they are replaced by the worst possible combinations of exciting and predisposing causes, forming a low chronic state that is incurable." "From the economic stand-point the penal treatment of inebriates is a most extravagant and vicious system of legislation."

The thoughtful mind finds no difficulty in acknowledging the truth and force of these remarks; the only wonder is that they are not more generally and widely accepted and acted upon. We no longer allow children to sink unaided into the hideous depths of a criminal life; they are committed to reformatories for a certain term of years, removed from those influences by which their characters were becoming warped, and in the end, in the case of a large majority, are turned into honest and law-abiding citizens of the State, a source of strength and revenue, instead of weakness and expense. Surely this question is one far worthier of consideration at the hands of our statesmen and legislators than many of those measures and questions by which their time and attention is at present occupied. It is at least worth careful inquiry at the hands of a Royal Commission, before which evidence could be adduced from—1. The judges, recorders, and magistrates of the land. 2. From chief constables and constabulary authorities, and governors of prisons. 3. From superintendents of the great lunatic asylums. 4. From medical men, clergymen, and others, who from their position might be able to throw light on the subject, as to the effects of habitual drunkenness upon the crime statistics in all its ramifications, and upon the health and well-being of the population at large. Enough, we are satisfied, would be shown to justify the first outlay upon reformatories for the unfortunates who have become the victims to habitual inebriation. Such outlay would be well repaid by the general diminution of crime, and the institutions themselves might be made self-supporting. The order of events might be—1st, a warning; 2nd, a *heavy* fine; 3rd, commitment to a reformatory. In no case should the drunkard be debased by intercourse with the ordinary criminal classes. Their cases should be dealt with separately, and altogether with the object in view of encouragement to reform.

We believe something must be done in another direction as well. Whilst punishing, or, rather, trying to reclaim, the drunkard, we ought to take every means to increase the sense of responsibility on the part of those who supply intoxicating liquors. We know this part of the subject is one surrounded by many and great difficulties. It is repugnant to our feelings to interfere to too great an extent with the liberty of the subject, or to hamper any trade by vexatious restrictions. At the same time, drunkenness is a national evil and a national disgrace when it prevails, and one which ought to be met firmly, both in the case of the individual who has been unfortunate enough to contract the habit, and of the publican, whose interest it is that as much should be sold as possible. It would be an extreme measure, perhaps, and one that at present, at all events, there is no chance of imposing, but one which, were it imposed, would, we are satisfied, prove a very efficient check upon the evil—*i.e., the imposition of a sharp fine for every clear case of drunkenness discovered upon the premises of a publican.* The mere presence of the drunken person should be the offence, not the fact that drink has been served to him.

What the members of the temperance party should aim at is not the suppression of the liquor traffic altogether, since that idea is clearly Utopian, but, on the one hand, so to reform the legal method of dealing with inebriates as to teach them self-restraint and avoidance of their enemy; on the other, to compel the vendors of intoxicating liquors to see that no drunkenness occurs or exists on their premises.

When one reflects that to drunkenness can be clearly traced murder, manslaughter, suicide, savage assaults, accompanied often by the infliction of irreparable injuries, wife desertion and neglect of families, pauperisation, disease both in the individual and in the offspring, and a long train of other attendant evils, the most ardent lover of liberty will hardly quarrel with the most stringent measures that could be adopted to enforce *moderation*. Total abstinence we do not believe can ever be attained, nor do we think it needful. It is more laudable to control the appetite than to deny it altogether.

Clinical Records.

NEWCASTLE-ON-TYNE INFIRMARY.

Case of Double Optic Atrophy with Cerebral Symptoms, the result of gazing at the Sun.

Under the care of DR. DRUMMOND.

K. S., æt. 11, a bright, well-nourished girl, was admitted into the Newcastle Infirmary on April 19, 1883, complaining of dimness of vision and weakness in the legs. Her mother stated that in July, 1881, she first observed a change in the child, who previously had enjoyed good health. It was noticed at school that she no longer learned her lessons in a satisfactory way, for which neglect she was chastised on several occasions. At length it was discovered that her sight was impaired, when it transpired that, two or three weeks previously, on a bright, hot day, she had engaged in a sun-gazing competition with some other children, she being victorious, having looked at the sun for "nearly twenty minutes." The effect of this prolonged exposure of the retinæ to the rays of a mid-summer sun was, as was gathered from the patient's own statement, that she became "stone" blind, and was obliged to grope her way home along the wall. By the end of two days she had partially regained her sight, and by degrees she could distinguish objects, though imperfectly. A month after the sun incident, headache and vomiting were complained of, and then for some weeks "she completely lost her memory." (a) The subsequent history is uneventful. The headache and vomiting continued for some months. A year and a half after the commencement of the illness paresis of the lower extremities made its appearance, which subsequently developed into incomplete paraplegia with a tendency to rigidity. The amaurosis, which had somewhat improved, though the child was all along purblind, became gradually worse up to the date of admission into hospital.

Present condition.—Patient walks with difficulty, the gait being more or less *spastic*. She complains of nothing, as she lies in bed, but dimness of vision; she has not felt the headache for about six months. The left eye is almost completely blind, she can only distinguish light from darkness with it. With the right objects are seen very indistinctly, but fingers held before her face can be counted. Pupils respond to light and efforts of accommodation. The ophthalmoscope shows atrophy of both discs, most advanced in left eye. The reflexes of the lower extremities are those usually found in descending degeneration of the lateral columns, viz., slightly increased plantar reflex, ankle clonus, and increased patellar-tendon jerk.

(a) It is impossible to say distinctly what occurred during these few weeks; though the child's statement suggests an attack of acute meningitis with loss of consciousness, the mother's account fails to support such a view.

Remarks by Dr. Drummond.—In this case the amaurosis seems to be directly the result of over-stimulation of the optic nerves and retinæ. Several examples are on record of cases of optic atrophy following sun-stroke, the atrophy and consequent blindness occurring as the result of meningitis, or cerebral congestion, due to heat. But in the present case it will be noted that the cerebral symptoms only developed about four weeks after the exposure to the sun's rays; and further, on careful inquiry no history of heat-stroke, in the usual acceptation of the term, could be elicited. It is, therefore, probable that swelling of the optic nerves and papillæ was the first feature of the morbid process.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

Malignant Pustule—At the Société de Chirurgie, M. Reclus communicated a case of malignant pustule which healed spontaneously. A young man, whose employment was carrying meat to the hospital, observed a small tumour on the side of his neck. On the third day he had a rigor and felt ill; on the fifth day, when M. Reclus saw him for the first time, an eschar was visible, surrounded with an areola of inflammation and the characteristic ring of vesicles. The ganglions of the neck were also engaged, and the treatment up to that time consisted in simple poultices. The nature of the affection was put beyond all doubt by inoculation. M. Reclus inoculated a serpent with the virus with a positive result. The poultices were continued and the patient got well very rapidly. In conclusion the author said that he was at a loss to explain this cure unless it were that the individual was refractory to the infection of charbon. M. Despres said that he knew of two similar cases, and would not contest the possibility of a spontaneous cure, but, at the same time, there was a doubt in his mind as to the genuineness of the case under consideration. It was remarked that the ganglions at the root of the neck were inflamed, a fact which he never witnessed, although he had seen many cases of charbon. M. Championnière did not consider that the cure was exactly spontaneous, inasmuch as extract of walnut leaves were used. In his mind walnut leaves were a powerful antiseptic, and consequently might have had a good effect on the disease. In any case spontaneous cure was not rare, on the contrary, in Russia it is frequently observed, especially when the pustule is situated elsewhere than on the face. M. Pozzi said he observed two cases himself of spontaneous cure, in one of which he could not find any bacterides. He was inclined to think that they were what he would call benign malign pustules in which these bacterides were absent. Consequently, he thought, that the presence of the micrabe should be considered as a pathological sign of the gravest form.

Treatment of Croup.—M. Jules Simon, of the Hopital des Enfants Malades, treats croup as follows:—As soon as the malady is diagnosed he touches the throat with lemon-juice, or a solution of muriate of iron every two hours. Every three hours he washes the part affected with a solution of borax (two drachms to the ten ounces). At the same time the atmosphere of the room is charged with atomised phenic solution, a stimulant nourishment is given, and three to five drops of tincture of iron administered every three hours. When dyspnœa becomes apparent an emetic is to be given, but if the symptoms are not relieved tracheotomy must be performed without delay. The results of the operation are not, however, very satisfactory, as when the child is under two years a fatal termination is the rule, whereas above that age one out of five recovers. The after treatment consists in placing a piece of tarlatan over the canula, warming the room, and administering beef tea and tincture of iron. The removing and cleaning of the canula should be done by an experienced person, it might be definitely removed after the eighth or tenth day. M. Simon considers that chlorate of potash is of little use in croup.

Department of Lunacy.

THE NEW COMMISSIONER IN LUNACY.

The announcement that Dr. Reginald Southey has been appointed a Commissioner in Lunacy, in succession to Dr. Nairne, resigned, cannot be received with unmixed satisfaction by those who have at heart the interests of the insane and of that special branch of the medical profession engaged in lunacy practice. Dr. Southey is an able and sound physician, who has had large experience while on the staff of one of our great metropolitan hospitals, and who has given evidence by his writings and lectures of an intimate and practical acquaintance with pathology and medicine. He will unquestionably bring to the high office for which the Lord Chancellor has selected him, an intellect trained in scientific pursuits, a mature knowledge of men and affairs, and a distinguished professional reputation. And yet, in spite of these excellent qualifications, it may be doubted whether he is well-fitted for that office, for he lacks that special knowledge of mental disease which is, in our judgment, an indispensable requisite in a medical commissioner in lunacy. It was hoped that the storm of disapprobation which was raised some twenty years ago by the appointment of Dr. Nairne, whom Dr. Southey has succeeded, and who was like him a London hospital physician without lunacy experience, would have prevented the repetition of such a mistake, and general regret must be felt that the plain principle which should regulate such public appointments should have been again disregarded. That principle we take to be, that the person appointed should have a special aptitude for the work which he is to undertake, and such an acquaintance with it that he shall not have, while in office, laboriously to acquire its rudimentary conditions. Insanity is a generally-recognised and well-defined branch of medical practice. By the unique symptoms which characterise it, the legal disabilities which it involves, and the peculiar methods of treatment which it requires, it is separated from general medicine; and so varied and complex are its phenomena, that it demands the undivided study and attention of any professional man who pretends to deal with it. This is all but universally recognised. General practitioners invariably and gladly avail themselves of special aid when a case of insanity occurs in their practice, and general physicians do the same thing, pointing out, in any case of mental disease that may be brought to them, that it lies beyond their proper province and that the skill and insight of a trained specialist are necessary for its successful conduct. We fancy that Dr. Southey himself would have declined a month ago to undertake the responsibility of a case of acute suicidal mania taken to his consulting-room as unhesitatingly as he would have refused to operate in a case of cataract, or to give a diagnosis in a case of uterine tumour. And yet the physician who would have shrunk from the care of one case is now called on to deal with thousands, and to supervise a body of professional men whose knowledge of insanity must far transcend his own. It is impossible for anyone under such circumstances to act with perfect calmness, confidence, and judgment; and it might well be argued that public security is put in some jeopardy while the new Commissioner is learning his duty. It seems to us of paramount importance that a Commissioner in Lunacy should have a thoroughly practical acquaintance with mental disease and lunatic hospital administration, so that he may be prepared to decide difficult questions of sanity or insanity, and command the respect of lunatic asylum officers of every grade. The Board of Commissioners in Lunacy is not too strong as at present constistuted. Care should have been taken, on the occasion of Dr. Nairne's retirement, to fortify it by the appointment of some one whose competency would have been at once acknowledged in every asylum in the country. The names of several gentlemen engaged in lunacy practice might at once be mentioned who possess all the qualifications necessary for a Commissioner in Lunacy, and who would have obtained at once in office that deference and obedience which never fail to wait on knowledge and ability when placed in power, but which are slowly and grudgingly accorded even to the highest ability when not combined with experience. Not the least cogent objection to Dr. Southey's appointment is that he has been introduced at a high point into a special service, and has been promoted to a position of dignity and emolument, over the heads of those who have been toiling for years in this department, and have looked perhaps to the position which he now occupies as a possible reward of their labours. The prizes of lunacy practice are few and meagre, but such as they are they should be reserved for those who have fairly earned them by conspicuous ability and long devotion to duty. If this be not done, but if the highest appointments be given to outsiders who have not borne the heat and burden of the day, then lunatic asylum service will fall in professional estimation and cease to be attractive to young men of the highest talent and promise, much to the detriment of the insane, who must always be in a large measure dependent for their comfort and welfare on the character and standing of the medical officers of the asylums in which they are confined.

The staple argument in favour of the appointment of a general physician as a Commissioner in Lunacy is that he brings to his work a free and open mind, without any of that bias which special study is supposed to produce. But it is forgotten when this argument is urged that the ingenuousness and absence of prepossession which are desired are already secured to the Board of Lunacy in a bounteous degree in the persons of the barrister Commissioners, who are free not only from special but from medical bias. The visitations of the Commissioners are carried out by a barrister and doctor together, and it seems only reasonable to ask that, as ignorance of insanity and common sense are represented by the one, technical knowledge and skilled insight should be represented by the other. There are only three medical Commissioners, and each of them ought to be familiar with that group of diseases which supplies them with all their official work. Lord Shaftesbury has conferred great benefits on his countrymen, but he is the author of one dictum which has already done some mischief, and which is perhaps destined still to work evil. He it was who said that insanity is a fact about which any ordinary man is quite as well able to judge as any medical man. Insanity is certainly a fact, but it is a fact just in the same sense that cancer of the stomach or pernicious anæmia is a fact; and the opinion of an ordinary man in a case of insanity is just as valuable as it is in cases of these occult diseases. Carried out to its legitimate conclusion, Lord Shaftesbury's view would lead us to dispense with medical certificates in cases of insanity, and to substitute lay-men for medical men as the governors of lunatic hospitals. But his Lordship is not prepared for all this, and the Board over which he so ably and disinterestedly presides not only systematically recognises insanity as essentially a medical question, but as essentially a specialistic medical question. It would not sanction nor approve of the appointment of any one as medical superintendent of the smallest lunatic asylum in the country who had not had special training in the treatment of insanity and asylum management. Why, then, it may be asked, should it be less rigourous and exacting as regards the qualifications of its own members? Why should it, without protest, receive as a Commissioner one who, however able and accomplished he may be, has had no special training of any kind? That Dr. Southey will prove an useful, dignified and urbane Commissioner we have no manner of doubt; but his appointment is one which calls for criticism, and that will not we trust be converted into a precedent. When an alteration in the law takes place, it is to be hoped that the number of barrister Commissioners will be reduced, and a substantial addition made to the number of medical Commissioners, upon whom the heaviest part of the work of the Board must always fall.

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HONOURS TO DISTINGUISHED OFFICERS OF THE ARMY MEDICAL DEPARTMENT.

ON Thursday last the President (Mr. J. W. Wheeler) and Council of the Royal College of Surgeons of Ireland assembled in the Boardroom of the College for the purpose of conferring on Surgeon-General Crawford, Director-General of the Army Medical Department, and on Surgeon-General Sir James Hanbury, K.C.B., Honorary Fellowships of the College, in recognition of their distinguished careers, especially in connection with their services in the Egyptian and other wars. There was a large and enthusiastic gathering, the President, the Members of the Council, and the Examiners of the College wearing their robes; and the members of the Army Medical Department appeared in the uniform of their respective grades in the service.

Dr. Mapother, having introduced Surgeon-General Crawford to the President,

The President said: Surgeon-General Crawford, Director-General of the Army Medical Department, the pleasing duty devolves upon me, as President of this College, of conferring on you its highest degree, the Hon. Fellowship. This pleasure, Sir, is greatly increased by the fact that I am about to confer this distinction on the head of a department I once had the honour to belong to. (Applause.) There are two classes of persons upon whom the Royal College of Surgeons in Ireland confers its Hon. Fellowship—one, medical scientists, men who have devoted their talents to science alone, without, perchance, themselves obtaining any practical results. The other class, under which you, Sir, come, are those who from scientific knowledge and research produce practical results in surgery. Sir, this College is peculiarly jealous of its highest degree, the Honorary Fellowship, and on no one is this distinction conferred until his claims for such distinction have been deliberately, carefully, and well considered. We have, Sir, followed your brilliant career from the time you entered her Majesty's service. (Applause.) We are aware of your services in the Burmese War. We know how you performed your arduous duties at the storming and capture of Rangoon and Whitehouse redoubt; we know that not only in Burmah, but in the Crimean campaign, you were instrumental in saving many valuable lives through your scientific knowledge of surgery and its auxiliary branches. (Applause.) We are cognisant how prominently you were mentioned in despatches in the Afghan campaign, and not alone for your valuable administrative powers. I have read your elaborate reports when principal medical officer to the Southern Indian Field Force in Northern Mahratta. I have read, Sir, in the medical history of the troops who served in Turkey and the Crimea, written by the talented brother of your illustrious representative in Egypt, Sir James Hanbury, your reports on the health of your regiment, the 18th Royal Irish. (Applause.) I have read your successful operations, and seen your statistics. I have read with great interest your estimate of how far sudden change of climate was prejudicial to the various elements of which your regiment was composed. Nor can I omit your contributions on scurvy, diarrhœa, and dysentery; your sanitary and topographical report on Secunderabad, your exhaustive contribution on the examination and physical disabilities of recruits, and your special report on the hospital organisation, sanitation, and medical history of the wars in Afghanistan of 1870-79, '80. And lastly, Sir, we are all aware of the admirable arrangements you made for the sick and wounded in the Egyptian campaign. (Applause.) Sir, I cannot allude to that without expressing great admiration for the perfection of those arrangements, and for the astuteness and sagacity in your selection of those who were to carry out such arrangements and organisation as you conceived to be necessary; and, although it may be expedient to modify in minor details the departmental system which the Director-General has advocated, yet this system could not have worked better than it did in Egypt. Never were the wounded so quickly carried off the field—(applause)—never so promptly attended to, never a war in which men were better medically attended to, never was the mortality so small in any campaign of comparative magnitude. (Applause.) Gentlemen, I could recount example after example where the administrative powers of the Director-General and his scientific knowledge of surgery and its auxiliary branches has prevented the spread of disease, has saved life, has lessened suffering, has mitigated misery; but I feel this is better known than I can express it, and will conclude by saying that the Royal College of Surgeons in Ireland, anxious to confer honour where honour is due, has awarded to the Director-General of the Army Medical Department its highest degree, its Honorary Fellowship. (Applause.)

The President then handed to Surgeon-General Crawford a morocco case, in which the certificate of Honorary Fellowship was enclosed.

The President, addressing Surgeon-General Sir James Hanbury, K.C.B., said: Sir, a similar pleasure is afforded to me, as in the case of the head of your department, of informing you that the Hon. Fellowship is now about to be conferred on you. I need not again refer to those on whom the honour is conferred, but when you see the list, the very limited list, of distinguished names to which list your name will now be appended, you will more fully understand how few obtain this distinction. As in the case of the Director-General, we have followed your career, and appreciate your services. We have evidence of your efficiency when principal medical officer in the Afghan war of 1878, 1879, and 1880. We know of the Bozar Valley expedition, and your march from Cabul to the relief of Candahar, and of the battle on the 1st of September—how excellently you performed your arduous duties, and how deservedly you were mentioned in despatches, and decorated with the Order of Companion of the Bath. (Applause.) As principal medical officer of the Egyptian campaign, we congratulate you warmly for the manner in which you carried out the hospital organisation. We are fully alive to the difficulties that beset you. The way in which you conducted your comprehensive medical work cannot be spoken of too highly. Knowing something of Egypt as I do, where sanitary arrangements are not considered necessary, it cannot but be a matter for universal admiration the rapidity with which you established hospitals in empty buildings, almost pest-houses, where works of drainage and water supply had to be done, and ventilation had to be provided—the Palace Hospital at Ismailia—for although the Khedive's Palace was only handed over on the 22nd of August, and engagements took place on the 24th, 25th, and 28th, yet, on the 25th, the wounded were all in bed, and surgical operations being performed. You established hospitals at Alexandria, Ramleh, Ismailia, the Citadel Hospital at Cairo, and a camp hospital at Ghezireh, also an hospital at Abasseyah Barracks, and another at Kassassin Lock, which received the wounded after the battle of Tel-el-Kebir. The preparations you made for the sick in the various actions fought or anticipated is an additional proof, if such were required, of the wisdom of the Director-General in selecting you for such a duty. (Applause.) Sir, every practical person must look with great satisfaction at the statistics of the campaign, and as there are some here who will be interested with a brief statistical sketch, I will read it as copied from a report of the committee appointed to inquire into army medical organisation:—From the 17th of July, when the first battalions landed at Alexandria, to the 9th of October, the date upon which the force ceased to be considered an army in the field, the average strength of the force, including the Europeans of the Indian Contingent, but not the Royal Marines, is shown to have been 13,013 non-commissioned officers and men; the number of admissions to hospitals were 7,590—viz., 378 wounded in action, 7,212 suffering from disease or injuries; the number of deaths returned is 174—74 died of disease, 5 from accident, and of the remaining 93, 82 were killed in action, and 11 died of their wounds subsequently. The admission rate per 1000 was 582·3, and the death-rate 13·21. The number of men invalided to Malta or England was 2,321. Thus, up to the 19th of October, less than 3 per cent. of the wounded men admitted to hospital died; of the remaining 7,212 admitted to hospital, 74 died of disease. There remained under treatment in the hospitals in Egypt on the above date 1,444. The figures give a death-rate for the whole force of 24·39 per 1,000 per annum. Of the officers 10 were killed in action, 52 were wounded or injured, of whom 2 died. What I have now read is ample proof of the skill and attention of the medical officers. There was no pyæmia, no erysipelas, no hospital gangrene, no case of blindness from ophthalmia. Contrast this with Sir James M'Grigor in 1804, when he describes ophthalmia as a plague, 1,604 men of the regiments suffering from the affection, and the final sending home of 1,000 men blind. Seven men only remaining from ophthalmia, none went blind. (Applause.) This is the practical result which follows the scientific knowledge of surgery and its auxiliary branches. That proves the character of the work done by you. When I read for the first time these statistics and the very small mortality it brought me back to my more youthful and collegiate days, when we were wont to read the Iliad of Homer, and as you will remember, at the siege of Troy, Menalaus was wounded, the brother of Agamemnon, this being a great joy to the Trojans, a great dismay to the Greeks; but Agamemnon, equal to the occasion, calls his herald, and with winged speed sends him for the great surgeon Machaon, to whom Homer ascribes the term excellent, and Machaon having drawn out the arrow from the abdomen of the yellow-haired Menalaus; and in passing I may say that Homer mentions three ways in which the Greeks treated wounds: first, "pulling out," secondly, "cutting out," thirdly, "pushing through;" and now that the black pains of Menalaus have ceased, by reason of the sharp hooks of the arrow being removed, Nestor, Agamemnon, and other noble chieftains being in conclave we find the following remarkable statement made after Machaon himself has been wounded: "A warrior surgeon is equivalent or equal to many ordinary fighting men." These words I consider, Sir, peculiarly fitting and appropriate to you respecting the Egyptian campaign.

Surgeon-General Crawford and Surgeon-General Sir James Hanbury having returned thanks for the honour done them, they signed the Roll of Honorary Fellows, and the proceedings terminated.

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We are asked to announce that H.R.H. the Prince of Wales has consented to become Vice-Patron to the Royal Hospital for Diseases of the Chest, City Road. The receipts of the public festival at which the Prince of Wales presided on the 1st June have reached the sum of £5,082.

The Académie de Médecine has received £25,000f. from a M. and Mme. Victor Saint-Paul, which is to be awarded to any one, no matter of what nationality or profession, who shall discover a cure for diphtheria which the Academy shall recognise as efficacious and certain. Until the prize is actually awarded the Academy will spend the interest by awarding every two years a prize to the investigator whose labours in regard to diphtheria shall seem to deserve it best.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 25, 1883.

PRECAUTIONS AGAINST CHOLERA.

SINCE 1873 until the present occasion Egypt has remained free from cholera. When, therefore, about a month ago the disease made its appearance in Damietta, the question naturally occurs, Was the condition of that place, as regards "sanitation" or otherwise, in any respect worse than it had been during that long period of freedom from that disease? There is no information that such was the case. From Damietta the disease extended along the line of river and railway in one direction; on the other hand, places between which no direct communication of either kind exists have been attacked in succession. Up to the present time the general track of the epidemic has been in one direction only, notwithstanding that means of communication were at the outbreak of the disease quite as great, if not indeed greater, in other directions than in that selected by the malady. But although, up to the present time, cholera seems to be advancing along a line away from Europe, experience of past epidemics supplies many instances in which the disease has "doubled back" upon itself, so to speak; therefore, instead of indulging in prophecies that it will not visit England, the clear duty of all concerned is to prepare for it as if its recurrence in this country were certain. Taking this view of the subject, the Local Government Board has issued a series of instructions, some of which are excellent in themselves at all times, whether cholera is expected or not; but others are no more certain to be carried out now than they were at any time in the past, or to be effectual, even were they carried out, in preventing the occurrence of cholera in particular localities. Numbers of such localities exist; their position is perfectly well known; they have hitherto been "hotbeds" of epidemic diseases of different kinds; and, as in the past, so they may be expected to be while their own physical conditions remain as they are—their population in crowded habitations, poor, badly fed and clothed, drunken in habits, and more or less degraded by crime.

It is no doubt a highly commendable state of things to have good water, good sewers, clean privies, and tidy houses; but how can the great mass of the poor, living under such circumstances as these, be expected to suddenly effect improvements in these respects, the greater number of which are really out of their own keeping? Why is it, also, that if these conditions, as they now exist, are the cause of cholera, that disease has not prevailed in such places for years back? If, as is stated, the cholera of 1866 arose from defective water supply—and there is even now no certainty that in this respect an improvement has taken place, while in the interim cholera has for a number of consecutive years been absent—the fact is obvious that the defect alluded to is of itself insufficient for the causation of cholera.

The purport of the Memorandum by the Local Government Boord is altogether conditional. Thus, according to that document, it is *possible* that cases of cholera may be brought into ports in this country. The measures prescribed by the Board in July, 1873, confer powers so as to prevent as far as *possible* the spread of the disease, in order that local populations may make their self-defence as effective *as they can*. Further instructions are given. Thus, cholera is a *little* contagious, in the sense that small-pox and scarlatina are contagious; yet it has an infectiveness of its own—namely, through discharges from subjects of the disease. Accordingly, minute instructions are laid down with a view to prevent the propagation of the disease by means of those discharges. Granting, however, that the disease when it has assumed the characters of an epidemic may be conveyed to individuals in the way indicated, the sphere to which it can so extend is limited as compared with that over which epidemics prevail in the absence of any possible propagation of this kind. Under any circumstances, the instructions now issued will do good in respect to personal comfort and convenience if only they are carried out. But that is all we have any just grounds to expect they can or will do.

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HONOURS FOR MEDICAL MEN.

THE popular and professional excitement which has attended the recent conferring of a knighthood on a distinguished Dublin surgeon has evoked a good deal of discussion as to the anomalous position in which men of science generally are placed as regards honorary distinctions. It would seem indeed that there exists no titular decoration which can be fittingly conferred on great physicians, surgeons, or scientists in recognition of their attainments and eminence. Life peerages which have been occasionally given to lawyers of the highest rank have never, on any occasion, been granted to medical men or to scientists, and we admit that an honour of this degree would not meet the want of a titular distinction for our profession. Lawyers have usually received peerages as much because of the necessity having arisen to reinforce the Law Lords of the Upper House as for their personal merits; but the same reason does not exist for co-opting a physician, surgeon, or scientist, and we imagine that if precedent were broken by the election of a doctor-lord, the medicl peer would feel himself rather out of place in the "gilded chamber."

The life peerage being unattainable or undesirable, there remains no distinction at Her Majesty's disposal other than knighthood or baronetcy. As regards the former title it has a certain suitability to the case of a scientific man, because of its being a decoration personal to himself and not hereditary, but it is utterly wanting in the prestige which a decoration fit for the *élite* of our profession should possess. It has been, heretofore, the reward of respectability and of commercial success, rather than the recognition of genius or of industry devoted to the public welfare. It is quite right that the grant of knighthood to a popular Lord Mayor should mark some special occasion or ceremonial, but it is equally clear that a distinction used for that purpose cannot be fittingly offered to, and will not be thankfully accepted by, a man who has spent a life of industry and thought in advancing the science to which he is devoted. Nothing then remains for such a public benefactor but the distinction of baronetcy, which, however, is beyond the reach of all but a few, and is furthermore encumbered by its hereditaryism and by the necessity for providing a handsome independence for the successive heirs of the title. Out of twenty scientists who might fully deserve titular recognition of their eminence not more than one or two would be found who could afford to settle an independent income on their eldest sons, and this being, we believe, insisted on by Her Majesty as a qualification for baronetcy, the great majority of those deserving of the decoration are thereby excluded from it. There is, indeed, no reason why the testimony which the Soverign bears to the special eminence of a subject should descend to the son, who may be anything but eminent or deserving of notice, and certainly our experience of the succession to Irish medical baronetcies affords on the whole strong reason against the adoption of an hereditary title as a proof of scientific worth. We hope, therefore, that the Queen's advisers will at some future time take the subject of titular distinctions for scientific men into consideration with a view to establish some decoration suitable for their claims. The title of K.C.B. would exactly meet the necessities of the case, and there is precedent for granting it to scientific men, and we would venture to suggest the custom which usually restricts that honor to civil servants and military officers should be abrogated in favour of meritorious members of our profession, and other men of scientific eminence.

We do not at all infer that baronetcy should not still be granted in special cases, but we urge that, as it does not meet the circumstances of the great majority of those who deserve a title, some life title should be substituted for it. It is quite certain, at least, that physicians and surgeons of high rank will not consent to share the honour of knighthood with the estimable commercial men and civil dignitaries upon whom it is usually conferred.

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AMATEUR DOCTORING.

The trial of the Rev. Mr. Timmins, vicar of West Malling, in Kent, on a charge of manslaughter, took place last week, during the Maidstone Assizes, before Mr. Justice Day, and resulted in a verdict of acquittal. The circumstances of the case were reported by us at the time of their occurrence, and were briefly as follows: A young female parishioner of Mr. Timmins', who was in a low consumptive state, was taken in hand by the vicar with a view to improving her health under his efforts at doctoring. The reverend gentleman was in the habit of proffering such aid to his dependents; and it was claimed for him that, in virtue of having attended a course of lectures at St. Thomas's Hospital some forty years ago, he was qualified to indulge a passion for therapeutical philanthropy. For the case in question his prescription took the somewhat unusual form of essential oil of bitter almonds, the effect of which was not unnaturally to cause the death of the unfortunate patient, and thereby lead to the accusation from which Mr. Timmins has just been relieved. There has, of course, been no suggestion throughout of the existence of any but the most amiable and kindly motive on the part of the clergyman; his only desire was to give relief to a suffering member of his flock, and the gravest charge against him has been a want of discretion in relying too securely on the reality of knowledge gained by a brief and antiquated experience of medical lectures. The incident, however, very properly suggests an important reflection as to the limits which should be imposed on such proceedings as those which in Mr. Timmins' case led up to so melancholy a result. It has been urged, with no little show of justice, that the clergyman of a country village, for instance, should not be debarred from indulging a taste for amateur doctoring, because of the frequent inability in such places of obtaining qualified medical assistance. We may, however, safely assume that the most liberal apologists in this direction would hesitate to open the materia medica indiscriminately to clerical enthusiasts in medicine; and that they would, at any rate, prohibit the employment by them of the more poisonous drugs, the administration of which can never be safely entrusted to other than skilled hands. Moreover, it must always be insisted that so long as the attendance or advice of a regular practitioner is easily to be secured, *no* interference, either from clerical or lay amateurs, can be justified, especially in cases where the nature of the disease is of a kind to excite suspicions of gravity.

At West Malling there is not the excuse of an absence of medical men, for we learn that a surgeon was called to see the deceased immediately that it became apparent she was *in extremis;* and obviously his services had previously been at least as easily obtainable as those of the vicar. We are so accustomed to hear of cases in which the gratuitous, and often enough distasteful, meddling of clergymen with the physical ailments of their parishioners is complained of, that there is no impropriety in observing that it is excusable only in situations where a little timely common sense and calm judgment can avail to tide over an emergency until the arrival of medical aid. The practice of *prescribing* is at once objectionable and eminently unsafe. It needs an apprenticeship and experience to enable a man to give a remedy for even the simplest ailment; and it is little less than weakness in our laws which permits the administration of *any* medicine by persons who are not qualified by education and registration to take on themselves the responsibility attaching to the duty.

In the particular case which has given rise to these remarks the kindness of feeling which instigated Mr. Timmins' officious interference is unquestionable, and the jury entrusted with a decision as to the offence committed have given full weight to the motives which influenced him; but it will be well indeed if likeminded clergymen with the accused vicar will take well to heart the emphatic condemnation of Mr. Justice Day, who most strongly disapproved of a clergyman or any other person taking on himself to give medical advice in cases of serious illness. So long as the practice is indulged in, such accidents as that giving rise to the late trial will most certainly occur; and the result can scarcely be always similar to that just experienced. No one, we feel sure, more keenly regrets the painful conseqence of his act than the author of the misfortune; and he may well be grateful if the pain of mind he has undergone should deter other of his brethren from following in the path he has himself pursued with such lamentable consequences.

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Notes on Current Topics.

Smoke Abatement.

Whether the next generation of Londoners will be entirely relieved from the smoke nuisance suffered by existing residents in the metropolis or not, there can be no question that they will enjoy a very much improved atmosphere as compared with that inhaled in and about the city to-day. So much as can possibly be done by individuals and societies in the way of abating the great smoke worry will assuredly be done; and already it is evident that some good has been accomplished as a result of the recent agitation *contra fumos*. At a meeting held on Monday, the 10th inst., at the Mansion House, the Lord Mayor presiding, it was reported that since the Smoke Abatement Exhibition at South Kensington the public had shown a desire to aid in the movement by employment of improved stoves and fuel such as coke, smokeless coal, and gas. The Council of the Society have carefully inquired concerning the extent of such manifestations of anxiety on the part of the general public, and they express a decided satisfaction at the proofs they have received of a widespread feeling in favour of the principles of the Association. A practical outcome of the meeting on Monday is the establishment of the Smoke Abatement Institution, definitely created to carry out three objects dwelt upon by the Duke of Westminster—viz., the formation of a permanent exhibition of improvements in grates and approved apparatus for assisting smoke abatement; the foundation of a permanent laboratory and workshop, where new inventions may be tested and inventors find facilities for perfecting their conceptions; and the provision of lecture halls and reading rooms for public lectures and discussions, &c., on matters dealing with the subject of smoke abatement. In fulfilment of this programme contributions have been promised, from the Duke of Westminster £500, and Messrs. Waring and Cubitt, each £100.

Farewell Dinner to Professor Macalister, M.D., F.R.S.

Several of the medical and scientific friends of Professor Macalister entertained that gentleman on Tuesday, the 17th inst., at a complimentary dinner at the Shelbourne Hotel in Dublin, prior to his departure to take up the duties of the Chair of Anatomy in the University of Cambridge, to which he has recently been appointed. The Rev. Dr. Haughton occupied the chair, and Mr. Wheeler, President of the Royal College of Surgeons, was vice-chairman. Nearly all the members of the staff of the Medical School of Trinity College were present, and the various educational and scientific institutions with which Dr. Macalister has been connected in Dublin were well represented. In consequence of absence from Dublin, or unavoidable causes, Drs. Robert McDonnell, Mapother, Percival Wright, Franks, and many other friends were prevented from assisting. Amongst those who took part were Sir J. Lentaigne, President, Royal Zoological Society; Dr. Banks, Regius Professor of Physic; Dr. Moffet, President, Queen's College, Galway; Professors Bennett, Purser, Finny, Reynolds, Kirkpatrick, and Walter Smith; Drs. J. Little, T. E. Little, Sigerson, Ball, C. Nixon, Frazer, Benson, R. Hayes, Hepburn, Barton, W. Wright, Knott, Denham, Barrington, Brooks; Rev. Maxwell Close, Treasurer, Royal Irish Academy; Mr. Archer, F.R.S., Hon. Secretary, Microscopic Club; Mr. Manly, Mr. Maxwell Hutton, and Mr. P. S. Abraham, Hon. Secretary, Biological Club, who acted as Hon. Secretary. The dinner was of a *recherché* character, and after the toast of the evening, "Our Guest," which was spoken to by the chairman, the vice-chairman, the Rev. Maxwell Close, and Sir John Lentaigne, the proceedings were varied by some songs rendered by Dr. Hayes, Mr. Abraham, and others.

London Water Supply.

An analysis of the results of examination of 2,110 samples of drinking water supplied by the various London companies during 1882 is contained in the annual report of Drs. Odling and Tidy and Mr. Crookes, and submitted to the Local Government Board. The general tenour of the report is favourable to the fluid supplied, that of the New River Company being the water showing the most invariable excellence as judged by clearness, brightness, and freedom from suspended impurities. To grumbling ratepayers the report will probably be consolatory; but too much satisfaction should not be permitted in respect of it, for although the average amount of organic matter contained in the water supplied to the metropolis is no more than 1·5 per million, yet the exact nature of this small residue is the standard of its virulence; and on that it is not possible for chemists to afford any information of value. So long as the minutest trace of organised matter is present, in active form, in drinking water, so long is it a dangerous, and possibly deadly, beverage. Until, therefore, a process has been devised for ridding such water of its animal impurities *completely* we must be content to feel grateful for the comparative purity of the waters we drink on the certificate of Mr. Crookes and Drs. Odling and Tidy.

Telephones for Hospitals.

We are glad to learn that the system of hospital intercommunication by telephone is rapidly extending in Dublin. Since our last issue the Mater Misericordiæ Hospital has "joined up" to the Central Exchange. The governors of the Richmond Hospital have given the order for connecting the hospital and the whole surgical staff also with the Exchange; and we understand that, within a few weeks, it is probable that the Meath Hospital and Co. Dublin Infirmary will have also been connected by wire with its surgical staff. Five of the Dublin hospitals will then be in intercommunication with their surgical staffs; and we hope to be able before long to record that other similar institutions have established the same connections. Stevens's Hospital and the Coombe Lying-in Hospital being situated at the furthest distance from the residences of their surgeons, ought to be the first to establish this communication. The Dublin Orthopædic Hospital is already connected with its chief surgeon, Dr. Swan—not through the Telephone Exchange, but by private wire. The King and Queen's College of Physicians is also in communication; and we hope before long to be able to say that the College of Surgeons has followed suit for the convenience and advantage of Examiners, Professors, Councillors, and Fellows who frequent the College. It would be an obvious advantage to the College as well as its *habitués* if the institution was in communication with the Dublin hospitals.

Parturition among the Maoris.

Mr. F. Hope Lewis, M.R.C.S., who, as resident medical officer in a Maori district of New Zealand, has had ample opportunity of becoming acquainted with the habits and customs of the native inhabitants, has sent a letter to the *Australian Medical Gazette*, wherein he corrects previous mis-statements by other observers in respect to the *modus operandi* of the Maori women during labour. Mr. Lewis thus describes the course of events:—When the woman is taken in labour, she, with one or two of the same sex, goes into the titree or manuka scrub some two hundred yards or so from the dwelling, and if the weather is bad, a tent or "breakwind" is erected, according to the circumstances of the family. In fine weather no preparation is made. They are never confined in their own huts. The posture during labour is the kneeling one; the woman clasping her arms around one of the attendants who supports and presses the abdomen, while the other receives the child at birth from behind. The placenta is removed by pressure on the womb through the abdominal wall, and if there is any difficulty the woman goes at once into the cold or tepid water, and by kneading the womb as above described the object is attained. In cases where time and pressure do not effect delivery the woman is permitted to die, no internal operations being known among the natives.

A New Convalescent Home for Dublin.

For some time past Lady Napier has been endeavouring to obtain a site in the vicinity of Dublin for the erection of a convalescent home to the memory of her sons. Owing to the difficulty of obtaining a suitable one, the project was modified from time to time; and finally an arrangement was entered into according to which Lady Napier was to make an endowed addition to the Convalescent Home at Stillorgan. The trustees of the latter having previously determined to improve the Home, the two schemes were very advantageously combined. The many difficulties imposed by the imperfect and straggling character of the old buildings, as well as by the desirability of unity of effect, stood in the way of a very rigorous application of the most advanced views. The necessity of single rooms, in addition to the small wards, and the relative purity of the general atmosphere of convalescent hospitals, render an improved corridor system the only practicable one for small numbers. The aspect of the Napier addition is to be south-western, and a tower containing the sanitary arrangements is to be placed to the north-east, connected by open passages to the main building, the wards and day-rooms of the latter having no windows on this side. The old buildings lie further to the north-east, and are to be considerably improved. The designs for the much-needed work and efficient preventive of relapse have just been completed by Messrs. Carroll and Pentland, architects and engineers, and the works are to be proceeded with immediately.

Humanum est Errare.

Some few weeks ago Dr. Comegy, of Cincinnati, in the United States, had under his care a case which he considered to be, and described as purpura hæmorrhagica. The patient died, and was subsequently despatched, presumably for burial, to a distant town, where the relatives opened the coffin against orders and contracted *small-pox*. Dr. Comegy had mistaken for purpura hæmorrhagica a case of *purpura variolosa*, and had erred, moreover, in company with a physician to a small-pox hospital, who had also been called in consultation on the case. It is not difficult to understand that when these facts became known the lay press were emphatic in denouncing professional ignorance; nor we imagine is it peculiarly American usage for competing doctors to take advantage of such a mishap, as was done by certain of Dr. Comegy's professional brethren. The more respectable members, however, supported him manfully; and two highly respected and well-known physicians went the length of publishing a letter to their fellow practitioner, wherein they avowed themselves to have made a similar mistake in 1876, in a case reported to the *Cincinnati Clinic*. This proof of fellowship and *esprit de corps* is a grateful indication of true and right feeling, and is honourable alike to Dr. Comegy, and to his supporters, Drs. J. T. Whittaker, and P. S. Connor. Curiously enough, a second similar case is now mentioned as having occurred in the same town a week or two after Dr. Comegy's, the self same diagnosis, purpura hæmorrhagica, being arrived at in this also, the attendant being another physician in large practice named Dr. Conroy. In this instance a coroner's inquiry was called for by the Registrar, and on post-mortem examination purpura variolosa was discovered.

The Army Medical Department.

It is obvious that a turning point in the "reorganisation" of the Army Medical Department has at last been reached, and that further changes hinted at are to be in a direction "back again." The discussion initiated by Lord Bury in the House of Lords points to a re-introduction, although in a modified form, of the regimental system as regards medical officers. There are many who look upon the station hospital system as really the chief cause of the break-down now acknowledged to have taken place in Egypt, and who will regret that it is to be persisted in yet a little longer. Others—and they the medical officers who are most concerned in the matter—will regret to read what his Royal Highness the Duke of Cambridge said on the subject of that long vexed question—combatants and non-combatants.

Fly Papers.

In Prussia the sale of poisonous and arsenical fly papers is only permitted to chemists and those who are authorised to deal in poisons. Such persons even are only permitted to sell them under the same regulations as must be observed in the sale of all poisons. These regulations require that a poison certificate be given with them, and also that the word "poisonous" be stamped on them.

American Medical Association.

The thirty-fourth annual meeting of this Association was held at Cleveland, Ohio, on June 5th, 6th, 7th, and 8th. Among the business transacted was the adoption of a resolution providing for the appointment of a committee of five to press upon Congress the desirability of securing better medical attendance on ocean steamers. It was decided to hold the next meeting in Washington, on the first Tuesday in May, 1884, and following days.

Lacombe, the French wholesale druggist who was accused of fraudulently substituting sulphate of cinchonidine for sulphate of quinine, which he supplied to the Paris hospitals last autumn, has been sentenced to a year's imprisonment and 50 francs penalty, and is also called upon to pay for the advertisement of the judgment in a dozen French journals.

A curious instance of fear of being "buried alive" has just been brought to notice by the proving of the will of Major Andrew Gammell. This gentleman deposed that a sum of one hundred guineas, free of legacy duty, should be paid to Mr. Barnard Holt, F.R.C.S., or failing him, some equally eminent surgeon, as a fee for surgical examination of his body after death.

The Contagious Diseases Acts.

Captain Price last week asked Mr. Gladstone whether, after the statement as to the alarming increase in the number of cases of contagious disease in Her Majesty's forces since the abolition of compulsory examination, he still adhered to his intention of endeavouring to pass this session a Bill for the repeal of the Contagious Diseases Acts.—Mr. Gladstone said the Government must take some further time to consider, with respect to three Bills of importance, whether they would ask the House to proceed with them or not, and he could not give any further intimation of the intentions of the Government with respect to these three Bills until they got through Committee on the Corrupt Practices Bill, and made great progress in Committee on the Tenants' Compensation Bill.—Mr. Puleston asked whether, in view of the alarming character of the information which had been given to the House, the Prime Minister intended to proceed with such a Bill.—Mr. Gladstone said it did not lead him to vary the answer he had already given.

A Central Local Government Ministry.

Sir A. Gordon has given notice that on the motion for the second reading of the Local Government Bill for Scotland, he proposes to submit a resolution in favour of the reconstitution of the Local Government Board for England as a Local Government Board for Great Britain, with a separate branch for each country, and its representation by a Cabinet minister.

Foreign Charlatans.

We are acquainted here in France (*Gazette Hebdomadaire*) with the American quack high in colour, loud in voice, noisy and impudent; with the Spanish charlatan, mystic, sombre, the crucifix in hand, always ready in prayer; with the paternal Dutch impostor, writing his consultations with a flask of urine in hand, as in the famous "Dropsical Woman" of Gerard Dow. But the German charlatan is of a different species; he is surrounded with piles and electric apparatus; he is a professor of occult physical science, who cures with the same spark pulmonary tuberculosis and cerebral debility. He is a professor, a distinguished lecturer, the apostle of a newly-discovered art. The Medical Society of Leipsic are about to take measures against two such individuals, one an ex-carpet-worker, now director of an electro-therapic establishment, and another, Hindorf, a professor of natural medicine.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Cardiff 9; Edinburgh, Halifax, Birkenhead, Plymouth 13; Norwich, Bradford 15; Leicester, Derby, Blackburn, Bristol 16; Leeds, Salford, Portsmouth, Bolton 17; Oldham, Brighton 18; Nottingham, Birmingham, Hull 19; Dublin, Sheffield 20; Wolverhampton 21; London 22; Glasgow, Liverpool 23; Preston 24; Manchester, Huddersfield 25; Newcastle-on-Tyne 27; Sunderland, 96. In this return, as relates to Sunderland, the victims of the catastrophe whereby more than two hundred children lost their lives at an entertainment are included.

Society for Relief of Widows and Orphans of Medical Men.

At the last quarterly court of directors of this Society, Sir George Burrows, Bart., President, in the chair, four new members were elected, the deaths of four were reported, and two other gentlemen had ceased to be members. A sum of £1,207 was distributed among fifty-seven widows and twenty-eight orphans. The death of one widow receiving a grant of £50 per annum was reported. There were no fresh applications for grants. The expenses of the quarter amounted to £71 13s., including an honorarium of 25 guineas to Mr. Blackett, in recognition of heavy additional services rendered to the Society, of which he was re-elected Secretary.

Fees for Post-mortem Examinations.

In the House of Commons on Thursday, the 12th inst., Mr. O'Brien put the question as to whether, at the recent assizes, the Longford grand jury disallowed the fee of the doctor who performed the post-mortem examination at the request of the county coroner on a pauper who died in the Granard workhouse, and that the judge summarily sanctioned the disallowance, remarking, "The money (£1 1s) is not worth scuffling about;" whether the doctor was specially called in by the coroner instead of the union medical officer in consequence of the death having taken place in the workhouse, and whether this gentleman was to have no remuneration for services performed at the request of the proper authority because the grand jury chose to disallow his fee and the judge did not think the amount worth discussion.—Mr. Trevelyan: It is the fact that the grand jury of Longford, after a careful investigation, disallowed medical fees recommended by the coroner, and amounting to five guineas; and, as to one guinea of the five, the ruling of the grand jury was brought before the judge for review. The grand jury thought that the evidence of the union medical officer was sufficient. His Lordship thought so too, and declined to interfere in such a matter, as he was perfectly entitled to do.

With great respect to the judge and grand jury, the charge for a fee to a medical witness outside the workhouse is perfectly legal, and it could be recovered, without doubt, by suing the coroner. It has been decided long ago by Chief Baron Pigott, Baron Fitzgerald, and Mr. Justice O'Brien that the coroner may hold an inquest and pay a fee to any witness he pleases, and, whether he is right or wrong in so doing, the grand jury must recoup him, if he acted *bona fide* in the matter. This law was laid down in Mr. Justice O'Brien's charge to the County Dublin Grand Jury on April 16th, 1862.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Madras 31, Paris 23, Geneva 23, Brussels 24, Amsterdam 23, Rotterdam 19, The Hague 28, Copenhagen 29, Stockholm 21, Christiania 14, St. Petersburg 31, Berlin 39, Hamburg 21, Dresden 26, Breslau 45, Munich 36, Vienna 27, Prague 37, Buda-Pesth 37, Trieste 22, Rome 23, Turin 23, Venice 22, Lisbon 27, New York 25, Brooklyn 20, Philadelphia 17, Baltimore 19.

"British Otological Society."

A movement has been set going for the formation of a special society for the consideration of all subjects connected with the ear, nose, and pharynx (normal and pathological), and to promote an interchange of ideas amongst those interested in these subjects. The society is to meet in London three (or four) times a year, and the meetings are to be followed by a dinner. The subscription is to be 10s. 6d. annually, each dinner being paid for separately. The council is to consist of one London councillor for every five London members of the society, and of one provincial councillor for every five members residing outside the London district. The hon. secs. *pro tem.* are Dr. Urban Pritchard and Dr. Cresswell Baber.

The Diagnosis of Typhus.

An outbreak of typhus fever among the inmates of Nazareth House, Hammersmith, a charitable institution superintended by sisters of charity, forms the subject of a report to the Local Government Board by Mr. John Spear, who made an official inspection of the establishment. This, which provides support for 133 old people of both sexes, and 175 children, aged from a few months to 16 years, is conducted by 57 sisters of charity under a mother and assistant mother. Typhus fever broke out among the children first and extended from them to the sisters of charity who were in charge of them as nurses, but it is interesting to learn that the latter succumbed only after long and arduous exertions and continued fatigue, which, as is well recognised, is a potent predisposing influence in typhus. Mr. Spear shows very conclusively how the disease was introduced from without by means of one of the children's visitors consisting of an adult man and his child three years old, who had been living in a cellar dwelling, and were convalescent from some kind of fever at the time of visiting Nazareth House. As a result of careful inquiry and examination Mr. Spear arrived at the conclusion that the spread of the disease was not attributable in any sense either to overcrowding or dirt, but that it extended because, occurring at first in a mild form amongst children, the disease remained for some three months unrecognised, the sick, the convalescent, and the healthy mixing together. This difficulty of appreciating the existence of so serious a complaint for so long a time, resting on the authority of so undoubted an observer, deserves to be carefully borne in mind, the more especially as it was experienced by the medical attendants at the house, who failed to grasp the real importance of the condition of the inmates. Typhus is at once so serious a fever, and so easily generated in every populous and indigent quarter of a great city that we cannot be too keenly alive to all the phases it may assume; and as a new addition to its natural history Mr. Spear's report is of very considerable value.

Acting on suggestions made to them the Local Government authorities have arranged for the publication of certain of the reports presented to the Board by its medical officers; such as are issued in this way can, therefore, be purchased at the printers, and by this means a most valuable series of investigations will be accessible to the profession generally.

At a recent meeting of Convocation of the Royal University, Lord O'Hagan presiding, Dr. Arthur Hill Curtis was elected a representative of Convocation on the Senate of the University for the ensuing three years.

The rates of mortality throughout the United Kingdom continue very low, especially from diseases of the zymotic class. Last week the highest annual death-rates from measles were 1·9 in Brighton, 2·2 in Salford, and 3·1 in Newcastle-upon-Tyne; from scarlet fever, 1·1 in Manchester and 1·3 in Birmingham; from "fever," 1·2 in Derby and in Huddersfield, 1·4 in Halifax, and 2·0 in Portsmouth; and from diarrhœa, 3·4 in Bolton, 3 7 in Preston, 4·3 in London, and 4·4 in Leicester. The 41 deaths from diphtheria in the large towns included 26 in London and 5 in Glasgow. Small-pox caused but one death in the large towns: this fatal case occurred in Newcastle-upon-Tyne.

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Scotland.

[From our Northern Correspondents.]

The Closing of the Extra-Mural School.—This school closed last Friday, when the prizes were given by the several lecturers. The Practical Chemistry Class at Minto House has greatly increased. The Anatomy Class at the same school was larger than that in the University. There has been a break-up of the Marshall Street School, Mr. Drinkwater, who lectured there on chemistry, having gone to other quarters. It is very generally felt that the position of the Extra-Mural School has been injured by the action it has taken in siding with the Corporations. The school has claims which cannot be ignored by the Government: the Corporations have none. When the Corporations found that their hour of dissolution was at hand, they have not scrupled to use the school which they had persistently for years ignored to save them. By attempting to save the doomed colleges, the school has weakened itself, without improving the prospects of the colleges. The business has all along been managed by the small portion of the school located at Surgeons' Hall. The suicidal action of the school is greatly enjoyed by the University, who now see that the fate of the one is the fate of the other.

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 14th inst., was 58, and the death-rate 13 per 1,000. Diseases of the chest accounted for 34 deaths, and zymotic causes for 8, of which 2 were due to fever and 4 to measles, the intimations of these diseases for the week being 6 and 85.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 14th inst., were at the rate of 24 per 1,000 per annum, against 28 in the preceding week, and 22, 20, and 22 in the corresponding periods of 1882, 1881, and 1880.

Sudden Death of Dr. Houston, of Kirkcaldy.—Much regret is felt all over the Kirkcaldy district at the sudden death of Dr. Patrick Houston. Deceased was visiting his patients up to Saturday week at midday. Immediately after symptoms of peritonitis set in, from which he slightly rallied on Sunday morning, but became worse towards evening, and died on Monday morning. Dr. Houston, twelve years ago, succeeded the late Dr. Stoddart, and from the very first enjoyed a large practice. As an experienced and trustworthy family doctor he was very highly esteemed. The prospect of a long and useful life seemed before him, but he has died in the midst of his days, a comparatively young man. The deceased was about 50 years of age, and leaves a wife and seven children—one son and six daughters, the eldest thirteen, and the youngest three years of age.

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Literature.

THE MINERAL WATERS OF EUROPE. (a)

When one day there comes to be written, from the standpoint of modern science, a history of human superstition, those chapters of the work which deal with belief in the various virtues from time to time accredited to waters, either of miraculous or of natural origin, will assuredly not be either the shortest or the least interesting. No one who has visited one of the springs which occur in almost every rocky range from the Grampians to the Pyrenees, and which a ready faith invests with supernatural curative power, can see much reason to expect that such belief will suffer measurable diminution for many generations. With the mineral spring proper the case is different; and while it seems long to look back to the time when the temples to Esculapius were erected near to such sources, and it is true that even to-day much mysticism is allowed to surround the subject, the chemist of the age is in a position to assert that the curative action of any given mineral water is a result of the combined therapeutic action of the sum of its constituents. The book before us bears ample testimony to this view, for it is the joint work of an able chemist who has not only collated and commented upon existing analyses, but has in many instances supplemented them by new ones; and of a physician of skill and experience who has used these analyses as a basis of therapeutic application. One of our authors does indeed, in his introduction, express an opinion that the more complicated spas cannot be imitated artificially. We quote this as illustrating the sometimes pertinacious adherence of the shreds of a cast-off belief. For it is impossible to logically admit that the synthetic faculty which enables the chemist to build up from its component atoms a molecule of salicylic acid or alizarin, deserts him when he is confronted with the problem of imitating a watery solution—complex though it be – of salts and gases. It would be perhaps nearer the truth to say that no chemist has yet found it worth while to do so.

The plan of the book has been well conceived and carefully carried out. The different waters are first of all classified under the following heads:—Purgative, Alkaline, Arsenical, Table, Chalybeate, and Sulphur. Each of these classes has a chapter devoted to its chemistry and a chapter to its therapeutics. The authors point out that as their work has been confined to the waters which reach these countries in bottle, all considerations of climate, change of air and scene are eliminated, and that with these—in many cases new—analyses before him, the physician prescribing a mineral water, will look upon it as he would any other weapon in his medical armoury. This is distinctly as it should be, and if the whole subject be viewed in the clear light of this and other insignificant passages in the book, any tendency to envelope it in mysticism will have received a wholesome check.

Of table waters for example we read, "The marvellous qualities attributed to some of the ingredients met with in minute quantities (mere traces) serve to amuse the credulous, and sometimes the presence of these substances induces people to replace injurious fluids by these innocent waters." There is a quiet satire too in the observation that numerous "holy wells" that have lost their popularity also furnish excellent "table waters," which is amusing.

More seriously useful, however, is the warning conveyed in the statement that "many of the most famous sulphurated (*sic*) waters are little else than indifferent ones with a flavour of sulphuretted hydrogen."

(a) "The Mineral Waters of Europe: including a short description of Artificial Mineral Waters." By C. R. C. Tichborne, LL.D., F.C.S., M.R.I.A., and Prosser James, M.D., M.R.C.P. London: Baillière Tindall, and Cox. 1883.

There are few pages of the book that do not contain some fact either instructive or suggestive. It is pointed out, for example, that not only were many of the old analyses "specially selected" by the proprietors of the springs, but that the springs themselves are subject to change in their chemical composition. A curious example of this may be found on page 33, where an analysis of the authors' is contrasted with one by Liebig. Liebig's figures show the solid contents of a gallon of the water to be 1,912 grains, while Dr. Tichborne's analysis gives 3,079 grains. If comment upon such a discrepancy be desired it will be best found in a quotation from Sir H. Thompson which is given at full length in the context. Various analyses of Pullna water present discordances no less striking. (Pp 34-35.) Nor must it be forgotten that in some cases the loss of carbonic acid in the process of bottling may conduce to change in the composition of waters.

Moreover, it is broadly hinted that such a process as "strengthening" a natural mineral water by a judicious addition of some lacking ingredient is not altogether unknown to the proprietors of springs. In the case of one well-known water such an addition would indeed seem to be openly avowed. It is distinctly stated, too, that Selters water is dosed with sodium chloride, avowedly with the object of precipitating part of its iron. It is remarkable, not only that the analysts have not long ago found this out for themselves, but that neither the clever author of "Bubbles from the Brunnens," nor the late Dr. Aldridge, both of whom witnessed and graphically described the process of Selters bottling, allude to such addition. The former writer does indeed say that the water drunk at the source has a chalybeate taste, not noticeable in the bottled water.

New analytical methods, too, must be credited with some share in new views as to constitution. The indications afforded by the careful use of *phenol-phthalein*, and particularly those of the spectroscope, may be instanced. The presence of *lithium* in both Schwalheim and Carlsbad waters, first noticed by Dr. Tichborne, is of course a direct result of the application of Kirchoff's great physical legacy to chemistry.

There are in the chemical section of the book few omissions of any real importance to be noted, for on the whole the work has been done admirably well. We do not, however, find any analysis of the best known imported Vichy water—the Celestins—and could have wished to see those of the Lisdoonvarna and Lucan springs. These, however, have not yet been bottled. No less meed of praise is due to the therapeutic portions of the work. Lucidly written and abounding in suggestion, they deal with the action of mineral waters from a thoroughly practical point of view. We regret that our space will not permit us to dwell at any length on details, but we may call attention to the passages which deal with the action of adjuvants in increasing the action of purgative salts, and on that of simple carbonic acid water as an aperient.

We may say in conclusion that no physician who desires either to know the exact composition of the mineral water which he is prescribing, or the indications which point to the selection of some particular source, can afford to be without this compact little volume, the production of which will increase the already well established reputation of its authors, and which has been most creditably brought out by its publishers.

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SELECTIONS FROM THE WORKS OF THE LATE J. WARBURTON BEGBIE, M.D., LL.D. (*a*)

This volume has been in our possession for some time, and we must express our regret that it was not sooner noticed. With many of the articles in the work we had been acquainted before they appeared in their present form; but we think the Editor, Dr. Duckworth, has done good service by publishing them in one volume, and that a volume of the Sydenham Society. No more valuable work has been issued by this Society. The memoir of the life of Begbie, with which the volume opens, is one of singular interest, and will be read by everyone with pleasure. He can have been no common man who possessed all the qualities which the Editor describes, even allowing some degree of bias to have crept into the sketch. One thing at least is certain—that Begbie possessed all those points which go to make up a great physician. No one can look over the essays—much less read them closely—without being at once struck with their merit. They are all written by a master hand, and each in turn throws light on the subject of which it treats. We may observe that several of the essays are founded on single cases of disease, but they are scarcely the less interesting on that account, because they are so well selected and detailed. Thus, the essays two, five, and nine are of this kind, the first being a case of acute rheumatism, succeeded by chorea and affection of the heart; the second, "a case of hydrocephalus connected with cancer at the base of the brain;" and the third "a case of fatal croup in the adult, with remarks." These will all well repay perusal, as will also the essays on special medicines, such as turpentine and the muriate of lime. There are no less than four essays on the subject of exophthalmic goitre and heart affection, attended with prominent eyeballs. This number proves the interest the author took in the subject, which, we need scarcely add, is treated most exhaustively, and in the conclusion at which he arrives we are, with our present knowledge, inclined most to agree. He thinks that both the blood is in a deranged condition and that the nervous system, specially connected with the heart, is deranged. The marked anæmia which is so constantly present, and the very excitable state of the heart which also exists, seem strongly to support those views.

It is not our intention to enter into the merits of the several essays which make up this valuable volume. Where all are good no selection could be made. But we may with confidence recommend the work to the special notice of our readers.

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NERVE VIBRATION AND EXCITATION AS AGENTS IN THE TREATMENT OF FUNCTIONAL DISORDERS AND ORGANIC DISEASE. (*a*)

The general medical reader is aware that, within the last few years, much attention has been given to the nerves themselves, their special diseases, and treatment; and we believe that considerable advances have been made in the last point more particularly. What is now known as "Massage"—a word for which, we believe, we are indebted to American writers—is one of the ways in which this treatment has been carried out, and that it is a most powerful means for improving the health, in suitable cases, does not to us appear to admit of doubt. Our author, we know, does not consider "massage" and "nerve excitation" as by any means similar. To us they seem the same in principle, though the means for carrying them out are not identical. Both lead to an improved nutrition, and this is, we take it, the main object to be aimed at. It should have been stated that the author believes when nervous tissue acts it is by vibration, just as on the organ of hearing and vision; and that when pain exists this vibration is perverted, and that his "excitation" brings it back to the normal state. Whether these views be literally true remains still to be proved; but they are the views the author holds. We notice that our author enters into a long discussion as to the question of priority of claims on this subject with Dr. Boudet, of Paris. Which was first we will not take on us to determine; but as our author says the Frenchman does not understand his views, the point need not be considered further here. Our author has devised an instrument which at first was worked by a clock apparatus, and subsequently, and with much better result, by electricity. He states that, according to the character of the pain, the vibratory process, of which he describes the mode, is to be modified; that if the pain be a dull, grinding pain, it is to be combated with a high rate of small vibrations; but a very acute pain is to be met with "comparatively slow and large vibrations." We observe that some of the apparatus used is in the form of a brush, and reddens the skin when used (p. 59). Now this fact brings the author's ideas very close to the views of those who advocate the heated iron button for the relief or cure of certain nervous affections; and that this

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(*a*) "Selections from the Works of the late J. Warburton Begbie, M.D., LL.D." Edited by Dyce Duckworth, M.D. Published for the New Sydenham Society by H. K. Lewis. 1882. Pp. 422.

(*a*) "Nerve Vibration and Excitation as Agents in the Treatment Functional Disorders and Organic Disease." By J. Mortimer Gr ville, M.D. London: J. and A. Churchill. 1883. Pp. 128.

plan existed long before our author had promulgated his own special views is certain. The reddening of the surface by any stimulant frequently relieves nervous pains. But our author deserves credit for drawing more particular attention to the mode of doing it, and to placing the process on a more physiological basis. He shows, too, the advantages, at least in some cases, of using the percenteur at the origin of the nerve, and in others along its course. The author mentions several diseases in which he states benefit, if not cure, results from the use of his plan, such as morbid sensibility of the nerves, the earlier stages of loco-motor ataxy, the improvement of the vaso-motor state, the railway spine, indigestion, constipation, the temporary presence of albumen in the urine or of sugar. As the entire subject is new, we could have wished our author had illustrated his work by detailing a series of cases confirmatory of his remarks. His statements have a kind of vagueness about them which leaves the reader unsatisfied, and which we believe would be removed by a detail of cases. A few cases in which the vaso-motor nerves were impaired and subsequently improved by the author's treatment are given. We would suggest that in the next edition the same should be done for the several affections of which the writer speaks. This, we consider, would be a great improvement to this work, which, however, without these additions, we can strongly recommend to the notice of the profession.

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THE STUDENT'S GUIDE TO DENTAL ANATOMY AND SURGERY. (a)

Having reviewed fully the first edition of Mr. Sewill's well-known book, it is unnecessary to do more than notice the appearance of the new edition. The value of this work, which has now been revised and amplified, consists in its completeness, clearness, and conciseness, and it is certainly the best book of the kind both for the practitioner and the student.

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THE CHAMBERLENS AND THE MIDWIFERY FORCEPS. (b)

In seeking to know all that may be known of the life, thoughts, and doings of its illustrious dead the world pays rightful homage to those who were its benefactors. We think, therefore, that it was no vain labour to which Dr. Aveling devoted the leisure hours of ten years' professional life in an antiquarian research into the surviving materials which relate to the history of the "Asclepiad" family, memorable as being that amongst which the midwifery forceps was invented and first systematically used. For assuredly no boon to humanity has ever been much greater than this, nor, though the Chamberlens have forfeited much of posterity's gratitude by the mercenary motives which prompted their secrecy in the matter of the forceps, can we on that account withhold from them the credit which is justly theirs for the genius of the conception. Indeed, it appears to us that Dr. Aveling in his preface has properly acquitted the Chamberlens of much of the discredit which has been so constantly fastened on them for having so long and successfully kept their discovery a family secret. "All that can be fairly said against the Chamberlens is that they were no better than their neighbours, and that they failed to recognise the obligation imposed upon all members of our noble profession of publishing freely and immediately any new method of alleviating human suffering which, by their industry or genius, they may have been able to discover."

The outcome of Dr. Aveling's ten years' special research into the records of the Chamberlens is the production of a work replete with interest to every student of obstetrics who takes pleasure in the history of his science. The work, moreover, will do much to enlarge and correct the current accounts of this truly original family, and has, so far as we can now judge, definitely settled the disputed question as to the particular member of the family to whom the credit is due of originating the use of the forceps.

We extract from the work a genealogical tree of those members of the family who possess interest on account of their connection with the history of the forceps.

William Chamberlen.
(French Huguenot Refugee.
Came to Southampton in 1569.)

Peter Chamberlen I.
d. 1631.
(Probable inventor of Forceps.)

Peter Chamberlen II.
b. 1572. d. 1626.

Peter Chamberlen.
b. 1601. d. 1683

Hugh Chamberlen.
b. 1630? d. in Holland.

Paul Chamberlen.
b. 1635. d. 1717.
(Sold secret of Forceps to Roonhuysen.)

John Chamberlen.

Hugh Chamberlen.
b. 1664. d. 1728.

Such information as Dr. Aveling has been able to acquire regarding each of these in the course of laborious investigation has been carefully sifted and set forth chronologically in the pages of his work. Quite apart from the individual interest which attaches to the history of the Chamberlens themselves, the reader will in these biographical sketches find much incidental information concerning the customs and history of the times in which they lived. The limits of a short notice such as this prevent us, however, from attempting to give, even in outline, the various facts narrated, and now for the first time brought to light. Indeed, the narrative would necessarily lose much of its peculiar interest by any such process of condensation.

Having laid before his readers a narrative of the history of the Chamberlens, Dr. Aveling brings his work to a conclusion by a critical essay on the invention of the forceps. Dr. Peter Chamberlen, who died in 1683, purchased the estate of Woodham Mortimer Hall, near Maldon, in Essex, some time prior to 1638. This residence remained in the possession of the family until 1715; and here, secreted in one of two closets opened into by a trap-door, a lady discovered four patterns of the midwifery forceps in 1815. Along with the forceps, three forms of the lever, three of the crotchet, and three also of the fillet were at the same time found. "The important discovery of these instruments in the house of Dr. Peter Chamberlen makes it unnecessary to consider the claims of the last two generations of the Chamberlen family as inventors of obstetric instruments." Dr. Aveling then shows reasons why the credit, though generally given, is most probably not due to Dr. Peter Chamberlen, the last of the name. In the first place he relies on the curious fact that there were *three* specimens of each class of instrument among those discovered at Woodham Hall, excluding a fourth forceps "of such rude construction as to be practically useless." And he reasons with obvious justice—"the rational and inevitable explanation, therefore, of this remarkable coincidence must be that the instruments found were those not only of Dr. Peter Chamberlen, but of his father and uncle, for the secret could scarcely have been kept if at the death of the two latter their instruments had been allowed to fall into any other hands than those of Dr. Peter Chamberlen." The soundness of this opinion is further supported by what we know of Dr. Peter Chamberlen's own professional life, that he was "in early possession of a secret which gave him a superior position as an obstetrician." Hugh Chamberlen, sen. in a preface to his translation of Mauriceau's Midwifery, says: "My father, brothers, and myself have *attained* to and long practised, a way to deliver women"—not *invented* and long practised" as Dr. Aveling observes. Moreover, Dr. Peter Chamberlen himself, in his "Voice in Rhama," says, "Fame begot me envie and secret enemies, which mightily increased when my father added to me the knowledge of deliveries."

"There is also undeniable evidence in the 'Annals of the Royal College of Physicians of London' that Dr. Peter Chamberlen's father and uncle possessed exclusive and superior skill in the treatment of difficult labours."

The honour, therefore, of having invented this instrument would seem to lie between Dr. Peter Chamberlen I. and Dr. Peter Chamberlen II., both sons of the original French refugee. Dr. Aveling accords the honour to the older brother on the strength of a statement by Smellie in the introduction to his Midwifery. Speaking of the forceps as used by the

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(a) "The Student's Guide to Dental Anatomy and Surgery." Second Edition. By Henry Sewill, M.R.C.S., L.D.S. London: J. & A. Churchill.

(b) "The Chamberlens and the Midwifery Forceps." By J. H. Aveling, M.D. London: J. and A. Churchill. 1882.

Chamberlens, Smellie says : " And said to have been contrived by the uncle ;" which " uncle " can only apply to Dr. Peter Chamberlen I. We think that Dr. Aveling has made good his contention on the grounds of probability at least, and that by his painstaking industry he has done much to clear up one of the most interesting questions in the history of British midwifery.

We feel bound to add that the work is published exceptionally well, though here and there its pages are marred by misprints.

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Medico-Parliamentary.

HOUSE OF LORDS.—Friday, July 20th.

ARMY HOSPITAL SERVICE.

Viscount Bury rose to call attention to the report of the Committee on Army Hospital Services, and to move—"That while the individual medical officers in Egypt behaved admirably well, the system under which they worked did not successfully stand the strain put upon it ; that the military authority exercised by medical officers is inconvenient, and that discipline in hospitals ought to be administered by combatant officers, leaving to the medical officers medical duties only ; also that medical officers ought to be attached to regiments instead of being detailed for duty day by day from station and other hospitals."

The Earl of Morley concurred with the noble Lord in the tribute which he had paid to the energy and ability of the medical officers, and to the devotion of the lady nurses in the Egyptian campaign. He admitted that there were some defects in the administration of the hospital service, but he would remind their Lordships that the campaign was an exceedingly rapid one. The medical results of the campaign were somewhat remarkable. Taking the period from the 17th July to the 10th of October, which embraced the time from the first landing of the troops to the conclusion of active operations, there were 378 wounded non-commissioned officers and men admitted to hospital, of whom only eleven died, and admitted from other causes there were 7,212, of whom 79 died. There was a total absence of pyæmia, and not a single case of loss of sight.

The Duke of Richmond and Gordon considered that of the many changes introduced into the Army of late years the alteration in the medical system was, perhaps, worse than any of them. The question of economy should not stand before the health of the Army, and he hoped the system would be changed, or modified, instead of, as suggested, being extended to the Household troops, hitherto excepted.

The Duke of Cambridge had the strongest belief in the excellence of the medical officers of the army. If anything had gone astray in their department it was the system, and not the individuals who were at fault. He should very much like to see the present system modified, so that medical officers, for at least two or three years, should be attached mainly to a regiment. It was essential to the health of a regiment, and for the general efficiency of the medical department, that this should be the case. He regretted to some extent the charges which had been made, but he had no desire to revert, only to modify, the existing system to the extent he had mentioned. He hoped it was possible that the discussion which had taken place as well as the general feeling in the army, which entirely accorded with the views he had expressed, would bring about this modification. He believed the change would be very beneficial to the army, and that it would not be found out of accord with the prevailing system, which, with the limitation he had suggested, would continue much in its present form.

After a few further remarks, Viscount Bury expressed himself satisfied with the discussion that had taken place, and the motion was by leave withdrawn.

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Mr. W. Stokes, Professor of Surgery in the Royal College of Surgeons in Ireland, has been nominated by the President of the Royal College of Surgeons of England to a seat on the Council of the Association for Advancement of Medicine by Research.

PREVENTION OF CHOLERA.

On Monday afternoon last a meeting of the National Health Society was held at the Parkes Museum, under the presidency of Sir Joseph Fayrer, K.C.S.I., to consider what measures of prevention should be taken in the event of cholera spreading to this country. Mr. Ernest Hart read a paper on the subject, in which he detailed the history of previous epidemics, and sketched the manner in which precautions should be adopted, with especial reference to pure drinking water and efficient ventilation. Sir Joseph Fayrer, in his opening address, dwelt on the necessity for considering the question in reference to any possible extension of the disease to this country. Happily, so far as he knew, there was no indication of it at present, but previous experience taught that such extensions did take place. The Government and the sanitary authorities had been, he said, alive to the importance of the matter which had been carefully studied, and much information of a practical character had been obtained. It was true there might be, and, in fact, there was some difference as to the nature and causation of the disease ; but so much was known as to the laws that regulated its propagation and its diffusion, that we may be prepared, in the event of cholera coming to this country, to treat it as of comparatively little importance, or, at all events, to await its arrival with something of indifference. He thought it was very satisfactory to see the calm and dignified way in which the English nation had treated the matter. It was a pleasant contrast to the excited view which was taken by other Powers in reference to quarantine and coercive measures—measures which it had been satisfactorily shown did no good, but, if anything, intensified the mischief, and rather tended to increase than diminish the disease.

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DR. BANKS.

We learn that Her Majesty has been graciously pleased to propose to confer the honour of knighthood on our esteemed colleague Dr. Banks, and that he has most respectfully, and at the same time gratefully, begged to be allowed to decline the honour. It is always a difficult thing to decline any mark of favour at the hands of the Sovereign, but in this instance we believe Dr. Banks could not have done otherwise.

So long as higher titles are conferred on members of our profession elsewhere, his acceptance of a lower dignity by one selected by the Irish profession for the highest honours they had it in their power to bestow would be an acknowledgment that they occupied a lower rank than their fellows in other parts of the kingdom, an admission Dr. Banks could not and would not consent to make. On the creation of the Irish Academy of Medicine, Dr. Banks was unanimously selected as President—a selection that has contributed very largely to the success the Academy has attained. The University of Dublin put him in their foremost place by making him Regius Professor of Physic. A leading member of the Senate of the Queen's University and of that of its successor, the Royal University, they both selected him as the most worthy to represent them on the General Medical Council. He is, moreover, Senior Physician in Ordinary in Ireland to Her Majesty herself ; and under the circumstances, however gratifying it might be to Dr. Banks himself, as an individual, to receive any mark of favour from his Queen, we hold that his duty to his profession and to the positions they have given him rightly precluded him from accepting the proposed honour.

THE PROFESSION IN IRELAND.

THE Lord-Lieutenant has sent the following letter to Dr. Moore, in reply to the memorial referred to in our last issue :—

"Dublin Castle, July 21, 1883.

"Sir,—I am desired by the Lord-Lieutenant to acknowledge the receipt of the memorial from certain members of the medical profession in Ireland, which was placed by you in Mr. Hamilton's hands on July 17.

His Excellency is unable to consider that the bestowal of honours by the Crown can be made the subject of discussion between him and any public body, and therefore, while entertaining great respect for those who addressed him, he must decline to discuss with them the question which they have brought under his notice. His Excellency, however, wishes to assure them that Mr. Gladstone is fully aware of the high estimation in which the medical profession in Ireland is held, and desires to do justice to its members, and I am to add that the Lord-Lieutenant heartily shares in these feelings.—I am, sir your obedient servant, ALFRED E. TURNER, MAJOR, Assistant Private Secretary.

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Pass Lists.

University of Dublin.—The following candidates, having undergone the necessary examinations, received their respective degrees on June 29th :—

Bachelor in Surgery.

Beveridge, Edmund Francis.
Braddell, Monckton O'Dell.
Cowen, George.
Digty, Cecil Arthur.
Drury, Francis James.
Dwyer, Frederick Conway.
Fagan, Charles Joseph.
Hamilton, Charles Wolfe.
Haughton, Thos. Wilfrid.
Oldham, Hugh Falconer.
Poland, Chas Thos.
Scott, John Harrison.
Thompson, Henry Neville.
Wright, A. Edward.

Bachelor in Medicine.

Beveridge, Edmund Francis.
Blandford, H. Edmund.
Blood, Chas. Holcroft.
Braddell, Monckton O'Dell.
Cochran, John James.
Cowen, George.
Digby, Cecil Arthur.
Dobson, Geo. Magill.
Drury, Francis James.
Dwyer, Frederick Conway.
Fagan, Charles Joseph.
Fenton, William G.
Haughton, Thomas Wilfred.
M'Quaide, Henry.
Oldham, Hugh Falconer.
Poland, Charles Thomas.
Scott, John Harrison.
Sproule, Robt. Edw.
Thompson, Henry Neville.
Wright, A. Edward.
Driver, Frederick John (Cantab. *ad eundem gradum*).

Master in Surgery.

Bourke, Isidore M'William.
Cosgrave, Ephraim MacDowell (*stip. cond.*).
Gloster, James.

Licentiate in Medicine.—Sullivan, Green James.

Doctor in Medicine.

Bourke, Isidore M'William.
Denning, Robert Nirkle.
Driver, Frederick John.
Fawcett, Edward.
Kirkpatrick, John R.
Mason, Samuel R.
Smith, Travers Robert Montgomery.
Ward, Montgomery A.
Windle, Bertram Coghill.

King and Queen's College of Physicians.—At the July examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

Midwifery.

Andrew, Letitia Harvey
Byrne, Hugh John
Cleary, Michael Richard
Cradock, Lucy Elizabeth
Ensor, Edwin Thomas
Fitzgerald, Arthur Ormsby
Heuston, Frederick Samuel
Keenan, James
Kenealy, Arabella Madonna
Kenny, William
Lalor, Joseph
Long, Mark Henry
M'Ginity, Bernard A.
Neill, John
Roughan, Geo. Francis
Sheperd, Albert Wilberforce
Taylor, Rogers Wetherell Gore

Medicine.

Andrew, Letitia Harvey
Blake, Anthony Lawrence
Byrne, Hugh John
Clayton, William Mayne
Cleary, Michael Richard
Cradock, Lucy Elizabeth
Drought, Percy James
Ensor, Edwin Thomas
Fitzgerald, Arthur Ormsby
Fitzpatrick, James Vincent
Forde, Maurice
Hamilton James
Heuston, F. S.
Keenan, James
Kenealy, Arabella Madonna
Kenny, William
Lalor, Joseph
Lane, James
Long, Mark Henry
M'Craith, John R.
M'Gee, William
M'Ginity, Bernard A.
Maher, Charles Henry
Martin, John
Moorhead, Henry
Neill, John
Nolan, John Robert
O'Reilly, Peter Joseph
Roughan, George Francis
Russell, Bartholomew Taylor
Sheperd, Albert Wilberforce
Torney, George Parsons

The following Licentiates have been admitted Members :—

Beamish, Thomas
Clarke, Anne Elisabeth
Gore, Albert A., Surgeon-Major A.M.D.
Lynch, Gilbert
Roberts, Bransby
St. George, Geo. Lombe
Stephenson, Ed. A.
Stoker, W.

Royal College of Physicians of Edinburgh.—The following candidates have passed the final examination for the licence of this College :—

Alexander, Frederick William.
Aspinall, Samuel.
Baxter, William Whittington.
Cotton, James Milton.
Dodson, Arthur Edward.
Duncombe, Chas. Edwd. Berkeley.
Duncombe, Truman Wallace.
Gordon, Arthur Henry.
Gracie, Charles Batten.
Griffiths, John.
Hewish, Edgar Milne.
Hynes, Edward Charles.
Kinver, John Percy Holyoake.
Levi, Rueben.
Mayo, Frank Herbert.
M'Cullough, James Henry.
M'Naughton, John Alexander.
Parsloe, Henry Heath.
Phillpot, George Frederick.
Rhodes, Thomas.
Rix, Wm. Knibb.
Smailes, Robert.

Royal College of Surgeons of England.—At the meeting of the Council held on the 12th inst. the following Member was admitted a Fellow of the College :—

Smyth, John E., B.A., L.R.C.P.Ed., of Clapham.

The Membership.

The following candidates having passed the required examination for the diploma, were admitted Members of the College on Monday, July 16th :—

Barefoot, John R., L.R.C.P.Lond.
Beck, Geoffrey S., M.B.Toronto.
Bird, Frederic Dougan, M.B.
Cameron, Chas. E., M.B.M'Gill.
Ford, Geo. W., L.R.C.P.Ed.
Fraser, Thomas Alex., M.B.Ed.
Gandevia, N. R., L.R.C.P.Lond.
Gardner, Thomas F., L.S.A.
Hunter, William, M.B.Ed.
Jones, J. E. Evans, L.R.C.P.Lond.
Khan, Mohamed I., L.R.C.P.Lond.
Macdonald, W. H., M.B.Toronto.
M'Kenzie, Archibald, M.B.Ed.
Mackinnon, Frank L., M.B.Ed.
Nattress, William, M.B.Toronto.
Nicolet, Gustavus P., M.B.Ed.
Priestley, Joseph, M.B.Ed.
Reckitt, J. D. T., L.R.C.P.Ed.
Rodman, George H., M.B.Dub.
Rudge, Henry T., L.R.C.P.Ed.
Shuter, Charles Y., L.S.A.
Vincent, G., M.B.Aber.
Ward, Allan Ogier, M.B.Ed.
Willett, Edgar William, L.S.A.
Woodbury, John M'Gaw, M.D.

The following were admitted Members on Tuesday, July 17th:

Baxter, W. W., L.R.C.P.Ed.
Beebe, Charles Edward, L.S.A.
Cox, John Henry, L.S.A.
Craig, James, M.B.Ed.
Donald, Archibald, M.B.Ed.
Ellis, John Lloyd, L.R.C.P.
Holyoake, John P., L.R.C.P.Ed.
Jones, John Hervey, L.S.A.
Lawry, Thos. Spencer, M.B.Ed.
Lloyd, Henry Sanderson, M.B.Ed.
Mackay, George, M.B.Ed.
Nieuwoudt, Gerrit, M.B.Ed.
Parsloe, Henry H., L.R.C.P.Ed.
Paterson, Andrew M., M.B.Ed.
Phillpot, Geo. F., L.R.C.P.Ed.
Stillito, William Alsope, L.S.A.
Sutcliffe, Victor E., L.R.C.P.Ed.
Welchman, Eliot W., L.R.C.P.Ed.
Wilson, Theodore S., M.B.Ed.

The following were admitted on Wednesday, July 18th :—

Dunn, John E., L.R.C.P.Ed.
Foster, Albert Ernest.
Gordon, Arthur H., L.R.C.P.Ed.
Gostling, William Ayton.
Jackson, Arthur Molyneux.
Kitching, J. L. Walton, L.S.A.
Morgan, Llewellyn A., M.B.Durh.
Overton, Arthur Horncastle.
Papillon, James William, L.S.A.
Pedley, Richard Denison.
Roberts, Arthur H., L.R.C.P.Lond.
Southcombe, Arthur George.
Stericker, George Frederick.
Travis, William Owen.

The following candidates passed on Thursday, the 19th inst.:

Callender, Gerald.
Cardozo, S. N., L.R.C.P.Lond.
Childe, Charles P.
Ellis, Charles C.
Griggs, William A.
Hillaby, Arthur.
Parry-Jones, Maurice, L.S.A.
Linnell, Alfred.
Llewellyn, D. W. H., L.R.C.P.Lond.
Maughan, James, L.R.C.P.Lond.
Phillips, F. B. W.
Sanson, Charles L.
Tresidder, H. I., L.R.C.P.Edin.
Wigg, Henry H.

The following candidates passed on Friday, the 20th inst. :—

Beaumont, Edgar.
Brown, A. T. F., L.S.A.
Clark, Arthur W.
Cuolahan, John H.
Floyer, William W.
Green, C. D., L.R.C.P.Lond.
Hunter, George D.
Kendall, George.
Lilburne, James T., L.S.A.
Powell, Herbert E.
Powell, John J.
Robinson, C. S., L.R.C.P.Lond.
Robinson, Henry B.
Sharpley, Edward.
Williams, Robert R.
Wilson, Edward.
Woodson, Adolphus A.
Wright, G. R. M., L.R.C.P.Lond.

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Notices to Correspondents.

SUPERANNUATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am now nearly forty years a dispensary medical officer, and anxious to get out of harness. I shall feel greatly obliged if you will say, can I apply for superannuation conditionally, that is, can I go before the Board of Guardians and say that I am anxious to retire, provided they grant me superannuation; and if they will not agree to do so, that I will retain my position. I believe that were I to apply I would get considerable support from the *ex-officios* and from many of the elected guardians.

Yours, &c.,
July 18, 1883. A CANDIDATE FOR SUPERANNUATION.

[Yes. If you send to the guardians a letter stating your desire to retire if pensioned, and if you get a guardian to give notice thereupon of a motion that it is desirable to grant you a defined pension on your retirement, the motion will be quite legal and in order for discussion, and you need not resign until it has been passed, and if it does not pass you may hold your office. If it does pass, a further resolution, fixing the amount of pension, must be proposed, and you must resign before it comes on for discussion; but five minutes beforehand will be sufficient. This is the law, whatever the custom may be.—ED.]

Mr. Makuna (Melksham).—The subject is under consideration.

Volunteer Medical Organisation.—In furtherance of this movement, to which a leader was devoted in our last, we are requested to announce that a meeting of volunteer medical officers will be held at Liverpool, in one of the section rooms, on Wednesday, August 1st, during the meeting of the British Medical Association, when an address by Surgeon-Major Evatt, A.M.D, will be delivered, and several resolutions will be proposed.

FOREIGN DEGREES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I see a letter in your last issue from "Inquirer" asking me several questions. Will you allow me to state that I must decline to be catechised by anonymous writers.

Yours truly,
H. J. HARDWICKE.

Dr. Hy. Kennedy on "Some Forms of Dilatation of the Colon" shall appear in an early number.

Dr. Bell Taylor (Nottingham)—We hope to find space for your communication in our next.

An Intending Candidate.—The date was supplied to us by the agent of H.M. Government. Having drawn his attention to your letter, he has authorised the necessary correction. Thanks.

IRISH COUNTY INFIRMARIES.

A correspondent asks: 1. Can a case of accident be refused admission at a County Infirmary, no matter to what county the patient belongs? 2. Is a recommendation from a Governor for such admission necessary? 3. Is there any recent instance where the presentment for the support of a county infirmary has been successfully opposed at Presentment Sessions, sanctioned by the Grand Jury, and on appeal confirmed by the superior courts?

[1. There is nothing in the Infirmary laws to prevent a patient from another county being received, but the ratepayers might object. 2. A Governor's recommendation is usually dispensed with in urgent cases, and is not necessary according to law. 3. There is no such case, but in the recent case of the Kildare Infirmary, the presentment was sanctioned by the Grand Jury and refused by the ratepayers, and the Judge ordered payment of the salary of the surgeon, but nothing else.—ED.]

Esprit de Corps.—Your reply is unfortunately crowded out of present number; space will be reserved in our next.

THE RECENT PASS LIST FOR THE K.Q.C.P.I.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I observe in the *Medical Press and Circular* for July 18 a statement that Miss Arabella Kenealy obtained first place out of fifty candidates at the recent examination for the Licence in Medicine of this College This statement is not quite accurate, as the names of the successful candidates are not arranged in order of merit, but alphabetically, and the number of candidates at the recent examination was not fifty—but forty.

Kindly insert this correction in your next publication, and oblige

Yours faithfully,
JOHN WILLIAM MOORE, M D. Dub.,
Fellow and Registrar.
July 20, 1883.

Mr. Jamieson.—"Studies in Microscopical Science," issued weekly by Messrs. Baillière, Tindall, and Cox, and with each number of which a prepared slide is given, cut and mounted by Mr. Cole, is the most likely source from which to gain what you want.

A. K. G. asks if a mortality of forty per cent. in hospital practice is a large one. Most persons will probably agree with us that it is, and that any institution exhibiting such an unusual death-rate was seriously defective in some important respect. We shall be glad to have further particulars from our correspondent if his query has reference to any actual hospital.

Dr. Drew.—Oophorectomy is not regarded with a high degree of favour in this country, and no one would think of resorting to it under the conditions you suggest, nor indeed save as a final and desperate remedial attempt.

Dr. Hanson.—It would be out of place for us to discuss the comparative merits of degress conferred by different Universities, nor could it result in gain one way or another.

Auricula.—Professor Humphry's work on the skeleton is most adapted to give you the information you require. Owen's Anatomy of the Vertebrata also will afford useful details likely to be of assistance in the study you are making.

A much-needed Bill.—The Cincinnati City Council has introduced a Bill for the wholesale punishment of quacks, and which would seem to be eminently necessary, since the following is a sample of the advertisements published by the unlicensed doctors: "*All* obstructions to menstruation, from *any* cause, removed."

R. L. K.—More extended experience will prove to you that a very considerable proportion of older therapeutic measures are inconsistent with modern progress, and you will constantly regret having confined your attention to what will practically have to be unlearned again. Ringer's Therapeutics is the standard work, and must certainly be consulted. Naphey's volumes on Medical and Surgical Therapeutics will be of great service also.

Arsenicus.—Pemphigus is characterised by the presence of bullæ, most frequently on the arms, but not confined to any particular region. Arsenic is beyond all other drugs the remedy which has the most decided influence on the disease. Fowler's solution is as good a form as any that can be adopted.

C. C. (Liverpool).—The operation is not often performed, unless there is some pressing reason why it should be resorted to. The presence of varicose veins does not necessitate any condition of danger, and mere inconvenience cannot be held a sufficient reason for running the risk incurred by such an operation as that for the radical cure of varicocele.

Vacancies.

Birmingham Children's Hospital.—Assistant Resident Medical Officer Salary, £40, with board. Applications to the Secretary by the 30th inst.

Brompton Consumption Hospital.—Resident Clinical Assistant. Applications to the Secretary before August 4th. (See Advt).

Clifden Union, Clifden.—Dispensary Medical Officer. Salary, £90, and £10 as Sanitary Officer. Election, August 4th.

Downpatrick Lunatic Asylum.—Assistant Resident Medical Officer. Salary, £100, with apartments, rations, &c. Election, August 4th. (See Advt.)

Downpatrick Union—Dispensary Medical Officer and Sanitary Officer. Combined Salaries, £115. Applications by the 28th inst. (See Advt)

Enniscorthy District Lunatic Asylum.—Medical Superintendent. Particulars as to duties and emoluments obtainable at Dublin Castle. (See Advt.)

Leeds School of Medicine.—Curator. Salary, £80 per annum, with furnished apartments, &c. Applications to Dr. Churton, Park Sq., Leeds.

Middlesex County Asylum.—Assistant Medical Officer to the Male Department, Colney Hatch. Salary commencing at £150, with board. Printed forms of application will be supplied on request.

Royal Free Hospital, London.—Junior Resident Medical Officer. Applications to the Secretary. Board and residence. No salary. (See Advt.)

Salop Infirmary, Shrewsbury.—House Surgeon. Salary, £100, with board and residence. Immediate application to the Board.

Strabane Union, Strabane.—Dispensary Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, August 15.

Strokestown Union, Strokestown Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, July 27.

Appointments.

Baker, G. I., L.K.Q.C.P.I., Resident Obstetric Assistant to Westminster Hospital.

Butler, G. E., M.R.C.S., Junior House Physician to Westminster Hospital.

Clapp, R., L.R.C.P. Lond., M.R.C.S., Assistant Medical Officer to the Devon County Lunatic Asylum.

Fergus, S., M.D.Q.U.I., M.Ch., Medical Officer to the Blackwater Town Dispensary, Armagh Union.

Births.

Graham.—July 15, at Sandymount, the wife of Wm. Graham, Fleet Surgeon H.M.S *Achilles*, of a son.

Hartland, July 14, at the Friary, Villiers Town, co. Waterford, the wife of John F. Hartland, M.D.R.U.I., of a son.

Kiernander.—July 19, at St. Charles Square, Kensington, the wife of Surgeon-Major Wm. C. Kiernander, A.M.D., of a son.

Lees, July 18, at 2 Thurloe Houses, South Kensington, the wife of D. B. Lees, M.D., F.R.C.P., of a son.

Macan.—July 16, the wife of Arthur V. Macan, M.B., F.K.Q.C.P., Master of the Rotunda Hospital, of a daughter.

Moore.—July 22, at 40 Fitzwilliam Square, West, Dublin, the wife of John William Moore, M.D., F.K Q.C.P., of a son.

O'Kelly.—June 9, at Maynooth, the wife of Thomas E. Talbot O'Kelly, L.R.C.S.I., of a son.

Marriages.

Edgar—Clayton.—July 21, at the Church of the Holy Ascension, Settle, Yorks, James W. Edgar, M.D., of Settle, to Susanna, eldest daughter of the late Rev. Wm. Clayton, rector of Bentham.

Edwards—Wilcocks.—July 17, at St. James's, Notting Hill, W., Thos. R. C. Edwards, M.R.C.S. Eng., L.R.C.P. Ed., &c., son of Dr. Edwards, of Gloucester Crescent, Hyde Park, to Laura Elizabeth, third daughter of the late J. C. Wilcocks, of Exeter, Devon.

Hay—Batters.—July 18, at St. Andrew's Church, Stanstead Abbotts, Herts, John Home Hay, M.D. Edin., M.R.C.S. Eng., of Alloa, N.B., to Margretta, third daughter of John Batters, Esq, of Stanstead Abbotts.

Deaths.

Croker.—July 12, suddenly, at Malvern Link, Worcestershire, John Rees Croker, M.R.C.S., &c., aged 62.

French.—July 16, at Bath, suddenly, Anna Sophia, the wife of James French, M.R.C.P., formerly of Neath.

Houston.—July 16, at Kirkcaldy, Patrick Cruikshank Houston, M.D.

Mease.—July 19, at the Infirmary House, Cavan, after a few hours' illness, Andrew Mease, M.D., aged 71.

Stewart.—July 17, at Grosvenor Street, Alexander Patrick Stewart, M.D., aged 70.

Thurston.—July 10, at Sandown, Isle of Wight, George James Thurston, M.R.C.S., L.R.C.P. Ed., aged 56.

Williams.—July 14, at his residence, The Hollies, Southport, William Jay Williams, M.D., late of Manchester.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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NOTES ON CHOLERA AND ITS TREATMENT.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen.

DIARRHŒA may occur as an independent affection in times of cholera, or it may happen as an early stage of the latter disease. When cholera prevails it is difficult to decide correctly and with precision where diarrhœa as such ends, and where distinctive cholera begins. The symptoms of the two affections differ in degree rather than in kind; but it is usually considered that the retention of colour in and slower progress of diarrhœa by itself are to be taken as indicative of the milder malady.

Diarrhœa, when it occurs as a premonitory stage of cholera, has a duration seldom exceeding three days. As regards the prevalence of this affection among masses of population, it has been observed to vary from a few days to several weeks. In 1866 statistics regarding this point were taken in London. In 41 examples on that occasion recorded the duration of the diarrhœa in 3 cases was 12 hours, in 1 case 18 hours, in 1 case 19 hours, in 7 cases 33 hours, in 12 cases 2 days, in 6 cases 3 days, in 2 cases 4 days, in 2 cases 5 days, in 1 case 6 days, in 1 case 7 days, in 2 cases 2 weeks, in 1 case 5 weeks, in 1 case 8 weeks. The general result of these observations shows that in more than half the number of cases diarrhœa preceded the more marked symptoms by less than three days. On that occasion in London there was a subsidence of diarrhœa before the outbreak of cholera. A similar subsidence had preceded the outbreak of 1848-9 and 1853-4.

In some instances epidemics of diarrhœa have been considered to be really epidemics of cholera, although occurring in that form. In 1836 this was the case in the Indo-Chinese fleet. On that occasion the epidemic of diarrhœa which prevailed was considered to take the place of cholera which had in previous years occurred in the same fleet. At Huddersfield in 1849 diarrhœa and cholera prevailed simultaneously in so defined a manner that the cause which produced them both was considered to be identical, only the form of resulting disease to differ in different individuals. At Oxford in 1852 deaths took place by diarrhœa without the cases passing into confirmed cholera. And similar occurrences are noticed in other epidemics of the disease.

Persons coming from infected localities have been attacked with diarrhœa within a period extending to fourteen days from the date of their departure, the disease in them undergoing no farther development; and yet confirmed cholera occurred in the locality into which such persons had entered. Occurrences of this nature happened in France during the epidemic of 1855—notably at St. Germain, Melissy, St. Barthèlemy, and Villedieu. The Constantinople Commission acknowledged that cholera could be propagated in this manner.

It has come to be acknowledged as an axiom that the more severe the impending epidemic of cholera the shorter is the period of premonitory diarrhœa. In young persons diarrhœa in connection with cholera is considered to be of more frequent occurrence than it is in those more advanced in years. In a number of instances cholera has manifested a partiality to individuals habitually subject to diarrhœa.

Diarrhœa is said to occur more frequently in attendants on cholera patients, and in them to take the place of the more developed disease. In 1873 this circumstance was noticed in connection with the epidemic at Ottawa.

But although diarrhœa often precedes cholera, this does not happen invariably. There was no premonitory diarrhœa on the occasion of the cholera outbreak in the 86th Regiment at Kurrachee in 1846; none in the Madras epidemic of 1848. In the French epidemic of 1855 diarrhœa is mentioned by 97 reporters; by 15 its occurrence is considered exceptional. In the Crimea in that year our troops were seized, in many instances, with collapse of cholera without any premonitory symptoms whatever. At Gateshead in the same year 55 persons who went to bed in perfect health on the 25th of December were attacked with cholera before sunrise on the 26th; and of the number so attacked, 32 were dead before sunset. In 1861 there was no marked prevalence of diarrhœa before or during the epidemic of cholera at Delhi. In 1866 diarrhœa, and indeed all other premonitory symptoms, were absent on the occasion of the cholera outbreak at Mean Meer. At Peshawur the attack of cholera in the 42nd Highlanders was sudden, and unpreceded by premonitory symptoms. Other instances could be given in illustration of the fact that, although on occasions cholera is preceded by diarrhœa, this is by no means an invariable occurrence.

The success of treatment applied in cases of cholera depends in a very great degree upon the early use of that treatment. For example, in London in 1849 there were treated 43,737 cases of "premonitory" diarrhœa, and of this number 58 only developed into cholera. In that year throughout England there were treated 130,000 cases of diarrhœa, of which number only 250 passed into cholera. A question was raised as to whether many of the cases so treated were not cases of simple diarrhœa. Perhaps they were; it is impossible to say. From calculations made in Glasgow in reference to the epidemic of that year, it has been stated that of persons treated within the first six hours after attack by cholera 21 per cent. died; of those first treated between six and twelve hours after attack, 33 per cent.; of those between the twelfth and twenty-fourth, 45 per cent.; and of those treated later, 66 per cent. In India the importance of early treatment is universally recognised, and special orders on this point are enforced in respect to soldiers. In 1877 the observance of such orders was followed by important success at Madras.

Briefly, the remedies administered in the stage of premonitory diarrhœa comprise carminatives, antispasmodics and astringents.

In the treatment of fully-developed cholera remedies of the most diverse nature have been used from time to time. Perhaps the earliest method on record was that which of late years has been called the "eliminative." That method dates from the year 360.

In the sixteenth century venesection, ligatures to the head, limbs and loins, acupuncture, pepper in rice-water as a drink and applied externally, were the means employed. After the violence of the disease had passed, purgatives were given.

In the seventeenth century the natives of India withheld liquids from patients affected with cholera, and cauterised the soles of their feet. Among the remedies administered were diffusible stimuli, saffron, opium, vegetable astringents, and ammonia. Towards the end of that century, and in the early part of the eighteenth, the French Missionaires at Trichinopoly administered to the cholera patients "un peu d'eau bénite et se mit à réciter quelques prières," with the happy result, as stated by themselves, that "le malade guérit subitement."

Among the remedies used in the eighteenth century were the following:—Calumba root in 1756; cassia fistula and rhubarb in 1761-63; opium and rice-water in 1769; Glauber salts with tartrate of antimony, in doses of one-eighth of a grain, in 1782; Madeira wine, laudanum and cordials also in that year; castor oil at Arcot in 1787; large doses of opium at Batavia in 1789.

During the portion of the nineteenth century already gone, methods of treatment in their nature absolutely the opposite of each other have been used. In 1817 large doses of calomel, combined with small quantities of opium, were given. In 1831 emetics of ipecacuanha were said to have "acted like a charm;" on the same occasion sulphur and phosphoric acid internally were given. In 1832 venesection, used, as already stated, in the sixteenth century, was reverted to; in 1849 the same method was for the third time practised. Naphtha was employed for the disease as it occurred among the Prussian troops in the Caucasus; and, under the name of "elixir of Woreneje," that substance is believed to have been employed for the same purpose in Russia. In 1848-9 naphthaline and petroleum were given internally in the United Kingdom.

The use of opium vaunted by some writers is utterly condemned by others. During the epidemic in France, 1855, opium was extensively used; the result assigned to such use being that in some instances living persons were buried while in a state of narcotism only. There are many medical officers of great experience who assert that it is chiefly or only among patients thus treated that the severe train of symptoms known as "secondary fever" occur.

With regard to ipecacuanha, about twenty reporters record their experience with that drug. Of 4,180 patients treated by means of large doses of it, 2,509 died.

Evacuants, praised by some writers, are by others stated to be deadly. The same remark applies to the use of tobacco fumes.

Antispasmodics—notably, ether and chloroform—are used with the greatest advantage against spasmodic phenomena in the course of the disease.

Among the means applied externally and variously reputed have been frictions and excitants; hot baths, with and without aromatic herbs; bags of hot sand to the hands and feet; the application of cold; galvanism, &c., &c.

Among various other remedies used from time to time are the following, they being but a very few out of a long catalogue, namely:—Hot negus, with grated nutmeg; quinine, strychnine, and nux vomica; sulphate of copper; homœopathy, practised, it is said, during the epidemic in France with sad results; hypodermic injections of various kinds; inhalation of gases; transfusion of blood and of different saline mixtures; purges; astringents; carminatives; alkalies; sulphur; sulphuric acid; chloral, both by the mouth and hypodermically; acetate of lead; tartrate of antimony; stimulants; preparations of iron; hydrosulphuret of ammonia; olive oil; yeast; eupatorium, &c. For a time *Sumbul*, the product of Euryngium Sumbul, N. O., Umbelliferæ, was used. In 1864 a solution of permanganate of potass was given in India.

In order to account for the insuccess of medical treatment in cases of declared cholera, the circumstance must be borne in mind that for the time being the function of absorption is in abeyance; especially is this the case in the algid stage of the disease.

But, while on the one hand there is no certainty of saving the life of a person attacked with cholera, neither is it right or justifiable to despair as to the results of means reasonably employed, even in cases the most desperate.

ON SOME IMPLICATIONS OF DISSOLUTION OF THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.C.P., F.R.S.,
Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralysed.

(*Continued from page 66.*)

I shall state the scheme briefly, *and only as regards the motor centres*, assuming for simplicity, which I do not believe, the middle and highest centres to be purely motor. This artificial simplification must not be forgotten. Another simplification is that, for the most part, we speak of the cerebral system only; we almost ignore the divisions of the cerebellar system, especially the higher divisions. Still another simplification, to be remedied later when we consider Broadbent's hypothesis, is that we speak of centres of one half of the nervous system only. As the terms lowest, middle, and highest centres are used as proper names, as well as to indicate different evolutionary levels, there is no impropriety in such an expression as "two lowest" centres, nor in saying that the highest motor centres are in front of the middle. The order of cerebral centres is as follows:—

Lowest Centres.—A lowest centre is one which represents some limited part of the body most nearly directly; it is a centre of simplest, and yet it is one of compound, co-ordination (in some cases plexuses of nerve trunks show this clearly). Not only are the spinal anterior horns lowest centres, but so also are the higher homologous nuclei. Thus the nuclei representing most nearly directly the ocular muscles, the nuclei representing most nearly directly parts concerned during circulation, are some lowest centres, as certainly as the lumbar nuclei are some others. The sum of these representations in detail is the first, most nearly direct representation of the whole body.

Middle Centres.—A middle centre represents over again in still more complex, &c., combinations what many or all of the lowest have represented in comparatively simple combinations; thus, it represents a less limited part of the body. The middle centres are re-representative; they represent parts of the body doubly indirectly; they are centres of doubly compound co-ordination. They are supposed to be made up of the parts in the so-called psycho-motor region, and also of the ganglia of the corpus striatum. The sum of these representations of wider districts is the second, and is a doubly indirect representation of the whole organism. (*a*)

Highest Centres.—The highest centres (we are speaking of motor centres only) are supposed to be parts in front of the middle. They represent over again in more complex, &c., combinations, the parts which all the middle centres have re-represented, and thus they represent the whole organism; they are re-re-representative; they represent parts of the body triply indirectly. They are centres of triply compound co-ordination. The sum of their representations is the third and a triply indirect representation of the whole of the body. This statement implying that the highest motor centres of each half of the nervous system represent both sides of the body is an anticipation of what will be said when considering Broadbent's hypothesis.

Putting the main part of the foregoing scheme most generally, we say that there are many lowest, many middle, and many highest centres. From increasing evolution of centres there is, in each of the centres making up the higher level, increase in complexity of representation of parts of the greater range represented and increase in speciality of representation. Thus the highest centres, the climax of representation, represent impressions and movements of all parts of the organism (range), each unit represents the whole organism (complexity), each unit represents the whole organism differently from all other units (speciality). Taking note of the highest sensory centres also (we have neglected the hierarchy of sensory centres), the highest centres are the anatomical substrata of consciousness.

We have spoken of Evolution as if it were a "necessary" process, which it is not. We spoke as if the higher centres were so to speak evenly evolved out of their lower. No doubt there is in the highest centre what we may call Internal Evolution—re-combinations of nervous arrangements each of which has been organised during complete correspondence of the organism and its environment. If not there would be no trains of thought independent of present actual experiences, and none differing from past actual experiences; it is quite certain that there are, in dreams most strikingly. Any recombinations that are permanent imply new nervous arrangements. No doubt, therefore, peripheral parts serving, or rather as they serve, in visual and tactual exploration, will be proportionally represented very much more specially than such parts as the legs in the highest centres. Similarly for parts serving, or parts as they serve, during emotional states. For the present these considerations can be ignored; but for some purposes they must be taken into account, as when dealing with the special symptomatology of epileptic paroxysms.

Very briefly we speak of the dynamics of the nervous system. In what is called a voluntary action, as well as in many others not so called, all orders of centres are engaged. Manifestly a voluntary action is one of the whole organism, and is so in two ways. It begins, we speak of the motor part of the process only, with activity of some part of the centres representing the whole organism; it engages all orders of centres. A normal discharge starting in some elements of the highest centres overcomes the resistance of some of the middle, next the resistance of some of the lowest centres is overcome, and the muscles (*a*) are ultimately moved in a particular way (we still neglect the cerebellum). The process is from the least towards the most organised; as this is the order of increasing resistances, it results that from slight energising in the highest centres of nervous arrangements representing movements of the whole organism there may occur at the periphery movement of but a limited part, say of one finger. A fit of epilepsy is an excessive caricature of the normal physiological process during what is called a voluntary action.

The existence of plexuses betwixt the highest and middle, betwixt the middle and lowest, and betwixt the lowest and the periphery, is of necessity assumed in the foregoing. There are integrations betwixt different parts of centres of the same rank. These we must take note of in order to understand how discharges of collateral nervous arrangements occur from the primal discharge of a part highly unstable. It is not said the more perfectly integrated the higher the centre; no doubt the highest centres, being the least organised, are least perfectly integrated, although they have most lines of integration.

Now we return to cases of "discharging lesions" of the highest centres, and take note of the subordinate (middle and lowest) centres. It is unfortunately in so complex a subject impossible to consider things *seriatim*. We have been obliged to anticipate conclusions to be reached later by assuming that the highest centres of each half of the brain represent both sides of the body—the whole organism.

We suppose the discharge of part of the highest centres to be very excessive—a case of *le grand mal.* Upon discharge of a highly unstable part of the highest centres, which part we likened to a fulminate, there are secondary "downward" discharges of healthy middle and then tertiary discharges of healthy lowest centres, and then the periphery is gained. Note in passing that all centres are involved in the order from the least to the most organised. But the process is far more complex than we have stated it to be. The part of the highest centres which is highly over-unstable discharges not only "downwards," but "collaterally;" healthy collateral parts of the highest centres are discharged, and each of these collateral discharges leads to secondary discharges of the middle and tertiary discharges of the lowest centres. The middle centres are subjected not only to the primitive discharge of the part of the highest centres morbidly highly unstable, but to the induced collateral discharges of these centres. Possibly there are collateral discharges in the middle centres when they are overcome and discharged

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(*a*) I do not pretend to be able to speak with accuracy of the exact parts which make up the middle centres. Artificial excitation of only certain convolutions produces movements; in these convolutions most large cells are found; it is from destructive lesions of fibres connected with these convolutions that descending wasting occurs, and this stops at the lowest centres. Lesions in front do not produce descending wasting into the cord; whether or not they produce wasting "descending" to the middle centres I do not know. These facts, however, are read by most physicians, not only as proving that the convolutions in question are motor, but that those in front of them are not motor; as stated I believe the latter to be also motor.

(*a*) In speaking here and elsewhere of muscular action resulting from nerve currents, I mean that there results from them "an explosive decomposition of certain parts of the muscle substance."

from above. If so the resulting convulsion will be exceedingly compound.

Taking note of the middle and lowest centres, we can state more completely the differences betwixt a case of destruction of part of the highest centres, negative lesion, and a case of high instability of part of them, positive lesion; we can in other words show more fully the nature of what we call the "double opposite" effect of negative and positive lesions. In the case of negative lesion all other healthy parts of the highest centres are left as they were, as are also the middle and lowest centres. In this case some part of the highest centres is "dead," and the rest of the nervous system is not interfered with at all. There is loss of many movements, but as these are movements of the whole body the paralysis is widely distributed—there is "weakness" all over, but no localised decided loss of power. There is compensation by the collateral parts of the highest centres, which can act on and through the intact middle and lowest centres. The compensation is very highly compound. But when there is a "discharging lesion"—a positive lesion—some part of the highest centres is "too much alive," and much of the rest of the nervous system *is* occasionally greatly interfered with; healthy collateral parts which, in the case of destruction of a part, serve to compensate a loss, are in the case of high instability of a part compelled to co-operate in an excess; each of the collateral discharges leads to "downward" discharges of the middle and lowest centres. What we called the highly compound compensation for negative lesion is in the case of positive lesion "inverted;" the co-operation in excess is highly compound; we do not say as highly compound as is the compensation in the case of negative lesion. For the parts made to "co-operate in excess" are not made to do so until their resistances are overcome; how many resistances are overcome depends on *the degree* of the primal discharge. Resistances will be considered later.

(*To be continued.*)

CATARRHAL DEAFNESS IN CHILDREN.

By GEORGE P. FIELD,

Aural Surgeon to St. Mary's Hospital.

Whilst we daily learn more of rare or hitherto comparatively little known maladies, it behoves us still ever to keep fresh in our memories the ascertained facts in connection with the every-day diseases of ordinary practice. Of catarrh of the middle ear, which it is my desire now briefly to consider, one may say that it is because perhaps the most common one of the most important causes of loss of hearing that we are liable to be called to deal with. A clear understanding of the conditions of this disease in the case of children is, moreover, especially important, not only because it is among its youngest victims that we may hope for the greatest success in treatment, but also because an early recognition of its character affords us the best chance of obviating any resultant tympanic disease, with a legion of incurable sequelæ, such as rigidity of the ossicles, and abnormal adhesions. A knowledge of what the disease is apt to lead to necessarily prepares us for that which is better than its cure—namely, its prevention.

It seems to be the popular persuasion that, in proportion to the age of a child, so does Nature exercise her *vis medicatrix*, and thus, if a child has come to suffer from deafness, as is usual from catarrh, its fond friends and parents assume that the little one will grow out of it!

Doubtless we should soon become a more or less deaf people were not the cure of aural catarrh in a large number of cases, notwithstanding the carelessness of parents, the natural work of time, for the frequency of its occurrence, in the young more especially, is amply provided for by the eccentricities of our English climate. Can we wonder that they readily take cold where a steady down-pouring rain in January and part of February is succeeded by warm summer weather, and this in March by cruel east winds and fog worthy of November and December, culminating in sleet, snow, and slush in April? What we are coming to next, and whether we are about to enter upon some new geological climatic cycle, I will not pretend to guess; but I think we may look to the weather-forecast authorities for a certain announcement of impending changeable weather! It is just the atmospheric changes that are the principal cause of aural catarrh, as a result of catarrh extending from the naso-pharynx, and, therefore, except when there is a predisposition to tympanic disease in consequence of influenza, measles, &c., one must, in the majority of cases, hope to cope with the aural disease only after remedying the condition of the naso-pharynx.

When, in consequence of inflammatory processes, there is exudation, whether mucous or serous, from the throat, the Eustachian tube is apt to become swollen and blocked, and thus rarefaction of the air in the tympanum ensues, the membrane is drawn inwards into a position of undue tension, and deafness results.

With a description of the membrane in this condition I think I need scarcely detain my audience, to whom its appearance is doubtless more or less familiar.

When fluid is present in the cavity, it can readily be discerned on inspection, the line of demarcation between it and the air above being clearly visible through the membrane. Parts only of the naso-pharynx may be subject to catarrhal inflammation. A "cold in the head" may cause simply sufficient interference with the functions of the Eustachian tube to give rise to an uncomfortable sensation of fulness in the head—conditions which in strong healthy children usually pass off with the cold. In strumous children, on the other hand, or in those that are underfed and underclothed, the cold, left to Nature to cure, may be anticipated to lead to results of a serious character.

Inasmuch as colds in the head are about the most common source of disorders of the ear, it is evidently most essential for the prevention of deafness studiously to seek to avoid them. I have spoken of the freaks of our usually dull English weather as being largely concerned in their production, but the dulness of the grey matter of many an English brain has not a little to do with their origin.

It is often interesting, though by no means satisfactory, to note the battle being carried on in the persons of prettily, but imperfectly or improperly, clothed children, between the tendencies of naturally healthy constitutions and the baleful influences of cold and exposure. Too much, or too litttle clothing for the state of the weather, draughts, damp feet, unchanged garments moist with excessive perspiration, cutting the hair too short, or wetting it at bed time—such are a few of the means by which children, not to say adults, are introduced to naso-pharyngeal catarrh, and attendant ear disease. As one cold after another is caught, the mucous membranes become permanently thickened, and a chronic catarrh is established to a great extent independent of climatic changes.

When aural catarrh does not proceed from an initial affection of the throat or Eustachian tube, but originates in the tympanum itself, deafness usually comes on at an early date, but in most cases of catarrh it is of slow growth. By degrees—perhaps at the rate of an inch or two in a twelvemonth—the hearing distance diminishes, and all that is noticed by the parents and friends of the child affected is, that for some unaccountable reason it is not so bright and keen of apprehension as it used to be. Perhaps the family censor, anxious to quicken the apparently halting brain-activities, adds a little traumatic damage to the mischief already established by administering sundry boxes on the ear; or it may be that some maiden aunt with time on her hands for the perusal of popular medical treatises comes to the conclusion and persuades the parents that the dear child's system needs more support, and that under the employment of tonics it will become as well as ever.

In the meanwhile the aural catarrh goes on, and deafness increases. At last—and, I am sorry to say, in many an instance too late—the disclosure is made that there is something wrong with the ear. The doctor then discovers that it might doubtless have been completely cured, but now there is thickening of the tympanic membrane, and a collection of inspissated mucus on its inner side, and that the ossicles are hampered in their movements. Perhaps for the first time the parents learn from him that the cuffs and blows on the head that the child has been given for its supposed inattention has only tended to increase the defectiveness of an already damaged ear.

In this connection I may remark that it is not at all uncommon at hospital to meet with cases of ear disease due to this cause alone; indeed, it is difficult to understand how any feeling short of malice aforethought can prompt anyone to correct a child in this way. Most of us, I daresay, remember the case mentioned in Holmes' "System of Surgery" of the boy who, suffering from the cerebral abscess that caused his death, had his ears boxed by his father for inattention. But recently a curious instance of the inadvisability of striking the ear, even by way of jest, came before me in the case of an actor, who, having to submit for over the space of two months to a box on the ear at the hands of a fair colleague, had developed a well-marked example of hæmatoma auris. The play was, he said, very unfairly called "Much Ado about Nothing."

The prevention of the frequent opening of the Eustachian tube, requisite for the integrity of the hearing, it must be borne in mind, is sometimes due to a habit in children of breathing through the mouth, which, in certain cases, is seemingly only an acquired trick, but, in most, is the direct result of clogging of the nostrils, swelling of the tonsils, and other hindrances to respiration caused by chronic catarrh.

The constant patency of the mouth, by impairing the function of the nasal cavities as resonators, causes the child to speak in the peculiar fashion popularly known as "talking through the nose," but which, of course, on the contrary, is not talking through the nose at all.

The open mouth, crowded teeth, and generally debilitated look of those suffering from chronic catarrh, with enlargement of tonsils, are very characteristic.

Occasionally in such children the closure of the Eustachian tube permits of the accumulation of fluid, chiefly mucus, in the tympanum, the expulsion of which allows of the restoration of hearing.

Before passing to other considerations, let me impress upon you the fact that chronic pressure on the drumhead, occasioned simply by closure of the Eustachian tube, may be the cause, not simply of temporary deafness, but of irremediable and most serious damage to the ear.

Autophony—that is, the echo of a patient's own voice—is occasionally a troublesome symptom in aural catarrh—more generally present, it is said, when a slight attack of the latter has caused one-sided deafness. The patient describes his sensations as being like those produced by speaking with one's head inside a cask.

Among the many annoyances caused by accumulation of mucus in the tympanic cavity are different kinds of noises, which result from its movement during the act of swallowing.

A sign of closure of the Eustachian tube which is not unfavourable, for the little subjects of it can nearly always be cured, is variation in the hearing distance. Sometimes the patient, after months of deafness, hears a report, like that of a gun going off, as air suddenly enters the tympanum, either because mucus within it has become absorbed, or swelling of the Eustachian tube has subsided.

There is now great improvement in hearing, owing to the more or less complete resumption by the tympanic membrane of its normal position, but in many a case, unless proper treatment is adopted, the hearing is suddenly lost again.

In children damp weather may, year after year, bring on deafness, and the more frequently this occurs, so much the more likelihood is there of chronic permanent injury to audition. The continued presence of mucus in the tympanum no doubt may lead, not only to thickening of its mucous membrane and other changes, but also to purulent discharge, which not infrequently comes on without any apparent cause.

When of recent origin, simple aural catarrh in children yields readily enough to constitutional remedies, astringent applications to the back of the throat, and the use of Politzer's air-bag. This air-bag has, no doubt, served for the cure of hundreds of little patients, who, without its aid, would have become irremediably deaf.

During the act of swallowing the orifice of the Eustachian tube is opened, and, as it is then that the bag is compressed, air is forced through the nose into the throat, and thence through the obstructed Eustachian tube into the tympanum. The loud, explosive sound heard as air reaches the drum-head is usually at once followed by considerable alleviation of the deafness. Even those who have had long experience in the treatment of aural disease are sometimes astonished at the rapidity with which loss of hearing due to obstruction of the Eustachian tube disappears on the employment of Politzer's bag, a single application being sometimes all that is required. I have never yet seen any ill effects from its use in the case of children. When, in adults, the bag has failed to be of service, one may find it advisable to resort to the use of the Eustachian catheter; but this in children I should never recommend, for the simple reason that they will not submit to it!

As sudden inflation of the tympanic membrane is liable to occasion its rupture, care must, of course, be taken that it be not effected with too great force. In connection with Politzer's bag—which is conveniently of the capacity of six ounces—I find it well to employ Allen's nasal pad, as this dispenses with the insertion of the end of the tube within the nostrils, to which both children and ladies evince a decided objection.

In respect to the use of Politzer's process, there is one caution necessary—viz., that one may avail one's self of it too frequently. Valsalva's method of charging the tympanum with air—that is, to hold the nose and blow while the mouth is kept closed, when constantly employed by patients affords less and less relief, and may become worse than useless, and the same is true of the too-often repeated use of the bag, as when it is applied by a patient to himself three or four times a day. It suffices to open the occluded Eustachian tube only now and then—say, twice a week—so as to ventilate, after a fashion, the tympanic cavity. By this means the tube is soon rendered permeable, especially if an astringent be applied twice daily with a bent brush to the back of the throat, such as one drachm of the tincture of perchloride of iron to an ounce of water, or glycerine and tannin, and water in equal parts. Even the employment of the nasal douche, or the sniffing up through the nostrils of alkaline solutions, may prove injurious to the hearing by occasioning the introduction of fluid into the tympanic cavity.

For the constitutional treatment of aural catarrh, mild purgatives, cod-liver oil, the iodide and phosphate of iron, or steel wine may be administered with good effect in various cases.

By the simple methods I have described the majority of cases of catarrhal deafness in children can be rapidly cured; but in some instances the removal by guillotine of portions of enlarged tonsils is requisite. Of necessity, as healthy surroundings exercise a powerful influence for good in every catarrh, damp and ill-ventilated rooms, and wet and smoky localities must be shunned by sufferers from aural catarrh, and plenty of outdoor exercise in fine weather and tepid baths should be recommended. Bathing and diving, whether in the sea or in fresh water, should not, however, be attempted unless the ears are well closed with plugs of cotton-wool. In patients with whom all local treatment fails, a residence in a dry, mountainous region will generally prove highly efficacious in lessening catarrhal secretion.

I have now, I think, said all I intended to state with respect to catarrhal deafness in children. The subject, I admit, is well worn; but, at the same time, it is scarcely possible for the attention of the profession to be too frequently directed to it, seeing how large a number of children suffering from the disease are, through the lack of timely advice, allowed to remain deaf until they become too old for treatment to avail them anything.

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Clinical Records.

ST. MARY'S HOSPITAL.

Traumatic Diffuse False Aneurism—Amputation—Recovery.

Under the care of A. T. NORTON.

A. B., an agricultural labourer, on jumping from a hay-cart, fell upon the prongs of an iron rake which rested upon the cart. One of the prongs entered the right thigh on the inner side close to Hunter's canal, and broke off. The piece was removed by a fellow-labourer, and a strong gush of blood followed. Fortunately, the St. John's Ambulance Association lectures had been delivered in the neighbourhood, and methods of arresting hæmorrhage were not altogether unknown among the agricultural peasants. A large pad of tobacco was placed over the wound and a handkerchief bound tightly over the spot. The bleeding was stopped, and the man carried to the local infirmary. From there he was transferred on the third day to St. Mary's Hospital. When admitted, I found the size of the right thigh 26 inches round, as compared with the left, 16 inches round. The swelling dilated slightly in all directions with the heart beat, and on the inner side, along the course of the vessels, was a well-marked thrill, for some inches above the swelling; the injured leg was much colder than the other, but a slight pulse could be felt in the posterior tibial artery. It was evident that a false diffuse aneurism existed, and the thrill in the course of the vein suggested injury to the vein as well, though I am inclined to think that such a thrill might exist as a result of the pulsatile compression of the vein by the tumour without itself being injured. The pulse in the posterior tibial artery would have led one to believe that it was not the main trunk of the femoral artery injured, but some large branch, and the fact that the swelling was not increasing in size led to the same conclusion; but against this it must be understood that the injury to the vessel had been done three days previously, and collateral circulation would be established in that time sufficient for the development of a small pulse in that artery.

It was sufficiently clear that we had a diffuse false aneurism of traumatic character to deal with, and the principle of treatment was to ligature the artery above and below the wound; but the exact seat of the injury was not evident, because the prong might have penetrated the limb obliquely. I decided to cut down upon the vessel in the lower part of Scarpa's triangle and dissect it in its course to the seat of injury. I made an incision four inches in length over the inner border of the sartorius in the lower part of the triangle, and found the artery in the usual way, and then dissected downwards through the inner wall of Hunter's canal. I now compressed the artery to see the effect on the blood tumour, and found that the injury must be below Hunter's canal, because compression caused complete loss of pulsation in the aneurism. Continuing the dissection into the upper part of the popliteal space, I came upon the blood clot, and an immediate gush of blood followed. The Esmarch cord was applied, and the operation continued. About half an inch below Hunter's canal the artery was found to be completely severed by a laceration, and the vein ripped open, but not severed. The question arose in my mind whether there would be any chance of a successful result by ligature alone; but it is well known that when the vein is injured at the same time with the artery complications arise which almost invariably necessitate secondary amputation, and the result is usually death.

In this case, in addition to the injury of both vessels, there was extensive separation of the muscles by the blood clot, the whole of which cavity would doubtless suppurate, and on this account I decided to amputate at once in the middle of the thigh. The rest of the history of the case is that of an ordinary amputation. The temperature never rose above 101°, the wound healed mostly by the first intention, and the patient is at the present time in a convalescent state.

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Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

THE GERMAN HYGIENIC EXHIBITION.

The Imperial Health Office.—The jurors appointed to award the prizes, the president of whom is Excellenz von Langenbeck, with Billroth as deputy, decided that no State or city authorities should be eligible for the Empress's medals. As exhibitions are for the encouragement of private enterprise, the decision seems to have been a reasonable one. Without such a decision to guide them they could scarcely have avoided awarding one to the Imperial Health Office, as being second to none in furthering the objects of the Exhibition. The health office has its quarters in what is called a pavilion, an erection to which the name of barracks would have been more appropriate. This building is situated on the northern limits of the Exhibition grounds, in the immediate vicinity of the music hall, and of a bakery in full work. The structure is divided in the midst by a corridor, the part on the one side of the corridor forming a complete laboratory for a public analyst, whilst the other half is devoted to the investigation of infectious diseases and disinfectants. Upon entering the latter part the eye is met by long rows of "pure" cultivation preparations of those vegetable parasites that are supposed to be the originators of tubercle, erysipelas, glanders, septicæmia, &c., the micrococci of pus, milk, yeast, &c. The peculiarity of the Imperial Health Office's "pure" cultivations is that they are carried out on a solid field of growth. A solid is considered preferable to a liquid field, for the reason that in the former case, when a different fungus from the one under cultivation alights thereon, it affects only the spot on which it alights. Here it can be detected, and its presence being known it is without disturbing influence on the success of the experiment. If the cultivation soil, on the other hand, be liquid, there is nothing to prevent different forms of fungi becoming inextricably intermingled. The principal cultivation soils are three in number—1st. Cooked potatoe; upon it are cultivated the yeast fungus, the bacillus of green pus, and the micrococcus prodigiosus. The second is nutrient gelatine, made in a particular manner from gelatine and fowl broth; this is of a beautiful straw yellow colour, and absolutely transparent. This soil has one disadvantage, however, in becoming liquid at elevated temperatures. The third form is sterilised blood serum. The mode of sterilisation will not be uninteresting. It is well known that the perfect or developed forms of bacilli and micrococci are destroyed at even a moderately low temperature, but that the spores of these require a much higher temperature for their destruction—a temperature that would render the blood serum a thick, opaque, coagulated mass. The developed forms are first destroyed at a low temperature of 135°F.; the preparation still containing the permanent spores is then put into the incubation apparatus, where they develope.

These in their turn are destroyed at 135°F. These processes go on—development of germs and destruction of the developed forms—until a preparation is obtained transparent and quite free from germs. Upon this, bacilli from the bodies of animals grow freely. Koch's bacillus tuberculosus may be seen growing on the surface of serum thus sterilised as a dry white scale, distinguishable from other fungi by the naked eye. The bacilli of glanders for the discovery of which we are likewise indebted to the Imperial Office, are seen upon serum as a yellow translucent coating, which, later on, become whitish. By the naked eye they are recognisable from other forms from their forming a brownish coating when cultivated upon the potatoe. Preparations showing the effects produced by the various bacilli at the various stages of development are shown, also the various effects on different classes of animals. Some of these diversities of effect are curious; thus, whilst in rabbits the kidneys have a special affinity for the bacillus tuberculosus, in guinea pigs the liver and spleen are most affected. With regard to the various organisms that affect milk, the bacillus that turns milk sour at temperatures above 68°F., is shown (not identical with the oïdium lactis), also the micro-organism that produces butyric acid, and also that which turns milk blue. The bacillus of green pus, transferred to milk and a violet bacillus are exhibited, both organisms that precipitate the albumen of milk and peptonise it. Characteristic micrococci from vaccine vesicles and variola are also exhibited, but they do not represent the virus of the disease, as inoculation of them has had only negative results. As may be supposed almost every imaginable kind of apparatus is on view. One is a contrivance for automatically shutting off the gas when the flame has accidentally gone out. One noticeable feature about the apparatus is the great use that has been made of nickel for electro-plating the various articles. Another is the spirit of economy that has ruled this department, as shown in the simplicity and inexpensiveness of the apparatus exhibited, no articles being more showy, complicated, or expensive than their purpose has required.

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We regret to learn that Surgeon Lewes has been attacked with cholera whilst in the discharge of his duties at Cairo.

A microscopical examination of the Nile made on Saturday last shows that the water which the inhabitants are consuming is teeming with bacilli.

In view of the possibility of an outbreak of cholera, the Paris Municipal Council have voted 480,000 francs for the erection of wooden buildings in the bastions of the fortification to serve as hospitals. Eventually these will be used for patients suffering from other contagious diseases.

We understand that Surgeon-General Hunter, who has been sent out to Egypt by Her Majesty's Government in medical charge during the cholera epidemic, finds his duties of the most arduous and anxious nature, every spot proving a focus of infection.

The War Office has sent to Egypt fourteen young medical men whose energy and intelligence has recommended them to special consideration for the purpose of helping the military authorities to deal with the cholera epidemic. Sir Joseph Fayrer has practically had the selection in his hands, and each such officer is to receive £100 a month besides travelling expenses.

THE BRITISH MEDICAL ASSOCIATION.

[From our Special Correspondent.]

At length the day has come, the advent of which many good Liverpudlians have looked forward to with much expectation, not, perhaps, unmixed with some anxiety that the many "events" of the day should come off with becoming *éclat*. That the fifty-first (Liverpool) meeting of the British Medical Association will be a success, and a great one, is no longer doubtful. I should be afraid to say how many hundreds of visitors we already have in town, but I do know that every room in most of the leading hotels is already engaged. The first public event in connection with the meeting was Divine Service in the Pro-Cathedral. A large number of members availed themselves of the opportunity alike of performing an act of devotion and of making acquaintance with the plain-looking edifice in Church Street, within the interior of which are to be seen an exceedingly ugly east window; a reredos of dark oak, to my non-artistic eye as handsome as the window is the reverse; a brand-new episcopal throne and lectern that is universally admired; and, finally, the manly proportions of the bishop, who is "not ashamed to say that he has a son a doctor." The sermon to which they listened was appropriate to the occasion, and, although the preacher cannot lay claim to many of the graces of oratory, there was a certain manliness about both himself and the sermon that went far to make up in the minds of his hearers for jerky utterances, and perhaps, if the truth must be told, a slight ungainliness of manner.

NEW HOSPITAL FOR WOMEN.

A not unimportant event, although not directly connected with the meeting, had been timed for the opening day so that some distinguished medical men from a distance would have an opportunity of gracing it by their presence. I refer to the formal opening of the New Hospital for Women. You have already referred in your columns to the acquisition of premises by the New Hospital authorities, and to the alterations that were being made in order to fit them for their new purposes. I have now to say that no labour and no expense have been spared to render them as perfect, from a sanitary point of view, as the science of the day permits of. The drainage has been thoroughly overhauled, and it was not a little that was required in this direction; the walls have been first papered, and then covered with four coats of paint. The floors have been freshly planed, stained, and varnished; and in the way of ventilation, Gibbs's patent ventilating shafts bring pure air from the exterior, whilst exit ventilators in the chimneys carry off the impure. The first thing in the order of ceremonies was an elegant repast provided by the committee. As the accommodation was limited, only about eighty invitations could be issued, and the event proved how unsafe it would have been to send them out broadcast, as there were but few refusals. After the lunch the guests retired to a large and beautiful room on the first floor to meet the subscribers who had been invited to be present at the opening. Here the Countess of Sefton, the patroness, declared the hospital open, and Sir T. Spencer Wells gave an able address. When the name of this distinguished surgeon is mentioned the most rabid caviller at special hospitals must be dumb.

But I must proceed to the more special business of this communication. Before the first general meeting of the Association, at 3 o'clock, I took a rapid survey of the Museum.

THE MUSEUM.

On approaching the entrance door of this apartment the visitor first observes to the left of the doorway a large show-case of the well-known firm of Evans, Sons and Co., Liverpool and London, and on the other side that of Mellin's Infants' Food Company. It may be observed of this food, that although it has been known and appreciated as perhaps the most perfect of infants' food next to milk, it has not become well-known till quite recently. On passing through the doorway a striking spectacle meets the eye. Imagine a room 300 feet long and 25 feet wide, lighted from above. Imagine again side-tables covered with crimson felt running nearly the whole length, and another long table running down the centre, and all decked out with drugs and pharmaceutical preparations of every conceivable, if not inconceivable, kind, enclosed in sparkling glass, and instruments and appliances, the exhibits of the various firms vying with each other in ingenuity, elegance, and skilfulness of workmanship.

Immediately opposite the doorway is the large and handsome stand of Parke, Davis, and Co., Detroit, containing samples of all the new drugs and preparations for which in a short time they have made themselves noted in Cisatlantic regions. A novelty of theirs that is like to come into use is a gelatine capsule, consisting of a hollow body part and a movable cap, intended for the administration of powders, &c., by the mouth, and for powders and ointments *per rectum*, or for the cavity of the uterus. Next to this stand, going south, is that of Syme and Co., of Liverpool, a firm well known in this city, and with a reputation not confined to it. Going further south, the visitor comes to the stand of Savory and Moore, London, and the Montserrat Lime Juice Company. Messrs. Arnold and Sons, London, occupy a table that reaches across the south end of the hall. On the east side, commencing from the south, the stall of Newbery and Sons contains some well-made emulsions of cod-liver oil. Near them is that of Mackay, Mackay, and Co., London; Richardson's, Leicester; Wyeth Brothers; Burroughs, Wellcome, and Co., the latter containing, amongst other things, samples of Hazeline, Beef and Iron Wine, Kepler's Malt Extract, &c. North of the doorway on the same side come the exhibits of Clay and Abraham, Liverpool; Corbyn, Stacey, and Co., and others. On the west side, again, beginning at the north, is the Maltine Manufacturing Co., exhibiting the now well-known Carnrick's Beef Peptonoids; then Southall, Sons, and Barclay. The centre table is occupied by, amongst others, Weiss, J. Wood, W. Wood, Krohne and Sesemann, Aitken and Co., White and Wright, Meyer and Meltzer, and many others. Downstairs, in a room on the west side of the basement corridor, are some of the larger exhibits. Amongst these were noticed a complete suite of consulting-room furniture in light oak and morocco, hospital beds with spring mattresses. Billington Brothers, Duke Street, Liverpool, exhibit some very well made and economical beds of this description; and the patent spring beds of Chorlton and Dugdale, such as are supplied to the Hospital for Women, are also on view here.

Adjourning now to the Hall of the College, we find a room not very large in itself, but so arranged with galleries as to be capable of seating something over 2,000 people. Here, some little time before the hour appointed for the opening public meeting (3 p.m.), members began to assemble, either congregating in groups, or disposing their forces for the struggle that was known to be coming on the proposed alteration of by-laws; or, in the case of strangers, taking their seats, and gazing about with that languid curiosity that marks the man who has some minutes to while away in a strange place, and who, fixing his eye on a group, wonders whether he shall by-and-by know who this or that individual in it may be. But the hour of meeting approached, and the hall filled up, and members took their places, and it became noticeable to an observant onlooker, as a neighbour remarked to me, that upon the whole they were "a respectable-looking body of men, few of whom, as far as outward appearances went, would not be ornaments to a Board of Guardians."

But I am trespassing. I must, moreover, tear myself away from this first meeting, that, promises to be anything but a "dead-and-alive" one, and not neglect other duties, even although they may not be so attractive as a general business meeting of the B. M. A.

With regard to the arrangements for the remainder of the week, both those relating to business, science, and pleasure are as complete as hard work can make them. To begin with the local committee. The raising of funds has of course been the first requisite, and in this the hon. treasurer, Mr. W. M. Banks, has already succeeded in raising a sum which is considered will be amply sufficient to meet every demand. All the sub-committees have worked with a will and a success corresponding to it. A considerable number of distinguished foreign physicians and surgeons were invited to attend as the guests of the local committee, but only a few were able to avail themselves of the invitation. No doubt the time at which the meeting is taking place has had a great deal to do with refusals, as no foreign Universities close their session before the 31st of July, and many not till about the 15th of August. In consequence of this, but few foreign professors have been able to leave their classes in time to take part in the meeting. Besides some Americans, the only foreign gentlemen who have announced their intention to be present are Professors Binz, of Bonn, Snellen, of Utrecht, and Loven, of Stockholm.

The subjects for discussion in the various sections are important, and will prove very attractive.

The special entertainments include a *soirée* given by the local committee in the three adjoining buildings, which will be thrown into one—the Brown Museum, the Picton Reading Room, and the Walker Art Gallery. These imposing edifices, which were erected at a cost of not less than £75,000, contain much that Liverpool boasts of in the way of art, whilst science, in the shape of a magnificent natural history collection, is worthily represented. These buildings contain the Derby Museum, presented by the twelfth Earl of Derby to the borough of Liverpool, the Mayer Collection of Antiquities, collected by the donor, Mr. Joseph Mayer, at a cost of £50,000 in money and the labour of a lifetime, the Free Public Library, and the Collection of Pictures and Statuary in the Art Gallery.

The following is the complete Programme of Proceedings:—

TUESDAY, JULY 31*st*.

The Session will be commenced by a short service and sermon by the Bishop of Liverpool, in the Pro-Cathedral, at 10.30 a.m.

At 12, meeting of the Committee of Council in the Committee Room.

At 12.30 p.m., meeting of the Council of 1882-83.

At 3 p.m., First General Meeting: Report of Council. Special business: Proposed Alteration of Bye-laws; and any other business.

At 8.15 p.m., the adjourned General Meeting will be held, when the President will deliver his address. The Annual Report of Council and other business will then be taken. Tea and coffee will be served after the meeting.

WEDNESDAY, AUGUST 1st.

At 9.30 a.m. there will be a meeting of Council, 1883-84.

At 11 a.m.—Second General Meeting, when an Address in Surgery will be delivered by Reginald Harrison, F.R.C.S., Surgeon to the Liverpool Royal Infirmary.

In the Surgical Section

the following subjects have been selected for discussion:—1. Mr. Clement Lucas will open a Discussion on Surgical Diseases of the Kidney, and the Operations for their Relief. 2. A Discussion on the Treatment of Intestinal Obstruction by or without Operative Interference will be opened by Mr. Rushton Parker.

The office-bearers in this Section are:—*President:* Edward R. Bickersteth, F.R.C.S. *Vice-Presidents:* W. Hargreaves Manifold, M.R.C.S.; W. Mitchell Banks, F.R.C.S. *Secretaries:* Rushton Parker, M.B., F.R.C.S., 61 Rodney Street, Liverpool; Edmund Owen, M.B., F.R.C.S.

From 1.30 to 5 p.m.—The various Sections will meet for papers and discussion.

At 5 p.m.—Annual Meeting of the Irish Graduates' Association; after which,

At 6.30 p.m.—The annual Graduates' Dinner will take place at the Adelphi Hotel.

At 8.30 p.m.—*Soirée* in the suite of rooms forming the Arts Gallery, the Picton Reading-room, and the Free Library, by the President and Local Committee. To this ladies will be invited.

THURSDAY, AUGUST 2nd.

At 9 a.m.—Meeting of Committee of Council.

At 10 a.m.—The Third General Meeting will be held, to consider proposed Alteration in the Articles of Association. An adjournment for luncheon will take place at 1 o'clock.

From 2 to 5 p.m.—The Sectional Meetings will be resumed.

At 6.30 p.m.—Public Dinner in the Philharmonic Hall.

FRIDAY, AUGUST 3rd.

10 a.m.—Fourth General Meeting, at which an Address in Pathology will be delivered by Charles Creighton, formerly Demonstrator of Anatomy in the University of Cambridge.

In the Pathological Section

the following discussions will take place:—

1. On Micro-organisms in Disease. To be opened by Dr. Dreschfeld. Dr. Shingleton Smith and Dr. P. M. Braidwood will take part in the discussion.

2. On Micro-organisms in Typhus. To be opened by Drs. Mott and Blore. Drs. Davidson and Barron will take part.

3. On the Pathology of Dropsy. To be opened by Dr. Lauder Brunton. Drs. Saunby and Churton will take part.

4. On Chronic Inflammations of Bone. To be opened by Mr. Charters J. Symonds.

5. On Primary Growths of the Urinary Tract. To be opened by Mr. Frank T. Paul. Mr. Roger Williams will take part in the discussion.

Cirrhosis and allied conditions of the Liver will be brought forward, should time allow.

The office-bearers in this section are:—*President:* T. H. Green, M.D. *Vice-Presidents:* E. H. Dickinson, M.D.; Joseph Coats, M.D. *Secretaries:* Frank Thos. Paul, F.R.C.S., 44 Rodney Street, Liverpool; James F. Goodhart, M.D.

At 2 p.m., the concluding General Meeting will be held.

At 8.30 p.m., a *Soirée*, given by the Mayor and Corporation of Liverpool, will be held at the Town Hall. To this ladies will be invited.

THE SECTIONS.

Besides the Sections mentioned in the foregoing Programme there will be eight others, in which no opening address will be delivered, but in which various subjects will be brought forward for discussion:—

Medicine.—1. A Discussion on Aphasia will be opened by Professor Gairdner of Glasgow. 2. A Discussion on the Causes and Consequences of Abnormal Tension in the Arteries will be opened by Dr. Broadbent. 3. A Discussion on the Nature of Purpura will be opened by Dr. Stephen Mackenzie.

The following are the office-bearers in this Section:—*President:* John Cameron, M.D. *Vice-Presidents:* Thos. R. Glynn, M.D.; Frederick T. Roberts, M.D.; Dyce Duckworth, M.D. *Secretaries:* Richard Caton, M.D., 18a Abercromby Square, Liverpool; Byrom Bramwell, M.D.

Obstetric Medicine.—Special discussions are expected to take place in this Section on the following subjects:—1. Total or Partial Extirpation of the Uterus for Malignant Disease. Introduced by papers by Professor Schroeder (Berlin) and Dr. Wallace. 2. On Operative Treatment of Uterine Fibromata. Introduced by papers by Mr. Knowsley Thornton and Mr. Lawson Tait. 3. On Metria (so-called Puerperal Fever). Introduced by papers by Dr. Atthill and Dr. Thorburn. 4. Porro's Operation. Introduced by a paper by Dr. Clement Godson.

The following are the office-bearers in this Section:—*President:* W. M. Graily Hewitt, M.D. *Vice-Presidents:* John Wallace, M.D.; David Lloyd Roberts, M.D. *Secretaries:* John E. Burton, L.R.C.P., 64 Rodney Street, Liverpool; W. C. Grigg, M.D.

Public Medicine.—Four topics have been selected for discussion in this Section.

1. Directions in which Public Health Law might be advantageously Amended or Extended. Mr. Charles Wills will read a paper on the general subject. Mr. Ernest Hart will read one on the Advisability of an Extension of the Law for the Regulation and Registration of Plumbing in Houses. Dr. William Carter will open a discussion on these papers.

2. Quarantine. Dr. Imlach will read a paper on Quarantine.

3. Disposal of Town Refuse. Dr. Goldie and Dr. E. Whittle will read papers on this subject.

4. Etiology of Diphtheria and Autumnal Diarrhœa. Drs. Alfred Carpenter, H. J. Alford, and E. F. Willoughby will read papers on Diphtheria, and Mr. M. D. Makuna one on Autumnal Diarrhœa, and Captain Douglas Galton, C.B., F.R.S., one on Hospital Construction.

The office-bearers in this Section are:—*President:* T. P. Teale, M.B., F.R.C.S. *Vice-Presidents:* William Carter, M.D.; W. Honner Fitz-Patrick, M.D. *Secretaries:* F. Pollard, M.D., 52 Rodney Street, Liverpool; George Goldie, M.D.

Anatomy and Physiology.—Mr. Lennox Browne will exhibit on the magic-lantern screen, by means of oxyhydrogen light, a series of photographs of the Larynx and Soft Palate in the production of various Musical Tones.

Afterwards, Mr. Emil Behnke, from whom the pictures have been taken, will exhibit his Larynx to the members present, so as to demonstrate practically the physiological facts illustrated by the photographs.

Mr. C. B. Lockwood will show an anatomical specimen illustrating the use of the Fossa at the Lower End of the Fibula.

Dr. E. H. Jacob will show (1) Photographs of Chick Embryos; (2) a Portable Polygraph.

Dr. Francis Warner will give a Demonstration of an Apparatus for obtaining Graphic Records of the Movements of Fingers, Hands, Head, &c., and enumerating them and their combinations.

Dr. John Harker will show a sketch of Abnormal Hands and Feet in the case of an Infant.

Mr. Sibley Hicks will exhibit a series of Embryos to illustrate the development of the Chick.

Mr. G. Padley will exhibit (1) a Dissection of an Abnormal Distribution of the Arteries in the Fœtus; (2) Abnormal Distribution of the Arteries of the Arm.

Dr. R. Norris will exhibit his Museum of Photographs of the Blood.

Dr. C. W. Cathcart will exhibit a new form of Ether-freezing Microtome.

Dr. W. Darling will exhibit a specimen of United Fracture of the Atlas and Odontoid Process of the Atlas.

The office-bearers in this Section are:—*President*. Professor E. A. Schäfer, F.R.S. *Vice-Presidents:* William Stirling, M.D.; Richard Norris, M.D. *Secretaries:* James Barr, M.D., 1 St. Domingo Grove, Everton, Liverpool; A. W. Mayo Robson, F.R.C.S.

Psychology.—In this Section the following special subjects have been selected for discussion:—1. The Employment of the Insane, introduced by Dr. Yellowlees. 2. Bone Degeneration in the Insane, introduced by Dr. Wiglesworth. 3. Cerebral Localisation in relation to Psychological Medicine, introduced by Mr. W. Bevan Lewis. 4. General Paralysis, introduced (if time permit) by Dr. W. J. Mickle.

The office-bearers in this Section are:—*President:* T. L. Rogers, M.D. *Vice-Presidents:* G. H. Savage, M.D.;

D. Yellowlees, M.D. *Secretaries:* G. E. Shuttleworth, M.D., Royal Albert Asylum, Lancaster; W. Julius Mickle, M.D.

Ophthalmology.—Three subjects have been selected for discussion in this Section:—1. On Tests for Colour-sense and for Acuteness of Vision, with special reference to Schools and Sailors; opened by Dr. W. A. Brailey, followed by Dr. Snellen (Utrecht). 2. On the Use of the Magnet in Ophthalmic Surgery; opened by Mr. Simeon Snell, followed by Dr. W. A. McKeown. 3. On the various methods of Treatment for Sloughing Ulcer of the Cornea, with especial reference to Incision and Scraping; opened by Mr. T. Pridgin Teale, followed by Dr. Little.

The office-bearers in this Section are:—*President:* T. Shadford Walker, M.R.C.S. *Vice-Presidents:* E. Nettleship, F.R.C.S.; C. E. Fitzgerald, M.D. *Secretaries:* E. A. Browne, M.R.C.S., 86 Bedford Street, Liverpool; C. E. Glascott, M.D.

Diseases of Children.—Three special subjects have been selected for discussion:—1. Dr. T. Barlow will open a discussion on Rheumatism and its Allies in Children. 2. Dr. Ballard: On the Etiology and Pathology of Summer Diarrhœa. 3. Mr. Morrant Baker: On Acute Epiphysal Necrosis and its Consequences.

The office-bearers in this Section are:—*President:* Samuel Jones Gee, M.D. *Vice-Presidents:* M. G. B. Oxley, M.D.; T. R. Jessop, F.R.C.S. *Secretaries:* H. G. Rawdon, M.D., 42 Rodney Street, Liverpool; H. Ashby, M.D.

Otology.—Discussions will take place on the following subjects:—1. A discussion on the more serious aspects of Chronic Purulent Inflammation of the Middle Ear will be introduced by Dr. W. Laidlaw Purves. 2. A discussion on the various forms of Artificial Tympanic Membrane, and their Comparative Value, will be introduced by Dr. F. M. Pierce.

The office-bearers in this Section are:—*President:* G. P. Field, M.R.C.S. *Vice-Presidents:* Edward Woakes, M.D.; C. Warden, M.D. *Secretaries:* Thos. Barr, M.D.; R. Williams, L.R.C.P., 82 Rodney Street, Liverpool.

EXCURSIONS.

SATURDAY, AUGUST 4th.

The following excursions have been arranged:—1. Excursion to Conway and Llandudno. By steamer (if the weather be suitable; if not by train), leaving Liverpool soon after 9 A.M., arriving at Conway about noon. The visitors will be entertained at lunch (in the old Banqueting Hall of Castle) by the members of the North Wales Branch. They will then proceed to Llandudno by train; will leave there between 6 and 7 P.M., arriving in Liverpool between 9 and 10 P.M. Number limited to 150.—2. Excursion to Chester and Eaton Hall. Leaving Lime Street station at 9.30 A.M., arriving at Chester about 10.30; proceeding at once to the river Dee, up which the visitors will be taken by steamer and barge to Iron Bridge, where light refreshments will be provided. By kind permission of the Duke of Westminster, the hall, gardens, and park will be open to the visitors. The return to Chester will be arranged so as for dinner to be served at the Grosvenor Hotel at 4 P.M. The members will thus have the evening free for an inspection of the old city, or for their return home by any convenient train. There will be no limit as to numbers.—3. Excursion to Southport and Blackpool. By train from Tithebarn Street Station soon after 9 A.M., for Southport, where the members will be entertained at breakfast by the local medical profession; thence, at 1 P.M., by steamer to Blackpool, where dinner will be given by the directors of the South Shore Hydropathic Institution. The return from Blackpool will be arranged to take place by train early in the evening. The number will be limited.—4. Excursion to Lancaster. By train from Liverpool at 10.5 A.M., arriving at Lancaster 11.40 A.M. A limited number of visitors (30) will be entertained at lunch by the members of the medical profession of the city, who will also kindly provide carriages, and show their guests through the Castle, the Royal Albert Asylum, the County Lunatic Asylum, and other places of interest. The well-known watering-place, Morecambe (ten minutes' railway journey), is within easy reach. There the visitors can dine, and thence return by train, so as to arrive in Liverpool soon after 8 P.M.—5. Mr. Bickersteth's River Excursion. By steamer, leaving the landing-stage about 10 A.M., proceeding seawards for some distance, so as to give visitors a view of the coast; on its return, visiting some of the new docks, and then steaming up the river for some miles to Eastham, or Runcorn. This will be a half-day excursion terminating about 2 P.M. Further particulars may be obtained from Mr. Richard Williams (82 Rodney Street) for the Conway Excursion; Mr. Warburton (114 Princes Road, Liverpool) for the Chester Excursion; Mr. George Walker (43 Rodney Street) for the Southport and Blackpool Excursion; and Dr. Hopper (63 Rodney Street) for the River Excursions.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 1, 1883.

THE BRITISH MEDICAL ASSOCIATION MEETING.

If progress in medicine is measurable by the effort made to advance our knowledge of disease by discussion, then ought the annual meetings of the British Medical Association to be taken as indicating very considerable improvements in science and practice. Judging from the imposing programme of papers to be read and discussions to be held this week at Liverpool, it is reasonable to anticipate important results from the gathering of 1883; and such a conclusion will very likely be justified by the history of the future. There are very many subjects of which the information we possess has been derived from numerous observers, whose investigations have oftener than not been suggested by the work of others rather than initiated by themselves. Indeed it may almost be said that no important discovery or improvement has been wholly the achievement of one independent authority, but has slowly and gradually arisen out of the accumulated productions of many minds, each helping forward a little further towards the point of perfection, and each essentially animated by the experience gained through preceding researches of other investigators. In surgery as well as in medicine, in the associated sciences as well as in the practical departments, and equally also in the realms of purely speculative science is this the case; and it would not be going too far to assert that the impetus given to modern thought and modern progress has mainly originated at such conventions as that which gives its title to the present article.

The list of subjects to be treated is rich and extensive. It includes many that are well worthy of the wider attention and study that will be given to them by those whose inquiry will be stimulated by the authors who have already entered on the path of discovery; and not a few, we take it, who go to listen will leave resolved to help in elucidating the problems brought to prominent notice. The Section of Medicine will be the arena of discussions on aphasia, on the causes and consequences of abnormal tension in arteries, and on the nature of purpura. Professor Gairdner, of Glasgow, will open the first of these questions; and among the members who have signified an intention to speak also on it are Drs. Hughlings Jackson, Broadbent, Ferrier, Drummond, Ross, Wahltuch, Althaus, and Thudichum. Dr. Broadbent will open the discussion on abnormal arterial tension, and among those who succeed him will be Drs. Milner Fothergill, W. F. Wade, B. Foster, Mahomed, and Eddison. On the subject of purpura, to be introduced by Dr. Stephen Mackenzie, several recognised authorities on skin affections will speak.

In the other sections, of which not less than ten in all are arranged, special subjects have been announced for discussion; and each one will educe experiences that will be of paramount service in the way of instruction and advice. The operative treatment of renal diseases, which Mr. Clement Lucas is down to introduce, will probably lead to a most interesting and valuable discussion, and it will serve to illustrate also the considerable strides made in this branch of surgery within the past few years. Since it came before the International Congress in 1881 a good deal has been done in the way of extending the experience of operators as to the class of cases favourable to operative interference, and it is not unlikely that yet more useful suggestions may be forthcoming as a result of the approaching discussions. In the Obstetrical Section Porro's operation is very naturally to be considered, for even since the last meeting of the Association something has been gained to add to what could then be said in defence of this heroic proceeding in desperate circumstances. In the same section an interesting and important discussion is likely to result on the papers to be read by Drs. Atthill and Thorburn on Puerperal Fever; and Mr. Burton's "Plea for more persevering Treatment of Uterine Cancer in Cases in which Operation by Removal is impracticable" should bring out the combined experience of gynæcologists.

Some estimate of the importance and proportions of the present congress may be formed from the fact that no less a number than two hundred and thirty-five papers are down for reading, distributed over the ten sections. All of these, we may presume, present some point of particular interest or obscurity; and thus will be the means of explaining hitherto imperfectly understood details, or of exciting discussions in explanation from others. Dr. Lauder Brunton selects the familiar topic of "Headache" for a paper in the Section of Medicine, and it is probable that the difficulties presented by many intractable forms of this obstinate affection will receive a new interpretation at Dr. Brunton's hands. In the same section Dr. Drummond, of Newcastle-on-Tyne, will read notes on an unusual case of locomotor ataxy, a case which, having recently had an opportunity of examining it, will, we feel sure, excite an unusual degree of interest. The patient, a man, can date the disease but ten months back, and it exists in him already in a most exaggerated form. This section, however, is especially rich in promise of absorbing interest, and some of the subjects to be debated, like early tapping in dropsy (Dr. Austin Flint, New York), the newer doctrines of phthisis (Dr. C. E. Drysdale), inhalation for lung affections (Dr. Hassall), percussion in diagnosis (Dr. Sansom), hay fever (Dr. Thudichum), &c., &c., will provoke a most valuable addition to our knowledge.

The Section of Surgery is also rich in valuable contributions. Mr. Southam, of Manchester, raises the question of treatment in cases of aneurysm, in connection with an instance of femoral aneurysm injected with fibrin ferment, and subsequent ligature of the external iliac artery. Mr. Norton reads a paper on a case which is of the highest suggestive value, in which excision of the upper jaw was performed on account of melanotic cancer of the antrum. Mr. Noble Smith invites criticism on his method of treating lateral spinal curvature; and Mr. Walter Whitehead will present a further series of twenty-five cases of excision of tongue after his own method by aid of scissors. Mr. Morrant Baker will advocate removal of this organ by median division; and it is probable that the discussion naturally to be expected on the merits of various modes of operation, notwithstanding it has already more than once taken place, will help to settle the question on a firm basis for future guidance.

No less than five communications bearing on the surgery of the intestines are promised, and include description of a new clamp for enterectomy (Mr. E. S. Bishop); an enumeration of results derived from experience in colotomy (Mr. Jessop, of Leeds); on gastro-enterotomy (Mr. Oliver Pemberton); and the treatment of intestinal obstruction, by Dr. E. Waters and Mr. J. H. Morgan.

The special sections are abundantly well supplied with valuable material in the shape of original papers. That of Pathology will, moreover, be the scene of discussions on micro-organisms in disease, on the pathology of dropsy, on chronic bone inflammation, and on primary growths in the urinary tract. In connection with this last subject a special museum has been arranged, and the exhibition will prove an instructive and interesting one.

The total number of papers announced to be read reaches, as we have said, 235, the sections of medicine and surgery taking respectively 47 and 43. This is in addition to the particular subjects chosen for separate discussion in each section, the nature of which, and the claims they will exert on the time and attention of the meeting, may be imagined from the examples we have cited. The amount of work down for accomplishment by the Association is, indeed, prodigious ; and it is only to be hoped that as few papers as possible may have, perforce, to be "taken as read." That the outcome of the gathering will be anything but advantageous to medicine in this country is, of course, impossible ; but, besides adding to the scientific knowledge we possess, it acts even more usefully and powerfully for good by bringing together in common fellowship those followers of the profession who, but for such opportunities of mutually exchanging sympathies and ideas, might never possibly meet. In this way, as an engine of social union, the Association meeting is no less successful than as a lever for advancing the profession of medicine.

THE TUBERCLE BACILLI WAR IN GERMANY.

It is a noticeable feature of the discussion on the bacillus tuberculosus question that whilst we have abundant evidence from clinicists and general pathologists, nearly the whole of the experimental pathologists who have given us the results of their labours on the subject might be counted on the fingers of one hand. The clinicists seem almost unanimous in their utterances. Both at home and abroad we hear of Koch's bacillus being found in greater or less abundance in almost all cases of tuberculosis, and of its conspicuous absence in all non-tuberculous discharges. It has already been placed in a position of great importance, from which it will be difficult to remove it. Our own countrymen, except as clinicists, have had but little voice in the discussion. The spirit of inquiry is not dead amongst us, but the paralysing influence of repressive legislation has so overpowered it with its benumbing influence that, as far as the present inquiry is concerned, it might as well have been dead as alive. Thus it must be in regard to many questions in the future. It cannot be denied that experimental pathology has received a blow at the hands of the Government of this country that it never can recover from, so long as the insulting Cruelty to Animals Acts have their present force. In the solution of the question before us, then, we have only to rely on clinicists at home and abroad, and those experimental pathologists who have not the fortune to reside under our own advanced *régime*.

It is for the reason that most of the experimental work bearing on the question before us has been done abroad that we have been careful to give our readers the opportunity of studying the varying phases of it. We in this country, and clinicists generally, are studying the supposed diagnostic and prognostic value of Koch's bacillus, almost to the exclusion of the previous question—Is the bacillus tuberculosus a distinct species? This is the prime question on which much of its value depends. Whatever may be the diagnostic value of the bacillus, its pathological value is something totally distinct from it. The two values are not in any way dependent on each other. The *Allgemeine Weiner Medizenische Zeitung* points this out very clearly, and at the same time draws attention to the tendency there undoubtedly is when its diagnostic value is demonstrated to look upon the other as proved along with it. We have already brought forward evidence to show that the bacillus of tubercle is met with in non-tuberculous diseases, and even in the discharges of perfectly healthy individuals ; and that tuberculosis can be and has been produced artificially by inoculation with non-tuberculous substances, the inoculation being carried out in such a manner as to exclude the possibility of tuberculous matter being inoculated at the same time. We may mention here, by way of parenthesis, that some of the recent inoculations carried out by Cohnheim and others were made in the anterior chamber of the eye of rabbits and guinea-pigs, and that other observers protest against the results of such inoculations being taken as proof that indifferent substances cannot produce tubercle, inasmuch as the anterior chamber does not afford a suitable soil for the development of tubercle. It is well known that inoculation with undoubted tubercle in this locality generally fails to produce tuberculosis. Failure is the rule and success the exception. In fact, it was this very want of success with true tubercle that led experimentalists to substitute "bovine tuberculosis"—a name given prematurely since it has never been proved that "grapes" and tuberculosis are identical. Professor Spina will have as much right to call his powdered glass and cinnabar metallic tuberculosis as the author of the term bovine tuberculosis had to bestow it as he did.

But to return. In the abstract of the lecture, by Dr. C. Theodore Williams, on "The Relation of Tubercle Bacillus to Phthisis," published in these pages on June 27th, the following passage occurs :—"The sputum was examined in about 200 cases. In 23 the patients were suffering from lung diseases other than phthisis . . . In none of these did the sputum contain bacilli. In the cases of phthisis, in all save three bacilli were detected." These words are characteristic. None perhaps could be found that would in a general way better accord with the observations of most clinicists. The sputum has been examined in a large number of cases of phthisis, the bacillus of tubercle was found in almost all, but not absolutely in every one. It has been examined in about one-tenth as many cases of other diseases of the lungs, and in every case with a negative result. Why has it not been sought for more frequently and assiduously in non-tuberculous diseases? Kaberhel and Mátray sought for it 144 times in non-tuberculous diseases, and succeeded in finding it 6 times in 54 preparations. It will be remembered that in our last notice on this subject we stated that Dr. Gärtner found it necessary to allow decomposition to take place in the liquids to be examined, and that when he had taken the precaution to do this bacilli were no longer absent.

Professor Spina has not contented himself with examining tuberculous structures and sputa only, but has subjected non-tuberculous sputa and tissues to examination. He has examined well-marked tuberculous tissues, and has failed to discover Koch's bacillus, although he confesses that he has rarely failed to find it in tuberculous sputa. Judging from his own observations, Spina concludes that the tubercle bacillus has a certain diagnostic significance, but that too high a value has been placed upon it by Ehrlich, Balmer, and others.

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DISTINCTIONS TO THE PROFESSION IN IRELAND.

The strong feeling which both the profession and the general public in Ireland have evinced in reference to the conference of knighthood there while baronetcies have been granted with a liberal hand in England, has not been mitigated since we last wrote, nor could it be reasonably expected that a calm would follow upon the somewhat offensive reply of Lord Spencer to the memorial submitted to him. His Excellency "acknowledged the receipt of the memorial *from certain members* of the medical profession in Ireland. His Excellency is unable to consider that the bestowal of honours by the Crown can be made the subject of discussion between him and any public body, and therefore, while entertaining great respect for those who addressed him, he must decline to discuss with them the question which they have brought under his notice. His Excellency, however, wishes to assure them that Mr. Gladstone is fully aware of the high estimation in which the medical profession in Ireland is held, and desires to do justice to its members, and heartily shares in these feelings."

We would say, on behalf of those who presented the memorial to the Lord Lieutenant, that their intention was entirely misconceived if it was supposed that they contemplated entering on any controversy or discussion on the subject. They felt that it was already sufficiently clear that the profession in Ireland was entitled to such distinctions as were granted in recognition of equal attainments elsewhere, and it would not have accorded with their dignity to do more than assert this opinion with emphasis, and, with equal distinction, to repudiate the offer to them of inferior distinctions.

But, if the profession had seen fit to discuss the question of its own equality with the profession elsewhere, we must hold that it was entirely open to them to do so, and that the theoretic ground for withdrawing the subject from discussion because the grant of these distinctions is the prerogative of the Sovereign is mere sophistry. If Her Majesty pleased to mark her estimation of a member of her household in personal attendance, no one would cavil at the exercise of the Royal prerogative; but when the decoration is conferred as a recognition of scientific attainments or public services, and when it is conferred actually by the Government, though nominally by the Queen, the public acquires at once an indisputable right to criticise the advice given to her Majesty, and to protest against an improper exercise of the authority of the Prime Minister in this respect.

We know that when, by Her Majesty's Royal prerogative, special advancement is given to eminent members of the military profession, the exercise of that prerogative is criticised in and out of Parliament, and the right to take exception to it is fully admitted. We insist, therefore, that the Queen's advisers are not protected from their responsibility for the dispensation of medical honours, and that the Lord Lieutenant, as such adviser, might, if he desired, hear representations on the subject without any sacrifice of dignity or precedent.

The *British Medical Journal* says that "it is certainly felt in England that the distribution of honours from the Crown has been judiciously guided by its political and medical advisers," a statement which may be read to mean that Ireland was properly placed in a position of inferiority in this matter. We shall not argue with our contemporary a question which can only be decided by the weight of scientific and public opinion, but we believe we do no injustice to the physicians and surgeons of England and Scotland when we declare our conviction that they have brethren in Ireland as fully entitled to marks of public and Royal favour as any of themselves. This is, at least, the feeling in Ireland, and, as the profession are guardians of their own honour, they are at liberty to refuse, and they have, as a body, refused to be graded at the bottom of the professional scale.

The Government of the day may withhold from Ireland the distinctions which are suitable for scientific eminence, but if they do so they will act wisely to reserve for recipients who gratefully accept such dignities, the knighthood which they have kept in store for Irish medical use. As a matter of diplomacy, nothing can be less discreet than, without necessity, to administer to a numerous and not uninfluential class a deliberate insult. Her Majesty has not done this, but her advisers have, and they cannot reasonably expect anything but an angry retort will be delivered when the political influence of the profession comes to be exercised.

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Notes on Current Topics.

New Medical Titles.

Within the past week two of the most worthy representatives of the profession in England have received the distinction of a baronetcy in recognition of their eminent position as consultants, and in reward for their exalted services to medicine and surgery respectively. Sir Andrew Clark has long held a position which practically ensured his being, sooner or later, included among those who have attained the supremest height to which it is open for medical men to aspire in this country; and we take it that no one of our readers will hesitate to congratulate him on the acquisition of titular honour, or fail to endorse the opinion that he has abundantly won the reward he has received. By sheer force of character, combined with practical ability of high order as a consulting practitioner, Sir Andrew Clark has steadily worked his way to the front rank of living physicians; and while there has gained the respect and esteem of his brethren, not at home only, but throughout the world. He has studiously and successfully upheld the dignity of his calling; and as a teacher he has done not a little to influence the progress of medicine during the past two decades. To such a man additional honours can bring no additional stimulus to work; but the best that can be given him is a right and fitting recognition of his efforts to promote the general good.

Mr. Prescott Hewitt is likewise well deserving of the distinction which, of like kind with that conferred on Dr. Andrew Clark, has been accorded to him by Her Majesty's advisers. In the records of surgery Mr. Hewitt's place is a very honourable one, and his devotion to the art of which he is a master is not inappropriately acknowledged in the compliment now paid to him; while his personal services to the Royal Family would not naturally have been less considerably rewarded. He enjoys, however, the certainty of knowing that the surgical profession has already expressed the highest opinion of his merits by electing him to the premier office of the Royal College of England; and it may safely be said that his more recently received distinction will be no less popularly regarded as a well-merited one than was that conferred on him by those who voted him into the presidential chair of the College of Surgeons.

It would be affectation to deny that the creation of two new English baronets so soon after the rejection of knighthood by Dr. Banks is calculated to arouse a feeling of the utmost regret at what has the appearance of injustice. Nor can we hesitate to express the opinion that the claims of Irish representatives of medicine do not receive adequate recognition at the hands of the present Government. Such neglect as has been shown is universally regretted by members of the profession in England, who would most heartily rejoice to have the opportunity of congratulating their Irish brethren on the distribution of the highest attainable honours among their distinguished compatriots; and we ardently hope that such an experience may even yet be speedily extended to us, as a result of re-consideration by the Government of their late action with respect to this question. The brotherhood of medicine is sacred and of tender fibre. It may not be so roughly disturbed as must be the case should shocks like those recently delivered be frequently applied to it; and none so keenly regret, because none so surely know, the injury likely to arise from the dispensation of unequal justice in the matter of rewards as those who are directly interested in the honour paid, or the slight done, to their own immediate representatives.

The Cost of Irish Pauperism.

The following is a statement of the Parliamentary Grant for Medical and Educational purposes, and for Salaries under the "Public Health (Ireland) Act," according to the annual official return just issued:—

	Amount allowed for the Year. £	s.	d.
Medical purposes	74,925	18	8
Educational purposes ...	10,341	3	10
Total for Medical and Educational purposes ...	85,267	2	6
For Salaries under Public Health Act	14,237	8	9
	99,504	11	3

The total amount allowed under the Parliamentary Grant for Medical and Educational purposes for the year ended 25th March, 1882, namely, £85,267 2s. 6d., is £2,431 6s. 9d. more than the amount for the previous year.

The amount of Salaries under Public Health (Ireland) Act, namely, £13,237 8s. 9d., is £521 6s. 10d. more than for the previous year.

While the total expenditure of Poor Rates, for all purposes, viz., relief, medical relief, burial-grounds, registration of births, deaths, and marriages, sanitary measures, expenses under Superannuation Acts, payments under Cattle Disease Act, and under National School Teachers' Act, was, in 1881, £1,251,617, making a poundage of Is. 9¾d. on the valuation, the expenditure in 1882 for those purposes was £1,255,973 being an increase in the total expenditure of £4,356 and making a poundage of the expenditure on the valuation of 1s. 9¾d.

The current sanitary expenditure for the year was £51,345 in comparison with £48,918 in the previous year.

And the following shows in more detail, and under the usual heads a comparative statement of the expenditure for the two years ended September 29th, 1881 and 1882, respectively:—

	1881. £	1882. £
Medical Charities Expenditure.		
1. Medicines and medical appliances	29,092	25,757
2. Rent of dispensary buildings ...	8,386	8,539
3. Books, forms, stationery, printing, and advertising	1,203	1,127
4. Salaries of medical officers ...	88,819	88,668
4. Salaries of apothecaries ...	2,711	2,761
5. Fuel, porters, and incidental expenses	13,891	15,602
Expenses under Vaccination Act.		
6. Vaccination fees and other expenses:—		
Fees to medical officers ...	12,088	13,415
Other expenses..	1,054	1,159
Total	157,244	159,028

The Medico-Psychological Association.

The annual meeting of this Association was held at the Royal College of Physicians, London, on Friday, the 27th ult., under the presidency of Dr. Orange. The forenoon meeting was devoted entirely to business deliberations of a routine character, and to a discussion of the merits of the new statistical tables, which are at present on their trial, and are to be continued for another year, with the view of thoroughly proving them, ere a permanent arrangement can be determined on. The afternoon meeting was given exclusively to the delivery of the President's address, and its subsequent criticism. Dr. Orange selected for his subject Criminal Lunacy, and contributed a very able paper on a subject regarding which few men are so well qualified to speak, and on which few if any have been able to throw so much light. From the records of the past he sketched out its history from the time when its existence was recognised in science or in law; and he entered fully into the history of its official recognition in England during the present century. Passing on next to the ever-interesting topics of knowledge of the nature of the act committed, of controllable and un-controllable impulse, and of responsibility and its gradations, he discussed these with subtlety and painstaking care. The discussion which followed was interesting and very instructive, bristling with questions of practical importance, and suggestive of possible reforms in criminal lunacy law and administration. The publication of Dr. Orange's address will be looked forward to with pleasurable anticipation, and will undoubtedly prove a classic in the specialty.

Owing to the lateness of the hour, a paper by Dr. Campbell Clark, of the Glasgow District Asylum, had to be held over. This was unfortunate, seeing that the subject—"The Special Training of Asylum Attendants"—should specially be dealt with by the Medico-Psychological Association soon if the latter must lead rather than follow. It is a subject which is ripening fast, and commends itself to the public as well as the professional mind. Dr. Campbell Clark has devoted considerable attention to the subject, and it is to be hoped that the combination scheme which he proposes will soon be an accomplished fact.

The Health of Irish Workhouses.

It appears from the recent report of the Irish Local Government Board that the health of the indoor pauper population was average within the past year. A decrease of 1,592 took place in the total number admitted in sickness within the year, and a decrease of 27,783 in the number admitted who were not sick, while there was an increase of 450 in the number suffering from fever or other dangerous contagious disease.

The total number of deaths in the workhouses in the year was 11,272. In the previous year the total number of deaths was 11,247; so that there has been an increase of 25 deaths, as compared with the number last year.

Deaths by fever were 588, as against 552; by lung disease, 2,027, as against 2,317; and deaths by small-pox 76, as against 64 in last year.

The Price of Fame.

Another victim has paid the penalty of death as the result of rash striving to obtain the notoriety with which apparently impossible performances are greeted by the crowd. Captain Webb's tragic attempt to swim the rapids of Niagara has terminated in the destruction of the swimmer, who alone regarded the task he had set himself as other than a bold and foolhardy experiment. Such an ending to a brave man's life is a melancholy one, and is to be regretted on many accounts. By his frequent illustrations of the powers of endurance possessed by the human body, Captain Webb had afforded much information that is useful from a physiological point of view; and it is sad to reflect how worse than purposeless was his last experiment in natation. The effect of his unwise proceeding has already been shown in this country by a fatal accident at Preston, on Friday last, when a local swimmer undertook to emulate Webb's example by swimming a whirlpool which exists in the river Ribble. His exclamation, "I'm doing Webb," was only too completely realised; for, like his unfortunate prototype, he failed to emerge alive from the rapid, having been speedily overcome and drowned. How many more victims of the same craze will be chronicled remains to be seen. One and all prove the existence of an unwholesome and silly proclivity to senseless "deeds of daring" which is commonly found inherent in a certain class of Englishmen, and with undue frequency leads them into destruction.

A Test of the Efficiency of Compulsory Notification.

The *Lancet* of July 21, has a valuable editorial upon the experience of Leicester and Warrington of the efficiency of compulsory notification as a safeguard against the dissemination of scarlatina. These towns both acquired their notification powers in 1879, and they both possess an hospital for infectious diseases.

Eliminating small-pox, typhus, which occurs at long intervals, and also measles, and whooping cough which are seldom notified with any regularity, there remains, scarlet fever, a disease which appears to be distinctly amenable to such measures as isolation and disinfection, if only they are applied in time, and which causes in England and Wales a mortality averaging some 17,000 per annum. It is, therefore, natural that we should look to Leicester and to Warrington to see what has been effected as regards this very fatal disease.

First as to Leicester. The number of scarlet fever cases which have been heard of under the compulsory system of notification during the three years 1880-82 have been 766 in 1880, 1,023 in 1881, and 722 in 1882, and the admissions to the infectious hospital were at the rate of 30 per cent. of the cases reported in 1880, 38 per cent. in 1881, and some 60 per cent. in 1882. This result is so far satisfactory, and it proves that the facilities for securing isolation are steadily on the increase; but when we come to compare the scarlet fever epidemic which, beginning in 1879, has prevailed in Leicester during the three years 1880-82, with previous epidemics, the result is less assuring. Scarlet fever has been five times epidemic in Leicester since 1855. The first epidemic 1857-59, caused a total of 310 deaths; the second prevailed 1862-64, caused 294 deaths; the third 1870 and 1871, caused 381 deaths; the fourth commenced in 1874, continued to the end of 1877, and caused 415 deaths; whereas the last 1879 82, caused 478 deaths. The total mortality caused by each of the last three epidemics has, therefore, gone on steadily increasing, and even calculating the mortality for each group of epidemic years on the mean of the rapidly growing population, the rate gives but little assurance of good done, for it has only varied between 4·7 per cent. in the first and 3·9 per cent. in the last. That obtaining during the last two epidemics has been practically stationary, whereas the epidemics differed from each other in the fact that, in the latter of the two the compulsory system of notification was in operation, while no such facilities were available in the former. Dr. Johnston would take credit for a reduction in the rate of mortality amounting in the last epidemic, as compared with three of its predecessors, to 0·4 per cent. It is true, the late epidemic wave of scarlet fever maintained its force in the other large towns with much the same virulence and for much the same time as was the case in Leicester; but considering the fact that many of these towns have had no system of notification and no infectious hospital worthy of the name, Leicester, should, when compared with these towns, have shown very different results.

Turning to Warrington, we find that in 1863 there were 383 fatal cases of scarlet fever, that in 1869 there were 109, and that in 1878 there were 104. The disease again appeared in an epidemic form in the middle of 1880 ; all the cases were recorded under the compulsory powers procured in the previous year, and the admirable infectious hospital was largely used for the purposes of isolation. But since June, 1880, not a month has passed without scarlet fever cases being notified and scarlet fever patients being removed to hospital; and, so far as can be judged from the last report of the medical officer of health, the disease still continues its course, all but, if not quite, unhindered. In the latter half of 1880 some 70 cases were recorded, and over 50 were removed to hospital; in 1881, over 360 cases were recorded, and some 300 were removed to hospital; in 1882, over 300 cases were recorded, and about 200 were removed to hospital. This result is practically that which has been observed at Leicester, and unfortunately the epidemics did not show signs of having ceased at the end of 1882, up to which date the reports relate.

Thus, in so far as these two large towns are concerned, the compulsory notification of scarlet fever cases has not yet had the result that was anticipated. The annual rate of mortality, as compared with certain years of previous epidemics, has been reduced; but this appears to have been due solely to a prolongation of the epidemics; and it is, after all, no great gain to find some 300 or 400 cases of scarlet fever in one town or deaths in the other spread over four years, instead of being concentrated within one or two years.

Pauperism in Ireland.

The Irish Local Government Board in their last report notice that the number of persons receiving relief which had been increasing in each successive year since 1877, and which reached the maximum in 1881, began to decline in 1882, and that there was a decrease in the number of workhouse inmates, as well as in those on out-door relief, during that year as compared with the previous year. They now report a continued improvement in the same direction, the average daily number of workhouse inmates in the last year having been less by 2,203 than in the previous year, and the average daily number on out-door relief having diminished by 1,361.

The Germ of Yellow Fever.

A distinguished Brazilian physician, Dr. Domingos Friere, reports the discovery by himself of a specific cryptococcus in the blood of patients suffering from yellow fever, and he gives the name of Zanthogenicus to the new organism. The Philadelphia *Medical News* describes the phases of development of the germ as exhibiting minute points, and large round cells with greyish or fringed margins, and bright transparent centres. A gramme of blood charged with these organisms from a yellow-fever patient was injected into the veins of a rabbit, which died in a quarter of an hour with tetanic convulsions. Visceral congestions were found at the autopsy similar to those seen in persons dying from yellow fever, and the blood contained cryptococci like those in the inoculating material. Abundant cryptococci were also found in the blood of a guinea-pig which had been hypodermically injected with blood from the rabbit first infected, death having occurred in the former animal also, and likewise in a second guinea-pig inoculated from it. Dr. Friere regards cemeteries as perennial foci of yellow fever, for, having confined a guinea-pig in a chamber with earth taken from the grave of a man who died a year previously of the disease, the animal died after five days, and its blood was crammed with the characteristic cryptococci in various stages of development.

Dr. Banks.

It has been stated by a contemporary that, "after the honour of knighthood had been offered to, and accepted by, Mr. Porter, a like honour was offered to Dr. Banks, who has not, in view of the expression of the opinion of his colleagues in Dublin, felt it consistent with his professional duty to accept the gracious mark of favour offered to him." From this statement it might be inferred that the offer of knighthood to Dr. Banks was an *arrière pensée* of her Majesty's advisers, and that the distinction (?) might have been accepted only for the strong feeling against its acceptance shown by the profession in Ireland. Both of these inferences, we think it right to say, would be totally incorrect. The offers of knighthood to Dr. Banks and Mr. Porter were, we believe, contemporaneous, although by an error the first letter communicating the offer did not reach Dr. Banks until a few days after its date; and we are aware that in the interval, and before the profession had been informed on the matter, or had expressed any feeling thereon, Dr. Banks had, without hesitation, declined the offer.

It was last week contemplated by the profession in Dublin to entertain Dr. Banks publicly at dinner, in recognition of the regard for the dignity of the profession evinced by his refusal of the proffered title; but—as he emphatically deprecated such a demonstration—the idea was abandoned. Nevertheless, the profession in Ireland feels strongly that the President of the Irish Academy, and Physician to Her Majesty, showed a due regard for his position, and for the status of medicine in Ireland, in declining the decoration placed at his disposal by the Queen's advisers; and the profession in Ireland is grateful to him for making it clearly understood that they emphatically object to being relegated to comparative inferiority as compared with their brethren in other parts of the kingdom.

Whatever contemptuous estimate may be formed by Her Majesty's advisers of the social and scientific rank of Irish physicians and surgeons, they have at least sufficient *amour propre* to refuse the "back seat" kindly proffered for their acceptance.

Hospital Administration.

At the recent conference on Hospital Administration a committee was appointed to take into full consideration the whole subject then brought under review, and to take such steps as might seem necessary to secure the reforms deemed to be necessary in connection with improvement in the methods of carrying on the management of our great hospital charities. The first meeting of this committee was held on Monday last, at the offices, 1 Adam Street, Adelphi, London. It consists of the Earl of Cork and Orrery, Viscount Powerscourt, Sir Thomas Fowell, Dr. H. W. Acland, Dr. J. S. Bristowe, Mr. H. C. Burdett, Dr. Farquharson, Canon Erskine, Mr. S. L. Gregson, Mr. Timothy Holmes, Mr. J. T. Gurney, Mr. G. B. Lloyd, Mr. F. S. Powell, and Mr. Joseph White.

The Irish Poor-law Medical System.

The following statistics of the relative number of "black," or dispensary tickets, and "red," or visiting tickets issued during the past year indicate a remarkable decrease in the prevalence of pauper medical relief in Ireland.

In Ulster there has been a decrease of 4,626 cases prescribed for at the dispensaries, and a decrease of 1,494 of those attended at their own houses.

In Munster there has been a decrease of 6,914 cases prescribed for at the dispensaries, and of 3,607 of those attended at their own houses.

In Leinster there has been a decrease of 1,143 cases prescribed for at the dispensaries, and an increase of 3,488 of those attended at their own houses.

In Connaught there has been a decrease of 1,955 cases prescribed for at the dispensaries, and a decrease of 1,706 of those attended at their own houses.

The last three columns in the table show a decrease of 17,357 cases for all Ireland, including both classes, as compared with previous year.

In 1882 there had been a net decrease of 76,918, in the number of cases throughout Ireland, as compared with the previous year, and it is satisfactory to observe that there was a further decrease in the cases for the year 1882.

The Amsterdam International Medical Congress.

The Congress which met two years ago in London with so much *éclat* meets this year at Amsterdam on the 4th of September, and as several distinguished physicians of Great Britain, France, Belgium, Germany, and America have promised to attend, the meeting, it is expected, will be very successful, though such great things are scarcely expected as at the previous Congress in London. Amongst the papers and addresses promised by our own countrymen are several on the subjects of cholera and other important diseases, and on the remedies used by the natives of tropical countries against dangerous epidemics, by Sir Joseph Fayrer, M.D., Dr. J. Ewart, Dr. F. de Chaumont, Dr. E. Waring, Dr. J. B. Scriven, Dr. Norman Chevers, and one by Dr. Dyce Duckworth, "On the Education of Physicians for the Colonies."

Medical Aid for Egypt.

An application having been made to the British Government for medical men to be sent to Egypt, the following left last week for the seat of the outbreak:—Dr. Theodore Acland, St. Thomas's; Dr. Gulliver, St. Thomas's; Mr. H. Crookshank and Dr. McNalty, of the Indian Medical Service; Mr. James Cantlie, of Charing Cross Hospital; and with him the following members of the same hospital:—Messrs. Taylor, Houman, and Wigborn; and Messrs. Thrapp, Parker, Wilkins, and Leslie. On arrival in Egypt these gentlemen will at once report themselves to Surgeon-General Hunter, who has reached his destination, and is engaged in superintending the work of the hospital staff. They will be subject to his direction, and we may be permitted to hope, with some justice, that under their energetic action a speedy improvement will be manifested in the miserable arrangements for dealing with the cholera-stricken inhabitants already commented on in accounts sent home from Egypt. Hearty good wishes will accompany all those who have gone to lend assistance in this emergency, from those who have been left behind; and an earnest hope will be expressed that every member of the little band may return unreduced in health and strength after satisfactory conclusion of their labours abroad.

The Royal Medical Benevolent Fund Society of Ireland.

The Annual Report of the Society shows that during the past year the sum of £1,149 has been distributed; leaving a balance of £290 in the treasurer's hands, to meet the necessary working expenses.

Of the sum distributed, £185 is to medical men; £839 to widows; and £125 to orphans.

Ad interim applications were made in nineteen cases. To twelve of the applicants under this heading grants were made ranging in amount from £5 to £20. Two cases, not being urgent, were postponed to the annual distribution; and in three instances the application was refused as ineligible.

One hundred and twelve applications for relief have been received during the past year. Of these 8 were from medical men, of whom 5 were new; 91 from the widows of medical men, of whom 11 were new; and 13 from orphans, of whom 4 were new.

Meeting of the Executive Committee of the General Medical Council.

The Executive Committee of the General Medical Council held a meeting on July 4th, at which they received a legal opinion from Mr. Muir Mackenzie, to the effect that the giving of a false death certificate is punishable as a misdemeanour. This decision has a serious bearing upon the unqualified assistant system, which was brought under notice of the Council so ably by Dr. King Chambers at its last meeting. It would seem that the unqualified assistant who signs a death certificate in the name of his employer, and the employer who signs a certificate without having attended the deceased, are alike liable to be locked up and to take their punishment as misdemeanants. Such being the law, we only want some one to enforce it, and we presume that the Registrar-General is responsible to bring offences of this sort under the notice of the Crown Prosecutor, and it would be the duty of that officer—if, indeed, he does anything but draw salary—to institute a prosecution.

The Executive Committee also decided to address a "circular note"—in the manner of European sovereigns—to licensing bodies to ask them what measures—if any—they take to prevent personation at their preliminary examinations. We imagine the answer will, in all cases, be *nil*, and the Medical Council will then be called upon to provide a remedy. The task will be extremely difficult, but it must be overcome, because the feeling is daily growing that personation is much more frequent than has hitherto been suspected.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Combe and Gilchrist Lectures in Scotland.—The courses of these lectures, which have been arranged for the ensuing winter and spring, are as follows:—The Combe lectures on "Physiology and Health" will be delivered, as usual, by Dr. Andrew Wilson, in Burntisland, Dalkeith, Airdrie, Alloa, and Leith. We understand that by special arrangement a course of lectures, similar to those delivered under the auspices of the Combe Trust, will be given by Dr. Wilson in Paisley, Mr. James Coats, jun., having arranged for the delivery of this latter course. In Perth arrangements have also been made for the delivery, by Dr. Wilson, of a special course of lectures on "Health." The operations of the Gilchrist Trust in Scotland are this winter to be carried out in Galashiels, Hawick, Peebles, Selkirk, and Jedburgh. Mr. W. Lant Carpenter delivers a course of fifteen lectures in December on "Electricity and it Modern Applications," each town being favoured with a weekly lecture for three successive weeks. In January, 1884, Dr. Wilson delivers in the same towns his course, similar in length to that of Mr. Carpenter, on "The Beginnings of Life." It is gratifying to be able to chronicle the operations of these Trusts in in supplying at a nominal cost means of scientific instruction in our centres during the winter months.

Fever Epidemic at Kilbarchan.—For some time back fever has been prevalent in the village of Kilbarchan, which, from its position, might materially be expected to be in a great measure free from disease. The fever seems to have been most prevalent in these parts of the village where the streets are narrowest and the buildings most compact. Several cases have been reported in High Barholm. It is said that the village has not been entirely free of fever for the past six months.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 21st ult., were at the rate of 25 per 1,000 per annum, against 24 in the preceding week, and 22 and 23 respectively in the corresponding periods of 1882 and 1881.

Edinburgh.—Health of the City.—The mortality in Edinburgh for the week ending with Saturday, the 21st ult., was 81, and the death-rate 18 per 1,000. There were 12 deaths under 1 year and 23 above 60, of which 6 were above 80, and 1, 92. Diseases of the chest accounted for 25 deaths, and zymotic causes for 10, of which 3 were due to fever, 2 to scarlatina, and 2 to measles, the intimations of these diseases for the week being 18, 23, and 68 respectively.

The Registrar-General's Report.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, July 21st, states that the death-rate was 21·3 per 1,000 of estimated population. This rate is 0·4 below that for the corresponding week of last year, but 1·8 above that for the previous week of the present year. The lowest mortality was recorded in Perth—viz., 11·9 per 1,000; and the highest in Paisley—viz., 29·9 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·3 per 1,000, or 0·7 above the rate for the previous week. Measles, whooping-cough, and diarrhœa continue to be the most fatal miasmatic diseases. Acute diseases of the chest caused 69 deaths, or 12 less than in the previous week. The mean temperature was 53 6, being 5·3 below that of the week immediately preceding, and 4·8 below that of the corresponding week of 1882.

Cholera Precautions at Leith.—Precautionary measures have been taken at Leith in case any cases of cholera should be brought to the port. The cholera hospital at the end of the West Pier, used as a boat-house at present by the Leith Rowing Club, can be immediately supplied with the necessary fittings to turn it into an hospital, while the cholera hospital in King Street, belonging to the Local Authority, is ready for immediate occupation if it should be required. This building was used as a cholera hospital in 1866 and 1867, when the infection was brought by seamen from the Continent, and spread so rapidly that there were at one time about 400 cases in the town. In recent years, when fever had assumed an epidemic form, and the wards of the Leith Hospital were fully occupied, it has been thrown open to receive patients.

Watt Institution.—Lectureship on Physiology.—We understand that Dr. Andrew Wilson has resigned the lectureship on physiology at this institution. The directors, in accepting the resignation, instructed the secretary to convey to Dr. Wilson their expression of deep regret on hearing that they were to lose his services. We hear that several well-qualified gentlemen are candidates for the vacant post, among whom we may mention Mr. James Hunter, F.R.C.S.E., Lecturer on Physiology at Minto House Medical School. Mr. Hunter has had considerable experience in teaching, and is a very agreeable lecturer.

Graduation at the University of Edinburgh.—This ceremony is to take place to-day (Wednesday), when Professor Dickson, the Professor of Botany, is to deliver the graduation address at the capping of the medical graduates.

Edinburgh Health Committee.—The Public Health Committee of the Edinburgh Town Council, at a meeting on the 24th ult., remitted to Bailie Clark (convener), Dr. Russell, and the medical officer, to take steps to ensure the immunity of the city from cholera, and to report to next meeting of Committee. Orders were given to enforce better sanitary arrangements in several cases of defective house construction and smoke nuisance, including the smoke nuisance at the Royal Infirmary.

Correspondence.

THE PREDISPOSING CAUSES OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The "Notes on the History of Epidemics of Cholera" in the last issues of your journal from the able pen of Surgeon-General Gordon are most exhaustive as to the facts of the history of the incidence of the disease, but seem to throw no light upon its causes or treatment. As to the former unless we distinctly grasp them our efforts at prevention will be futile. With regard to treatment I do not intend to say a word because I believe in the old proverb that "prevention is better than cure." Dr. Gordon's facts do not throw any light upon the apparent periodicity of the disease which reappears in England pretty regularly every seventeenth year.

When the disease was raging in the East of London in 1866 I was requested to find suitable gentlemen to take special duties in that district, and this brought me in contact with the circumstances existing in that district, and induced me to visit Dr. Norton who had charge of an extensive area near the East India Docks where the mortality was frightful. On the occasion of my visit I was strongly impressed with the idea that the districts supplied with water from the river Lea suffering most, it was in that direction we should look for the predisposing causes, and full of this notion I asked for information from my friend. He gave me no direct answer at the moment but took me out with him to a street near his house in which he had attended many very bad cases. This street ran due east and west, the backs of the houses on the one side facing due south, and on the other due north, and he said to me: "The whole of this street is supplied with Lea river water, both sides were built by the same man *upon the same plan*, and the houses are alike in every particular yet on the one side I have fresh cases every day. and on the other I have never had one." This seemed to me a very good test case because it was free from the complication which usually mislead, and it seemed possible to so exclude the various influences affecting *both* sets of houses equally so that one might see what were the influences which affected one side of the street only.

The conclusion at which I arrived was that cholera was prolific wherever the drinking water was exposed to the heat of the sun, and that as on the one side of the street *all* the cisterns were exposed to sunlight, whilst on the other they were in shade, this was the difference of condition which formed the main element in the awful result.

Talking since with officers who had the command of troops in tropical climates I have learned that where soldiers on the march drink surface water (*i.e.*, water exposed to the heat of the sun) it invariably brings on cholera, or at least that every case of cholera could be traced to drinking such surface water.

To what extent can these views be confirmed by experience? If they do not bear the inference I have drawn from them how can they be explained so as to be in harmony with other facts?

I am, yours obediently,

J. Baxter Langley.

50 Lincoln's Inn Fields, W.C.

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CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your annotation founded upon a statement made in a daily paper is so eminently misleading that I trust you will allow me to state distinctly that *not one woman* has ever been discharged from any hospital whatever, in consequence of Mr. Stansfeld's motion. All allegations to the contrary are simply untrue, have been officially denied in the House of Commons, and have been withdrawn by their originators. As to the periodical examinations, they constitute a very uncertain test as to the amount of disease among the women examined. Dr. Despres, who was for 30 years chief surgeon to the great Lourcine Hospital in Paris, says: "It is evident that nothing whatever has been done to check the transmission of syphilis; the women inscribed form but the tenth part of the women who transmit syphilis; and women are registered as *perfectly healthy* who are also in a condition to communicate the disease." The tables furnished by Pucte and Fournier reproduced in Lancereaux's work show that out of 873 men who contracted true syphilis in Paris, 625 owed their misfortunes to public prostitutes who, if such regulations had been worth a rush, would have been free from disease; and Mr. Wolferston, late house surgeon to the Royal Albert Hospital, Devonport, in his evidence before the Royal Commission showed that 600 women who, in the opinion of the four honorary surgeons (after repeated examinations) were entirely free from disease had been imprisoned in that hospital on the ground that they were diseased. Exactly the same thing occurred when the Acts were re-enacted in Bombay. The hospitals were crammed with women who absolutely had nothing the matter with them. In fact, the matter is one of doubtful medical opinion. One surgeon would report a number diseased, who, in the opinion of another surgeon, would be free from disease. Women, with very rare exceptions, sometime or other suffer from discharges, and no man living can say whether such discharge would communicate syphilis, would communicate gonorrhœa, or whether it would prove absolutely innocuous. It is an error to suppose that a woman who communicates syphilis suffers from sores herself.

In 2,000 cases, Dr. Morgan, of Dublin, only succeeded on most careful scrutiny, in discovering chancre in the female, *twenty times*. Women, also, who have once had syphilis, become protected from future attacks, they continue, nevertheless, to associate with the same class of men as the one who originally infected them, and then men infect each other through the medium of her person, although she does not present the slightest trace of disease. In short, Sir, the Contagious Diseases Act is a farce, a hygienic imposture, and an insult to the common sense of any man who has real knowledge on the subject. True syphilis, the only disease of any consequence, has increased under the operation of this silly law. Before it was enacted this disease fell off from 1879 to 1866, from 35·86 to 24·77 per 1,000 men in the army. After it was enacted the disease rose from 1866 to 1881 from 24·77 to 30·5 per 1,000. In the navy it rose from 15·7 per 1,000 men to 17·83 per 1,000 men, and a similar result has followed whenever the system has been tried.

I am, Sir, yours &c.,

Charles Bell Taylor, M.D., F.R.C.S.E.

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THERAPEUTIC MEMORANDUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It has struck me forcibly for some time that a great mistake is made in the administration of tonics with which strychnine is combined, notably that very valuable therapeutic agent Fellowes' syrup. We administer the lactophosphates of calcium with great advantage, as they are well calculated to be steadfast nutrient tonics. In cases of flagging nervous power the combination of strychnine is useful for a time; and when the failure of power is merely from inertia, it may be continued with advantage for a lengthened period; but when the failure is that of nervous exhaustion, I maintain that its use is only that of the spur to the wearied horse, and in such cases the simple syrup of lacto-phosphate of calcium, such as Dusart's, or if iron be desirable, Parish's, will prove more permanently useful. I have met many cases of incipient phthisis and other dyscrasias where the patients have complained, after taking Fellowes' syrup for a week with advantage, that they have relapsed into languor, and felt a distaste to the medicine. I have never heard such a complaint of the simple syrup. It is no answer to say I have known cases where it has been used with great success and no such complaint made. The *rationale* of my objection is simple; and if the principle be established, as I feel certain it will be under more extended observation, sound practice will follow. Strychnine does not make nerve power, it calls it into action, and in this way tends to wear it out. In like manner I have used strychnine advantageously for a short time in chorea, but it soon fails to do good, and a change then to arsenic or zinc will hasten the cure.

Portlaw. J. W. Martin.

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ESPRIT DE CORPS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A letter under the above heading having appeared in your issue of July 18th, and having been also published in the local papers here, you will, I trust, permit me space in your valuable journal for my reply to that production, which I in self defence was compelled to publish.

"A letter, written by James Mullany, surgeon, &c.," which appeared in your contemporary's issue of the 25th inst., has been brought under my notice. In this letter I am distinctly accused by Dr. Mullany of applying for a Government office at a remuneration at which, he says, he declined to act. It is my duty to give this statement an unqualified denial. The simple fact is, that I in no way applied, but was offered the appointment of surgeon and agent at the usual Admiralty terms of 2s. 6d. per visit and mileage. This I declined. I was then desired to state on what terms I would accept the appointment. My terms were accepted; and, I am happy to say, are not only entirely satisfactory, to me, but also very considerably higher than those at which Dr. Mullany says he declined to act."

I may further state, that my accepting the appointment in no way interfered with Dr. Mullany, he having been ordered by the Admiralty to resign his appointment. In conclusion, I would say, adopting Dr. Mullany's own words, "what a falling off, &c.," when one member of the medical profession rushes into print, with hasty and unqualified statements against another, simply to gratify his own private malevolence. I may add that the expression "parvenu," which Dr. Mullany has thought fit to adopt, I presume "for the honour of our noble profession," will be treated by gentlemen of that profession only with the silent contempt which it so manifestly deserves.

Faithfully yours,

Ballina. G. A. O'Connor, L.R.C.P. and S. Ed.

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THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

The following official letter has been sent us for publication:—

Sir,—Reminding you that the 8th International Medical Congress (according to the notice published some months ago in the *Medical Press*, will be held in Copenhagen from the 10th to the 16th of August, 1884, we have the honour of communicating to you that the General Organising Committee, formed for the preparatory work, is composed of the following members, living either in or near Copenhagen: President, Professor Dr. P. L. Panum; Secretary-General, Professor C. Lange; Secretaries, Dr. O. Bloch, Dr. C. J. Salomonsen, and Surg.-Genl. Joh. Möller; Honorary Treasurer, Professor Dr. E. Hansen Grut.

The following are the Presidents of the various sections—Anatomy: Professor Chievitz. Physiology: Professor Dr. P. L. Panum. General Pathology and Pathological Anatomy: Professor Dr. C. Reisz. Medicine: Professor Dr. F. Trier. Surgery: Professor Dr. Holmer. Hygiene and State Medicine: Dr. E. Hornemann. Military Surgery and Medicine: Director-General of the Medical Department of the Army Salomon. Mental and Nervous Diseases: Professor Dr. Steenberg. Obstetric Medicine and Surgery, Gynæcology: Professor Dr. Stadfeldt and Professor Dr. Howitz. Diseases of Children: Professor Dr. Hirschsprung Ophthalmology: Professor Dr. E. Hansen Grut. Diseases of the Skin and Syphilis: Professor Dr. Haslund. Diseases of the Ear: Dr. W. Meyer. Diseases of the Throat: Dr. W. Meyer.

The special committees formed for the aforesaid sections have, when they found it useful, completed their number by members living outside Copenhagen, partly in Denmark, partly in the other Scandinavian countries.

In order that the meeting of so many distinguished medical men, whom we hope to see on this occasion, may be as advantageous as possible, the Organising Committee, following the example of the later Congresses, will communicate with distinguished men of different branches and of different countries, in order to prepare a programme. This programme, as well as the rules, will be forwarded to those of our colleagues whom we suppose to take an interest in the work of the Congress, and who might be inclined to participate in it.

In order that the programme may be ready as soon as possible, we should be pleased if communications, referring to the work of the Congress, were sent to the undersigned Secretary-General before the 1st of October next, so that it may be possible for us to have regard to them in arranging the definite programme.

The programme and rules will be forwarded as soon as possible to everyone qualified to participate in the Congress who within the limited time has announced to the Secretary-General his interest in the Congress, and his eventual intention of participating in it, if possible also which section he chiefly intends joining.

P. L. Panum, President.
C. Lange, Secretary-General.

Copenhagen, June, 1883.

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H.R.H. the Princess Beatrice is expected to pay a visit to Aberdeen on or about the 23rd of September to open a bazaar in aid of a fund for extending the Sick Children's Hospital. It is expected that her Royal Highness will on the same occasion open the Duthie Park, which was recently presented to the city.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (a)

On several occasions previously it has been our lot to have to notice the proceedings of this valuable Society. No one who casts his eye over the literature of medicine of the last half century can have failed to observe the very prominent place which the study of morbid anatomy has now attained. At the beginning of the century it could scarcely be said to have existed at all in Great Britain. The work of Bailey is the only one with which we are acquainted that treated specially on the subject. This had been precẽded by the work of Morgagni, which, as it gave the symptoms during life, as well as the post-mortem appearances, must be allowed to be the greatest work extant on the subject. It is very probable that in these countries it was the work of Bailey which first started the idea of pathological societies. It was in Dublin, however, that this idea was, in the first instance, carried out, and the Dublin Pathological Society preceded by some years the London one. The originators were the late Drs. Green, R. W. Smith, and Stokes. In the volume before us, the President, Dr. Wilks, gives a short sketch of the rise of pathological societies, and states that the study of morbid anatomy in this way is of comparatively recent date. But in the sketch he does not allude at all to the foremost position taken by the Dublin School. We think this is scarcely fair, and is wanting in common courtesy. It is possible, however, Dr. Wilks was not cognisant of the fact. Since Dublin led off we need scarcely add that very many similar societies have sprung up. We must admit, however, that the London one is in extent the largest of all, having above 600 members, and, as a consequence, being able to publish yearly volumes like the one before us.

In a notice of this kind it would not be possible to give the full details of all the cases worthy of note. We shall, therefore, as we have done before, refer in the briefest way to what appears to us some of the more striking cases given.

The very first case, by W. A. Brailey, M.D., is entitled "A Remarkable Case of Chronic Hydrocephalus from Birth," and it is worthy of note that the patient lived to be 53 years of age. She was of weak mind, had some powers of memory, and was of a very violent temper. The head measured twenty-seven inches in circumference. The ventricles were largely dilated. A cyst containing two ounces of fluid lay under the cerebellum. She had never been able to walk. No. 3, by N. Moore, M.D., is a case of "Tumour of Optic Tract from a Case of Diabetes Insipidus." We notice it because we should like to have known more of the patient. Had he thirst? Is it not possible that the sugar may have disappeared? As to the kidneys being healthy, we believe no one now-a-days connects saccharine urine with these organs, and when sugar has been found it is known that, as the disease progresses, it may disappear, though the disease still goes on to a fatal issue. Just the same course is pursued when albumen has existed—we mean as dependent on organic disease.

No. 4, also by N. Moore, M.D., is a rare instance of pus being found in each ventricle of the brain of an infant five months old—an ounce and a-half in each. The ventricles were, of course, much dilated.

Diseases, &c., of Organs of Respiration.—In this class, No. 1, by R. E. Carrington, M.D., is worthy of note. It is headed "Case of a Nutshell impacted in the Larynx; Tracheotomy, Membranous Tracheitis, and Purulent Bronchitis; Collapse of Lungs." The interest in the case consists in the fact that the child had got the foreign body into the trachea without its being known, and when this caused irritation and severe dyspnœa, the symptoms were supposed to arise from diphtheria. We must say it was a very natural mistake to make. If, however, the existence of the shell had been known, it is quite possible its removal would have saved the life of the child. We must refer the reader to the fuller details of the case given in the volume. No. 7 (card specimen), by N. Moore, M.D., is an instance where an ulcer of the right bronchus opened the pulmonary artery, and so caused death. Though a cavity the size of a walnut existed in the centre of the right lung, there was very little evidence of tuberculous disease. This makes the case the more interesting. No. 8 (also a card specimen), by J. Abercrombie, M.D., is entitled "Congenital Cyst in Larynx." It was found in an infant of fourteen days old, who was unable to cry, and from its birth had difficulty of breathing. The cyst, the size of a hempseed, grew from the crico-thyroid membrane, and on the middle line.

(a) "Transactions of the Pathological Society of London." Volume the Thirty-Second. Comprising the Report of the Proceedings for the Session 1880-81. London: Smith, Elder & Co. 1881. Pp. 419.

Organs of Circulation, &c.—We observe several cases in this department of interest. We might instance No. 5, by B. Fenwick, M.D., entitled "Two Cases of Extreme Stenosis of the Tricuspid Orifice." This communication is an elaborate analysis of no less than 46 cases of the affection, in which the author establishes the fact that the state is very much more common (7 to 1) amongst females than males, and that it is always associated with stenosis of the mitral orifice, and would seem to be even connected with antecedent rheumatic fever. This essay—for it is such—will well repay perusal. No. 7, by J. McCarthy, is entitled "Rupture of the Arch of the Aorta from Injury." The patient was twelve years of age, was admitted into hospital in collapse, and lived so fourteen hours. It was said a pony had knocked her down and trodden on her chest: A small aperture was found in the posterior aspect of the descending portion of the arch of the aorta. There was no bony fracture. It is curious, but a well-ascertained fact, that ruptures of internal organs, such as the heart, lungs, liver, &c., will occur from external violence, and yet not cause any outward mark which would lead to the idea that such internal mischief had occurred. We have seen examples so injured of all the organs we have named.

No. 8, by W. Anderson, though too long for even notice here, is a case of much interest. It is entitled "Syphilitic Disease of the Cerebral Arteries." But there was much more disease than these words would imply. The case in its progress exhibited tetanic convulsions, which must be rare. Five minutes after death the temperature was 108·8.

No. 9, by F. Taylor, M.D., is a case entitled "Obstruction of the Mesenteric Artery and Vein, followed by Intestinal and Peritoneal Hæmorrhage, with rapidly fatal result." The patient was a child of five years of age, and was suddenly seized with violent pain and vomiting, and after some hours died. There was blood found both in the peritonæum and the small intestine. No blame attaches to anyone when we say this case is very obscure, nor can we throw any light on it. It does seem to us, however, to have been going on longer than the author would have us to suppose, and for the simple reason that it is stated "the mesentery was much thickened, and contained numerous rather large fleshy glands." Such a state, we take it, could not have occurred in twelve hours. The case is a regular puzzle, but not the less interesting. No. 13, by S. W. West, M.B., is an example of "Aneurism of Middle Cerebral Artery in a boy of 12, Rupturing into the Descending Cornu of the Lateral Ventricles." We notice this case as being very rare, and showing at what an early age disease of the arteries may occur. The boy had extensive disease of the mitral valve, as well as adherent pericardium.

Diseases of the Organs of Digestion.—No. 1, by J. T. Goodhart, M.D., is entitled "Perforating Ulcer of the Stomach, leading to fatal Hæmatemesis thirty hours after birth." This also is a very rare case. The ulcer one-eighth of an inch long, was at the cardiac end, and close to the great curvature. No. 3, by C. Turner, M.D., is a history of two cases of intestinal obstruction. They both occurred in boys, and, like every case of the kind, are of much interest. No. 4, by W. H. Cripps, may be described as an essay on what the author calls "Adenoid Disease of the Rectum" (Cancer). We confess we do not approve of the changes of names in disease which recent years have made. Is anything more conveyed by the term adenoid than by "cancer?" Sarcoma is another term now much used, and frequently to denote malignant disease. No benefit, it appears to us, arises from these changes. On the contrary, they seem to lead to greater confusion. If a new disease be discovered by all means let it be named according to its histology. But cancer is not new; nor does the microscope enable us to say positively what is cancer, and what is not. Some years since the cancer cell was spoken of constantly. Where is it now? Is it a large or small cell; angular or round? Take up any volume of pathological transactions, and read the reports of the microscopic examinations of malignant disease, and do we find anything definite stated? On the contrary, is not each report different from the other? And in numerous instances, after reading the report, we are left in total ignorance as to whether the diseased mass is malignant or not. This is not as it ought to be, and seems to us a point well worthy of being handled in a different aspect from what has yet been done. But though we thus speak against some of the changes of nomenclature, which have, of late years crept in, we would not blame any particular party; and still less the author of the essay which has led to our remarks. It will be read by everyone with interest and improvement, and is well illustrated by numerous engravings. In the same division of the subject we observe different cases of dysentery complicated with abscess of the liver. These are of interest, but need not detain us here, further than to say we believe the abscess is always secondary to the dysentery. We also see two or three instances of cirrhosis of the liver in young children; which add to the proof already brought forward that the affection is not always due to the use of alcohol, an opinion which some have held, but erroneously.

(To be continued.)

Literary Notes and Gossip.

We hear that the trustees of the Astley Cooper Prize Fund have awarded the triennial prize of £300 to Dr. William Alexander, of Liverpool. The subject of the essay was "The Pathology and Pathological Relations of the Disease known as Osteo-Arthritis, or Chronic Rheumatic Arthritis." The author holds the M.D. degree of the Queen's University in Ireland, of which he was Gold Medallist and Exhibitioner in 1870. He also obtained the Jacksonian Prize of the London College of Surgeons in 1881, and has written some very useful papers in the medical journals.

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The second volume of Dr. Donald Macalister's excellent translation of Zeigler's Pathology is promised in October next by the publishers, Messrs. Macmillan and Co. This part, which contains the special pathology, is eagerly anticipated by students who are familiar with the section already issued in an English form.

⁂

Our quarterly contemporary *Brain* appears for July with three very beautifully executed Woodbury-type photographs, illustrating a careful and admirably drawn "Study of a Case of Epilepsy," by Chas. Mercier, M.B. The number is throughout exceptionally good.

⁂

Mr. Hutchinson's retirement from the post of senior surgeon to the London Hospital has been selected as offering an appropriate occasion for testifying the respect in which he is held throughout the profession. There ought not to be much difficulty in raising a sum of money in this connection sufficient to form a prize of value enough to excite at once general competition and the production of sterling work. Sir Andrew Clark acts as treasurer to the fund, and the number of those willing and anxious to testify their admiration of Mr. Hutchinson's great talents will doubtless lead to the collection of a very respectable amount.

⁂

The second edition of Mr. Charles Egerton Jennings' little work on "Transfusion" will be enriched by the addition of a preface, to be especially written for it by Sir Spencer Wells, who has exhibited much interest in the subject of Mr. Jennings' experiments. The apparatus which the latter has invented for the intravenous injection of saline fluid according to his method, has undergone certain small modifications, which Mr. Jennings regards as improvements, and the value of which has been tested experimentally on animals, a special licence under the Vivisection Act having been granted to Mr. Jennings for the purpose.

⁂

Messrs. Bailliere, Tindall, and Cox have most appropriately republished Dr. Hime's translation of Pettenkofer's "Cholera: How to Prevent and Resist It," the instructions given in which cannot fail to be especially valuable at the present time. The new edition contains also the new cholera regulations issued within the past few days by the Local Government Board, a general knowledge of which will prove serviceable should an unfortunate emergency arise to necessitate employment of the instructions given in them.

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There seems to be too much reason for assuming that our acquaintance with cholera in this country will ere long become of a more practical character than it has yet been since the Egyptian outbreak, and in such a contingency danger will be lessened by so much as preparations have been forwarded to combat the enemy on its first appearance. The more widely spread, therefore, a knowledge of prophylaxis in regard to the disease, the greater will be the security of the people who are subject to its evil influences. Medical men especially should do their utmost to cultivate among the public an understanding of the real dangers to be apprehended, and of the measures to be taken against them.

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SUCH a multiplicity of handbooks to nursing have appeared of late years that it must be extremely difficult for an author to introduce any novelty into the treatment of the subject. A word of praise is, nevertheless, due to a little work on "Home Nursing and Sick-room Appliances," by Miss Lückes, matron of the London Hospital. This, which is published, price one shilling, by Messrs. Kegan, Paul, Trench, and Co., comprises a lecture delivered for the National Health Society, and is an eminently practical and useful guide to nurses in the performance of their work. It deserves to be universally read.

⁂

MRS. LOUISA LOWE has been storming the "Bastilles of England," as she somewhat characteristically styles private asylums; the nature of the onslaught being that to which self-styled lunacy law reformers are habituated, and resulting in much cry and little wool. The gifted authoress, whose portrait prefaces her work, inducts her reader into every imaginary horror sketched by novelists twenty years ago, and really seems to be honestly convinced that private asylums are in this day amateur purgatories. "The Way In," "The Way Out," and other mysteries are described with evident belief in the reality of the pictures drawn; but, as may readily be supposed, the higher excitability of the authoress has led to such confusion as makes date of little moment. "The Bastilles," &c., is an interesting psychological study, and serves principally to show how extensive delusions may become if unwisely cherished.

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MRS. LOWE is occasionally carried away by the exuberance of her sympathy with the captives she has surrounded in her imagination with every conceivable distress, and she then makes statements which, but for the reference they include to long distant periods, might be deemed worthy of inquiry being made concerning them. The eminently hysterical character of the whole work, however, certainly removes it from criticism, and stamps it as the outcome of too credulous sympathy.

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MR. R. T. FREEMAN has published through Messrs. Churchill an exceedingly handy and useful little volume entitled "A Few Words upon Anæsthetics," in which he briefly but clearly sketches the history of the subject and illustrates very fully with drawings of various apparatus employed. The book is handsomely bound in half calf, and is both a pretty and valuable pocket companion.

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STUDENTS of practical physiology will find a sheet of histological tables issued by Mr. H. K. Lewis very serviceable. All the principal preparations are named and printed on gummed labels.

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THE monthly numbers of the "Index Medicus" reach us very regularly from America, but we are sorry to learn from its editor and publisher that it sadly lacks the necessary support to make it a success. It was started some few years since as a monthly record of all books and principal papers published in civilised countries, and any of our contributors who will take the trouble to turn to its pages will find their communications faithfully chronicled. This fact should be a sufficient inducement to all literary men to subscribe, and though we cannot say that to the busy general practitioner it would be of great value, yet no library should lay any pretensions to completeness which has not the "Index Medicus" among its books of reference.

⁂

DR. BYROM BRAMWELL, of Edinburgh, has issued a second edition of his "Guide to the Examination of the Pulse, and Use of the Sphygmograph," in which he has embodied additional pulse tracings, and a fuller description of the uses of Marey's and Dudgeon's sphygmographs. This latter instrument has now so fully established its reputation as the simplest and most reliable instrument, that Marcy's will probably be relegated to a useful and a grateful past. Dr. Bramwell's monograph will certainly act as an incentive to the study of sphygmography, and materially assist students to rightly estimate the value of pulse-readings.

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As many of our readers are doubtless contemplating their annual holiday, and are somewhat uncertain or hazy in their ideas where to go and what to do, "The Tourist's Guide to the Continent," issued under the authority of the Great Eastern Railway Company, will be a useful determining agent. This little work, which may be aptly described as the Traveller's Bible on the Continent—for, if a stranger, he cannot do well without it—will give him the routes, the cost, and the time-tables through Belgium, Holland, France, Germany, Austria, Switzerland, and Italy, together with instructive narratives, legendary lore, and illustrations of notable spots for every town he may select, and all for the moderate outlay of sixpence.

⁂

So large has been the demand in America and England for Dr. Klein's work, "The Elements of Histology," which was reviewed in a recent number of this journal, that the first edition, issued about two months since, has been exhausted, and Messrs. Cassell and Co. have already in preparation the second edition.

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AMONG the forthcoming works announced by Messrs. J. & A. Churchill are:—The Principles and Practice of Medicine, by Dr. Hilton Fagge. A Manual of Physiology for Junior Students, by Dr. Gerald Yeo. A Manual of Midwifery, by Dr. Galabin. Guide to the Diseases of Children, by Dr. Goodhart. Lectures on Mental Diseases, by Dr. Clouston. Syphilis, by Mr. Alfred Cooper; and Dr. Morell Mackenzie's second volume of Diseases of the Throat. Messrs. Baillière, Tindall, and Cox announce:—A fifth edition of Mr. Gant's Diseases of the Bladder, Prostate Gland, and Urethra. The Diseases and Ailments of Children, by Dr. Armand Semple. A new edition of Lowne's Physiology. A translation of Professor Dragendorff's Plant Analysis, by Mr. Greenish. A Pocket-book for Medical Officers of Health, by Dr. Hime. Diseases of the Ear, by Dr. Pomeroy. Impotence in the Male, by Dr. Hammond. Clinical Lectures on Syphilis, by Dr. Fessenden Otis; and a Manual of Insanity, by Professor Spitzka. The other publishers' lists have not yet reached us.

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NEW BOOKS AND NEW EDITIONS.—The following have been received since the publication of our last list, July 11th:—Enteric Fever, by Francis H. Welch, F.R.C.S. Medical Guide to the Mineral Waters of France, by A. Vintras, M.D. The Filaria Sanguinis Hominis, by Patrick Manson, M.D. Æsthetical Sanitation, by W. White, F.S.A. Knapsack Handbook, by W. White, F.S.A. Reports of Trials for Murder by Poisoning, by G. Lathan Browne, Barrister-at-Law, and C. G. Stewart, F.C.S. The Hygiene of Armies in the Field, by Robert Rawlinson, C.B. The Book of Prescriptions, by Henry Beasley (6th edition). The Air Cure in Tubercular Consumption, by Henry MacCormac, M.D. Excision of the Knee-joint, by G. E. Fenwick, M.D. Cholera: How to Prevent and Resist It, by Dr. Max von Pettenkofer and Dr. T. Whiteside Hime (2nd edition). The Extra Pharmacopœia of Unofficial Drugs, by W. Martindale, F.C.S., and W. Wynn Westcott, M.B.

Obituary.

DR. MEASE, OF CAVAN.

IT is with regret we announce the very sudden death, from serous apoplexy, of Dr. Andrew Mease, which occurred last week, after an illness of only eight hours' duration. The deceased gentleman appeared in his usual health and spirits on Thursday at three o'clock. He had to be assisted out of the church and carried to his residence. Dr. Mease began his career in Elphin, where his skill won the confidence of Bishop Leslie, and when in 1841 that prelate was transferred to the see of Kilmore he induced Dr. Mease to accompany him to Cavan, where he very soon secured a large practice. As physician to the Fever Hospital when fever followed in the wake of the famine of 1847 and 1848, Dr. Mease was unremitting in his attention to the sufferers. The skill with which he fought the fell disease, and the self-sacrificing zeal with which he toiled early and late to succour or to relieve his perishing fellow-countrymen, until with body and mind over-taxed, he himself became a victim, have not been forgotten by those who remember that dark time of trial. After his recovery he went to Dublin, but domestic circumstances called upon him to give up the position he had there gained, and on the death of Dr. Roe, in 1858, he accepted the appointment of Surgeon to the County Cavan Infirmary, which he held up to his death.

Pass Lists.

University of London.—The following is the Pass List for the Preliminary Scientific (M.B.) Examination :—

First Division.

Ashe, Evelyn Oliver.
Ashworth, Percy.
Barlow, George.
Black, George.
Calvert, John Telfer.
Campbell, Henry Johnstone.
Chitty, John Shaw Willes.
Cuff, Herbert Edmund.
Fernau, Charles Hermann.
Jordon, Walter Ross.
Rennie, George Edward, B.A.
Roberts, John Lloyd.
Sadler, Ernest Alfred.
Sawyer, Ramon Alexander.
Smith, Thomas Wilson.
Starling, Ernest Henry.
Williams, John Price.
Williams, William Griffith.
Wood, Frank Lomax.

Second Division.

Adamson, Horatio George.
Alcock, Richard.
Andrews, Launcelot William.
Bahadhurji, KaikhosroNasarvanji
Baine, Lawrence Augustus.
Baker, Robert William.
Bannister, Marmaduke.
Barclay, Wilfred Martin.
Baxendell, Arthur.
Bays, James Thomas.
Berry, George Arthur.
Blake, James Edward Huxley.
Boyce, Rubert William.
Brindley, Albert Edward.
Brook, William Frederick.
Brownlow, George Percy.
Bryett, Lewis Thomas Frazer.
Bueno de Mesquita, Solomon.
Buist, James Joseph.
Burt, Cyril Cecil Barrow.
Carter, Robert James.
Cass, Arthur Morgan.
Chaster, George William.
Clark, Francis William.
Colman, Walter Stacy.
Cooke, Cecil Whitehall.
Cribb, Cecil Howard.
Cunningham, John.
Deanesley, Edward.
De Jong, Edward Meyer.
Duer, Charles.
Durham, Arthur Ellis.
Dyer, John Edward.
Edmonds, Henry Augustus.
Fawssett, Frank.
Gardiner, John.
Gault, Arthur Henry.
Gifford, George Taylor.
Gould, John Edwin.
Grayfoot, Blenman Buhot.
Grierson, George Frederick.
Hastings, Edwin Birchall.
Hebblethwaite, Harold.
Hensley, Philip Henry.
Holder, Sydney Ernest.
Johnson, Harold
Johnston, Charles Saint
Jones, David Thomas
Jones, Herbert Saunders W.
Kelsall, Henry Truman
Kingsford, Arthur Beresford
Leche, Arthur
Ledward, Milton Prentice
Lightbody, John Henry
Mackenzie, William Kenneth
Mair, Ludovic William Darra
Morgan, Morgan John
Moss, Enoch
Oliver, Charles Pye
Ord, William Theophilus
Padbury, George John
Parker, George Dines
Parkinson, John Porter
Posnett, Edward
Powell, Llewelyn William
Randall, Philip Nicholas
Rivers, William Halse Rivers
Rossall, Joseph Crofts
Royce, Mary
Sarjant, Frank Percy
Savery, Frank
Smith, Guy Bellingham
Smyth, Nugent Edward
Snell, Ernest Hugh
Sutherland, G. Whitefield, B.A.
Symonds, Henry
Taylor, Frederick Howard
Tidey, Stuart Alexander
Tonking, John Herbert
Tresidder, William Elliot
Tubby, Alfred Herbert
Tuckett, Edward Hamilton
Upham, Charles Hazlitt
Vaughan, Alfred Ellis
Vincent, Herbert Edmund
Ward, Ernest
Ward, Howard Percy
Whitehead, Henry Edward
Wood, Frank Stanley
Wood, John Edwin.

Royal College of Surgeons of England.—The following candidates having passed the required examination for the diploma, were admitted Members of the College on Monday, July 23rd :—

Allingham, Herbert William.
Arnold, Ernest Charles.
Bredin, Howard Albert.
Caldwell, Robert.
Cotes, C. E. Henry.
Des Vœux, Harold Antoine.
Iliewicz, Henry F.
Moline, Paul Frank.
Moore, William Hodgson.
Paget, Stephen.
Potter, Harry.
Shillingford, Frank Norton.
Southern, John Acton.
Sutton, Henry Martyn.
Topham, Albert Stocks.
Wilkinson, Robert Hall.

The following were admitted Members on Tuesday, July 24th:

Atkins, Ernest, L.S.A.
Berkeley, E. J. Gibson.
Brown, William Henry.
Evans, William Arnold.
Gostling, Thomas Preston.
Hubbard, Arthnr John.
Jennings, R., L.R.C.P.Lond.
Schofield, A. T., L.R.C.P.Lond.
Thorburn, William, L.S.A.
Walker, Joseph, L.S.A.
Whittingdale, J. F. L.

The following were admitted Members on Wednesday, July 25th :—

Aird, Thomas Wilson.
Bennett, Frederick William.
Broadbent, F. Collingham.
Cunnington, Cecil William.
Evans, Willmot Henderson.
Griswold, Gaspar, M.D.
Reynolds, Ernest Stephen.
Smith, P. W. Bassett.
Strathy, Philip John, M.B.

The following candidates having passed the required examination, received the diploma of Membership on Thursday, July 26th :—

Dudley, William, L.S.A.
Faraker, John Joseph, L.S.A.
Griffin, S. N. R. Palk, L.S.A.
Merrifield, Sydney Sargent, L.S.A.
Shone, Wm. Vernon, L.R.C.P.L.
Stevens Francis Joseph
Street, Charles Tidbury, L.S.A.
Tireman, Arthur Lumley.

The following candidates passed on Friday, July 27th :—

Brenton, William Hore, L.S.A.
D'Aguiar, J. Gomes, L.S.A.
Gunn, D. Stilwell, L.R.C.P.Lond.
Hodges, James, L.S.A.
Jago, Charles Sprague, L.S.A.
Lace, William Francis, L.S.A.
Ogle, Arthur Wesley, L.S.A.
Parkinson, William Joseph
Short, Thomas Sydney, L.S.A.
Spencer, Herbert Ritchie, L.S.A.
Wood, Neville Thorold.

Royal College of Physicians of London.—The following candidate was admitted a Fellow on July 26th :—

Otler, Wm., M.D., McGill, Montreal.

The following candidates, having passed the required examination, were admitted Members of the College on July 26th :—

Coxwell, Charles F., M.B.Camb.
Fox, Thomas Colcott, M.B.Lond.
Griffith, Walter S. A., L.R.C.P.
Jenkins, Edward J., M.B.Oxon.
Kilner, Walter John, M.B.Camb.
Krauss, Adolph, M.D.Munich.
Nias, Joseph B., M.B.Oxon.
Paget, William S., M.D.Lond.
Syers, Henry W., M.D.Camb.

The following were admitted Licentiates on Thursday, July 26th :—

Audland, William Edward
Barefoot, John Richard
Barron, Hunter Jackson
Bassett-Smith, Percy William
Beales, Thomas William Lewis
Blagg, Arthur Frederick
Cardozo, Samuel Nunez
Carlyon, Edward Tresiddy
Cleaver, William Fidler
Collins, Edward Treacher
Collins, Octavius Augustus Glasier
D'Aguiar, Joao Gomes
Dalton, Arthur John
Davies, Edward Cluneglas
Dowson, John
Edwards, Arthur Rea
Embleton, Dennis Cawood
Gandevia, Naoroji Baranji
Gardner, Thomas Frederick
Green, Charles David
Gunn, Donald Stilwell
Hodges, Herbert Chamney
Howard, Heaton Clark
Hubbard, Arthur John
Jennings, Robert
Johnston, George David
Knill, Edwin Gilmore
Lathern, John Simpson
Littlewood, John Oscroft
Llewellyn, David William Henry
Mason, Arthur Henry
Maughan, James
Payne, Frank Cobham
Pinching, Horace Henderson
Polson, James Ronald
Pomfret, Henry Waytes
Roberts, Arthur Henry
Robinson, Clement Sumner
Rogers, Frederick Arthur
Salter, Stephen Thomas
Schofield, Alfred Taylor
Shone, William Vernon
Square, James Elliot
Stroyan, Frederick
Tresidder, Harry Innis
Waldy, John
Walker, Charles Rotherham
Walker, John William
Walsh, John Henry Tull
Ward, Anthony Arthur
Williams, John Worthy
Wilson, Alexander
Withers, Oliver
Wood, Edward Archer
Wright, Gaskoin Richard Morden

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Medico-Parliamentary.

HOUSE OF COMMONS.—Monday, July 30th.

THE CONTAGIOUS DISEASES ACTS.

In answer to questions by Mr. Hopwood and Mr. Maclver,

The Marquess of Hartington said the ratio of venereal disease in protected districts rose between 1877 and 1880 from 35 to 74 per thousand. The increase in the same period in the districts not protected rose from 68 to 119 per thousand. It would appear that in 1880 a serious wave of disease occurred. There was a sudden rise in the ratio of 27 per thousand in protected and 59 per thousand in fourteen large stations unprotected. By the returns for 1881, not yet published, he found the ratio in protected districts remained at 74 per thousand, while the unprotected districts underwent a further rise of seven per thousand, making in all a ratio of 126. It was to be observed that, while there had been undoubtedly a serious increase in the amount of these diseases in the protected districts, there had also been a considerable, though smaller, increase in the unprotected districts, which would seem to point to the fact that other causes as well as the suspension of compulsory examination had something to do with it. Under these circumstances, the Government proposed to wait the result of further experience before deciding upon entering on further legislation.

Lord E. Cecil asked the Secretary of State for the Home Department whether, in view of the abandonment of the

Detention in Hospitals Bill by the Government, and of the recent great increase of contagious disease, he could now state what steps the Government proposed to take in order to protect the health of our soldiers and sailors in those seaport towns where the Contagious Diseases Act was in force.

Sir W. Harcourt replied that the Home Department had very little to do with the administration of these Acts. They were carried out by the Admiralty and the War Office, and the only connection of the Home Department with the matter was that under the Acts the Metropolitan Police were one of the alternative methods of executing them. After the vote of the House he directed that the Metropolitan Police could no longer be so employed.

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Notices to Correspondents.

Mr. Meyrick.—You have been misled by your informant. There has been no award of the prize as yet, and the conditions you quote apply to the first competition.

Borderer.—We have uttered such frequent and decided opinions of the practice you seek to excuse, that any further repetition of our expressions must be wholly unnecessary. There can be but one reason why students should seek the privilege, and that a very unsatisfactory one.

Dr. Lewin.—Apparently intractable cases of eczema not unfrequently yield under the influence of pure rubber bandages properly applied. Due care, however, must be taken to fulfil the requirements of success by cleanliness and attention to personal hygiene throughout the treatment. If the trial has not been made it is well worth attempting.

A WARNING TO MEDICAL MEN.

To the Editor of the Medical Press and Circular.

Sir,—My attention has been called to an article in the *Medical Press* of July 4th, under the above heading, in which the writer suggests a compliment to me at the expense of the esteemed Sheriff-substitute of Dumbartonshire. The reporter of the case, discussed in your columns, entirely misunderstood the court procedure when he supposed that the Sheriff solicited the opinion of any member of his bar. The facts are that I happened to be beside the medical gentleman who was conducting his own case, and conducting it badly, and I volunteered a few suggestions to him. The Sheriff, assuming I was engaged in the case, asked at the close of the evidence what I had to say about it—a customary inquiry. This was not appealing for an opinion, but offering the litigant the benefit of an agent.

It is quite fair that the decision itself should be discussed. It is subject to the same conditions as every other judicial proceeding, but a left-handed compliment such as is offered, in the view of bringing the judge into personal disrespect, is an entirely different matter.

Yours, &c.,

Helensburgh, July, 1883. Geo. Maclachlan.

Doubtful.—Your patient has evidently got hold of some old pamphlet or paper of the notorious Dr. Churchill. His so-called cure of tuberculosis, which he presented to the Paris Academy some twenty years ago as a grand discovery, took the profession somewhat by surprise, but this soon gave way to the logic of facts, when, after full and extended trials by the leading therapeutists of the time—Dr. Quain, Dr. Cotton, Dr. Bennett, Prof. Binz, Dr. Dechambre, and others, and reported upon as not only useless, but even harmful, by reason of its excluding more apppropriate remedies, it became a nine days' wonder, and its propounder discredited. The ideas of patients, especially consumptives, are generally visionary, and sometimes annoying, and can only be met by the logic of common sense.

VACCINATION.

To the Editor of the Medical Press and Circular.

Sir,—Is the medical officer of a dispensary district entitled to the usual fee of 2s. for vaccinating at his own house a child living in his dispensary district when he receives a fee of £1 from parent for so doing?

Yours, &c.,

X. Y.

[The vaccinator is entitled to the official fee in every case without reserve, but it is, we think, a questionable practice for him to count private cases, for which he has been already paid as part of his claim against the guardians. However, it is frequently done.—Ed.]

R. L.—No one is permitted to engage in experimental studies involving resort to vivisection without first obtaining a licence under the Vivisection Act. The steps necessary to this are to be ascertained on application to the Research Defence Association, and involves a needless expenditure of time and trouble, but under existing restrictions no other plan is possible.

DISPENSARY TICKETS.

To the Editor of the Medical Press and Circular.

Sir,—I shall feel obliged by your kindly letting me know if I am bound to give medicine to patients on black tickets every day I receive them, as well as dispensary days? I thought I was only bound to give medicines on black tickets on dispensary days and during dispensary hours.

Yours, &c.,

M. S.

[You are bound to give advice and medicine at all times on black ticket, but there is an unwritten law which confines dispensary work as far as possible to dispensary hours, and we advise our correspondent, while giving immediate attention to urgent cases, to discourage romiscuous calls out of dispensary hours.—Ed.]

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m., and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Vacancies.

Brompton Consumption Hospital.—Resident Clinical Assistant. Applications to the Secretary before August 4th. (See Advt.)

Clifden Union, Clifden.—Dispensary Medical Officer. Salary, £90, and £10 as Sanitary Officer. Election, August 4th.

Leeds School of Medicine.—Curator. Salary, £80 per annum, with furnished apartments, &c. Applications to Dr. Churton, Park Sq., Leeds.

North Dublin Union, No. 1, West City Dispensary.—Medical Officer. Salary, £145, and fees. Election, August 7. (See Advt.)

Strabane Union, Strabane.—Dispensary Medical Officer. Salary, £120, and £25 as Medical Officer of Health. Election, August 15.

Appointments.

Bryant, T., F.R.C.S. (Senior Surgeon to Guy's Hospital), a Consulting Surgeon to the Bolingbroke House Hospital.

Fenwick, E. H., F.R.C.S., Assistant Surgeon to the London Hospital.

Greene, F. W., L.R.C.S.I., M.B. Univ. Dub., Medical Officer to the Mallow Union Hospital, co. Cork.

Humphery, Mr. F. W., House Surgeon to the Royal Hants County Hospital.

Ilott, E., L.R.C.P. Lond., F.R.C.S. Eng., Medical Officer of Health for the Bromley (Kent) Urban Sanitary District.

Jones, D. M., M.B., C.M. Ed., Medical Officer for the Bishopstone District of the Wilton Union.

King, D. A., M.B. Lond., M.R.C.P., Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Nall, S., M.B. Cantab., Demonstrator of Physiology in the Medical School of St. Mary's Hospital, London.

Ranger, W. G., M.R.C.S., Dental Surgeon to St. Thomas's Hospital.

Shearer, F., M.B., C.M. Glas., Dispensary Physician to the Paisley Infirmary.

Births.

Ducat.—July 25, at Gloucester House, 154 St. Paul's Road, Highbury the wife of Andrew D. Ducat, M.D., of a daughter.

Haig.—July 27, at Grove Park, Kent, the wife of Alex. Haig, M.B. Oxon., of a daughter.

Harrison.—July 27, at Falland Road, Clifton, the wife of A. J. Harrison, M.B. Lond., of a son.

Marriages.

Warwick—Burleigh.—July 26, at Halesworth, Percy Warwick, M.R.C.S., son of W. R. Warwick, M.D., of Hastings, to Helen, daughter of the late R. W. Burleigh, Esq., of Halesworth.

Deaths.

Hammond, July 24, at Lewisham, Kent, Henry Samuel Hammond, F.R.C.S. Eng., late of Edmonton, aged 92.

Kearney.—July 19, at his residence, Morpeth, James P. Kearney, L.R.C.S.I., aged 36.

Lucas, July 20, at Greenock, E. A. Lucas, L.R.C.S.I., L.K.Q.C.P.I., Surgeon, H.M.S. *Forester*.

M'Entee.—July 23, at the Richmond Lunatic Asylum, William C. M'Entee, late Resident Apothecary of Grand Canal Street Dispensary.

Miller, July 24, at 9 Rankeillor Street, Edinburgh, George Miller, M.D. St. And., L.R.C.S. Ed., aged 58.

Phillips.—July 23, at 27 Leinster Square, Bayswater, Richard Phillips, F.R.C.S., aged 67.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 8, 1883.

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THE QUESTION OF FOOD IN OBSTETRIC AND GYNÆCOLOGICAL PRACTICE.

An Address delivered at the Opening of the Section of Obstetric Medicine, at the Annual Meeting of the British Medical Association in Liverpool, August, 1883.

By GRAILY HEWITT, M.D, F.R.C.P.,

Professor of Obstetric Medicine, University College; President of the Section.

Gentlemen,—I take advantage of this opportunity to present to you a few observations on a matter which has for some years deeply interested me, and concerning which I have arrived at conclusions which, to me at all events, appear to possess a certain value, viz., The Question of Food in Obstetric and Gynæcological Practice.

Now, it may appear unnecessary at this period of medical history, and in the present advanced state, as it is considered to be, of medical knowledge, to insist on the importance of food in maintaining a healthy activity of the vital processes. But a lengthened experience has convinced me that the public at large have no practical knowledge of this, and that the most disastrous effects result in multitudes of cases from the ignorance of simple physiological laws.

Engaged as I have been more particularly in obstetric and gynæcological practice, the non-observance of these important physiological laws in connection with the occurrence of diseases of the uterus, disturbances of the functions of the uterus and ovaries, and the diseases incidental to child-bed, has forced itself on my notice. It is pretty certain that the generalisation which applies to these classes of disease extend, or would be found to extend, to diseases of other organs of the body, for it is the merit of a true generalisation that it is of wide application.

There are certain terms in general use by the public and by the profession which are often employed in a vague, unmeaning, and indefinite manner—such as "weakness," "delicacy," &c.—whereby it is intended to designate a condition very frequently met with, but the essential nature of which is, as my experience has shown me, very imperfectly apprehended. It is well recognised that this weakness, delicacy, or what not, is very commonly observed not only in young women coming under the notice of the gynæcologist, but also in women who have arrived at adult age, and suffering from disorders in connection with pregnancy, parturition, and child-bed. My observation has in a particular degree been attracted to the presence of this condition. I have taken every opportunity in my power for analysing its nature and ascertaining its essential cause. One conclusion arrived at is, that this general weakness is supposed as an antecedent in cases coming under our notice as gynæcologists, and it may even be said that it is almost invariably present in a marked form in such cases. Another conclusion is, that the "weakness" is associated with and caused by a long-continued inadequate dietary, and that it is essentially what may be termed "chronic starvation." The rational view of the matter is, that this "weakness" is, in the very large majority of cases, preventable; that it should be regarded as the first stage of a serious possible disease; that it is mostly the result of chronic starvation; that it is curable to a greater or less degree in most cases; and that it is of the highest importance that it should be formally and carefully treated, as other diseases are, instead of being allowed to smoulder on until the constitution is thoroughly undermined, or until some ailment distinctly classified in our nosology makes its appearance.

It may be asserted that, as yet, neither the public nor the professional mind has seized the importance of preventive measures in regard to disease. It is, indeed, true that the sanitary engineer is at work in our houses; but it cannot be said, as yet, that anything like systematic attention is devoted to the maintenance of healthy and vigorous growth, and the prevention of those diseases which are ultimately so deadly in their effects in many cases; I mean what may be termed the nutritional diseases incident to the human frame.

The analogy between the growth of a plant and of the human organism is one which has been often pointed out. The various chemical changes involved in a continuance of healthy growth in the plant and in the animal, are well capable of definition. We know that the plant requires air, moisture, and a supply of nutritive material regularly, and in sufficient quantity. And we should know, for physiologists inform us of the fact, that the vital processes in the human organism require, for their continuance in a vigorous state, material supplies of a suitable kind, as well as hygienic surroundings, fresh air, and the like. Again, it is well known by good gardeners that nothing so effectually protects the plant from external injurious influences, from blight, from the attacks of parasites, from insects, and from the diseases to which plants are liable, as the maintenance of the plant in a state of active growth. Once let the growth fall off in its vigour, the plant becomes forthwith liable to fall a victim to canker, to the pestiferous invasion of insects, to deterioration, to weakness, and often to decline and death.

It is a remarkable circumstance that so little as yet seems to have been done in the investigation of the effects of an insufficient dietary, looking at it from the quantitative point of view, although the effects of complete deprivation of food are well known. Thus, in the last edition of Parkes' well known work on hygiene, it is stated that little is known on the subject of the effects of insufficiency of food; and the space devoted to the consideration of this matter is less than one page.

The valuable facts recorded by a series of careful inquiries into the changes occurring in the human body in a state of health do not seem as yet to have been applied at all extensively to the treatment or prevention of disease. It should be known that each day the human body undergoes, in a state of health, a certain degree of waste and loss; and that, experimentally, it has been found that health is maintained by daily administration of certain quantities of material in the shape of food. The obvious inference is that, when the supply is continuously below the amount of daily waste, deterioration must occur, and a state of weakness will result.

It is a curious circumstance that the physiological law and the popular impression—shall I say, in too many instances, the "medical" impression?—are found widely different. Physiology teaches the necessity for a continuous supply of a certain quantity of food. The popular impression is that some people do not require so much food as others, and consequently important quantitative diminution in the supply often escapes attention. I must confess that, not very many years ago, I shared in the popular impression. What induced me to form the opposite conclusion was that, in the first place, I was struck with the fact that in almost every case coming under my notice a state of what was termed "weakness" by the patient had been notably present; and, secondly, that on inquiry this weakness was almost always found to be associated with a notably deficient dietary. For the last six or seven years I have tested the accuracy and applicability of these generalisations by carefully inquiring into the past history of patients, mostly suffering from some uterine or ovarian disease, or some affection incidental to child-bed, and these conclusions have stood the test of this long-extended inquiry. I have to state the important conclusion that a continuous insufficiency of food, or what may be termed a "chronic starvation," more or less intense in different cases, was found to have existed almost universally. Consequently, I have naturally been led to consider chronic starvation as a most important factor in disease, certainly in those classes of cases which have come more particularly under my notice

It will be well to cite a few typical instances:—

1. A young married lady, aged 24, consulted me for a severe retroflexion of the uterus, which appeared to have set in shortly after her first labour, some months previously. She underwent treatment for this affection; and, in course of it, one day her mother came with her, and inquired of me why it was that her daughter had become liable to this affection. I replied that, in all probability, it was due to a previous condition of weakness, and insufficiency of meat as an article of food. "Yes," said the patient, "that is very likely true; for when I married, and could please myself, being very fond of sweets, I took little ordinary food during the first year, but lived chiefly on sweets, and ate little or no meat at all."

2. A young lady, aged 18, suffered much from menorrhagia, and her condition became finally one of complete inability for exertion. It was ascertained that this patient had lived as regularly as regards her diet, but that her diet consisted principally of bread and puddings; and, having a marked aversion to meat, she had taken very little for two or three years previously; and it is the fact that I was afterwards consulted by two of her sisters presenting uterine symptoms, and with a corresponding history as regards the previous dietary.

3. Again, a young lady of very active habits, but who hardly ever took meat, became very ill after an unusual exertion, was affected with severe sickness, which went on unchecked for nearly a year, and was finally so ill that her life was despaired of. Here, the previous dietetic deficiency was most marked. The patient was finally completely cured, the sickness being found to be a reflex symptom dependent on an uterine displacement.

These cases might be multipled *ad infinitum*.

I have been much interested in observing, also, the effects of previous insufficiency of food in apparently predisposing patients to attacks of puerperal septicæmia. In the cases of this disease which I have seen in consultation, I hardly recollect having seen a case where the patient so affected had, during the pregnancy, lived fairly well; and the worst cases have been those in which the patients fed badly and insufficiently during the pregnancy, and had been fed on a gruel diet after the labour was over. In cases where severe sickness during the early part of the pregnancy prevents the proper nutrition of the patient, the system is liable to become much impoverished, and an insufficient dietary may be, and often is, the preliminary to a dangerous childbed.

With very few exceptions—and those exceptions only tending to prove the rule—it is, I hold, impossible to find patients suffering from chronic uterine disease who have not undergone at some former period what may be termed a starvation process, and careful inquiry generally elicits the fact that the quantitative deficiency in the diet extended over a considerable period. In many cases the patients are found to be still under the influence of a deficiency in this direction, and to be "eating," as the expression is, "next to nothing."

The period of life during which quantitative deficiencies in the dietary are most common is the two or three years immediately following the arrival of puberty. The girl is at school probably; her appetite is bad, or the food is not palatable, or is deficient in important particulars, or, as I have found in some cases, she eats little in order to keep thin; the strength fails, the appetite diminishes, and a habit of taking little is formed—particularly little animal food is taken. Three or four years of the most critical stages of life are thus passed—a time at which the body should be growing fast, and to maintain this growth in adequate vigour large supplies of nutritious material are required, instead of which the supply is far below the normal standard. The result is a general impairment of vigour and of vital action. On the generative organs the effect is, as I have observed in numbers of cases, most decidedly injurious; and the effect in most instances of this kind—that the tissues of the uterus lose their normal, firm, healthy consistence. The further result is that the pelvic organs as a whole, but particularly the uterus, undergo a subsidence in the pelvis; the uterus becomes liable to change of shape, and other alterations, more or less marked, in different cases. Slight exertions, slight accidents, or even moderate exercise are, under these circumstances, liable to act most prejudicially on the softened and weakened contents of the pelvis. This is a faithful description of what I have observed to occur in very many cases. I refrain from pursuing the further history of patients so affected as not falling within the scope of these remarks.

It is generally admitted by authorities on the subject of diet that nitrogen is the most essential of all foods, and that a certain amount—about three hundred grains—should be taken daily. In cases of chronic insufficiency of food, it appears that the diminution in quantity of food most frequently affects the nitrogen. Meat is the article of diet which, as a rule, is the source of the greater part of the needed amount of nitrogen, for, in England at all events, meat is the popular article of food; and, in cases of chronic starvation, we mostly find that the quantity of meat taken is exceedingly small. "Never a meat-eater," "Do not like meat," "Have got out of the habit of taking meat"—such are common replies made to interrogations of patients under these circumstances.

No doubt meat can be replaced dietetically by other foods containing nitrogen in sufficient quantity; but practically, owing to the habits of families, good substitutes for meat are not easy to find. The weakly one of the family is too often allowed to take her own course, and, if she does not take meat, often gets nothing sufficiently nitrogenous to answer the same purpose. Of all the nitrogenous foods, meat is admitted by all authorities to be the most easily digested, most easily assimilable, and most rapid in its nutritive action. Milk is, of course, a most valuable alternative food; but, in these cases of absence of sufficient meat, we do not find it has ever been taken in any quantity as to make up for the deficiency; and the quantity of bread consumed, even supposing it to be pure and of good quality, is in such cases entirely inadequate to supply the required quantity of nitrogen. I need not allude to the effect of deficiency in the other constituents of the diet. It is sufficient for my present purpose to show that the nitrogenous elements, while they are of all the most important, are those which are markedly absent in the cases now under consideration.

There are few observations bearing on the subject now under discussion which can be quoted from published works. Professor Voit (*Untersuchung der Kost*, Munich, 1877), mentions an interesting fact. In a public institution, a home for girls, on which, he reports, the diet included an average quantity of 170 grains of nitrogen only, the girls appeared healthy, but their muscles were found to be weak, and menstruation was found to be delayed in many cases until the sixteenth or seventeenth year.

Parkes states that when the nitrogen is reduced to from 70 to 100 grains daily, the body gradually lessens in activity, and passes into a more or less adnyamic condition, which predisposes to the attacks of all the specific diseases, especially malarious affections, typhus, and pneumonia, &c.

It must be assumed from what is known that if the minimum quantity of nitrogen—which, for the sake of argument, we may put as low as 250 grains in the case of a young woman—be not given, a condition of weakness will soon be induced, and with greater or less rapidity, according as the quantity of nitrogen falls much or little below this 250 grains *per diem*. Thus it is easy to understand why in a year or two, with an average daily consumption of only 100 grains of nitrogen, for instance, important modifications of the nutritive processes are effected whereby there is produced a direct predisposition to disease.

It is now some sixteen years ago since I first publicly discoursed on the importance of nutrition in the treatment of disease. I have made it the basis of my practice for some years past, and four years ago I described the condition to which I have now again referred as "chronic starvation." In the United States Dr. Weir Mitchell has employed a system of rapid feeding, assisted by massage and electricity, for the cure of weakly, nervous sufferers—a system which has been found most successful, and Dr. Playfair has done good service in introducing Dr. Weir Mitchell's method into this country. The method in question is essentially a rapidly acting means of introducing nutritive material into the system, and it is dependent for its success on the fact that the principle of the curative influence and action of food is adequately recognised.

It is probable that it will be found on further investigation that particular deficiencies in the dietary result in deterioration of particular tissues of the body. The field for inquiry in this direction appears to be a large one. Deficiency in the quantity of meat taken certainly, according to my experience, appears to have an enormous influence in predisposing to uterine ailments, but no doubt, other organs of the body also suffer from deficiency in this article of diet. And I have abundant evidence that it plays a very prominent part in predisposing to the serious wasting diseases so often fatal in this country. I refrain from dilating further on this particular point, because such discussion would in this place be inappropriate.

The conclusion which is obviously suggested by the foregoing considerations is the necessity for a greater attention to the question of diet, in the bringing up of families, than appears at present to be given to it. We all know that health and a good appetite usually go together. But it seems to be too frequently the case that, when the appetite is absent, such absence is taken as a matter of course, and receives no notice. It results from what has been stated, that absence of appetite may lead to most serious results. It is not immediately dangerous, but it is the first step possibly in the downward course. A continuously bad appetite constitutes a grave condition, and should be seriously regarded.

If it be a rigorously proved fact that the human body is dependent for its existence in a state of vigour on an adequate and regular supply of food, it behoves us to take all possible opportunities of enforcing this principle, and in making it known as a great and universally applicable measure and precaution in the prevention of disease.

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THE FRENCH EXPERIMENT FOR THE PREVENTION OF SYPHILIS.

Report of M. Fiaux to the Municipal Council of Paris.

By C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S.,
Senior Physician to the Metropolitan Free Hospital.

I have just received from Paris an interesting document presented to the *Conseil Municipal* of Paris in 1883 concerning the great Parisian experiment for the prevention of syphilis, which it seems to me is worth the attention of hygienists in this country.

It seems that in 1845 Paris contained 1,050,000 inhabitants, and at that date there were 3,966 women inscribed as prostitutes by the police; whereas, in 1880, when Paris had 2,200,000 inhabitants, there were only 3,582 prostitutes on the books of the police, who were examined for the purpose of preventing disease. M. Lecour, one of the *employés* at the prefecture of police in Paris, with whom I had a conversation in 1867, when the International Congress met there, puts down the number of prostitutes in Paris at 30,000, whilst an able writer, M. Max Ducamp, thinks there are nearer 100,000 women in Paris who might merit the name, an opinion shared, as far as I can remember, by Dr. Lefort, when I spoke with him on the question many years ago in Paris. In 1843, it appears by the report, Paris contained 235 public brothels, with 1,450 inmates, whilst in 1880 there were but 133 such houses, with 1,041 inmates. In 1855, again, there were 611 women inscribed on the books of the police, and 1,323 arrests of so-called "insoumises" were made. In 1880, there were only 354 inscriptions, and no less than 3,544 arrests of the insubordinates. So that, in short, there has been a diminution in the number of prostitutes inscribed, a diminution in the number of tolerated houses, and in the number of new inscriptions annually of recent years in Paris.

According to M. Lecour, there were in 1855, 1,852 inmates of these houses, and of these no less than 805 were suffering from contagious diseases; whilst of the remaining 2,407 of the inscribed women only 137 were found to be diseased. In 1880, again, there were 1,041 of the inmates of brothels, of whom 205 were found to be diseased, while of the 2,313 not in houses, only 102 were found to be suffering from contagious diseases.

Dr. Mireur, of Marseilles, in a well-known work of his, says, p. 363, "Of 100 cases of confirmed syphilis observed by me, half of them among my private patients, and half among those seen at my dispensary, I ascertained that 62 contagions were attributable to relations with women in these houses, and 38 to inscribed or clandestine prostitutes in the City." This seems to show that the system which was so much praised by M. Lecour of frequent examination of women in tolerated houses, is not of any great service with respect to the only point for which it exists, viz., the prevention of syphilis. The reporter, M. Fiaux, indeed, calculating that there are, on the lowest estimate, about 30,000 insubordinated prostitutes in Paris, observes that there are about 29 per cent. of the inmates of the tolerated houses diseased, as against 6 per cent. of those not in houses, and against 2·3 per cent. of those not inscribed at all.

M. Clerc mentions too, that in 1878, there were 2,300 isolated women on the police books, which number should have required 55,200 examinations by the medical staff appointed for the purpose, if each had come twice a month to the dispensary, whereas only 35,985 examinations were actually made, and it seems that each physician generally had to examine from 100 to 120 women at each visit. Sometimes as many as 400 had to be seen, a number far exceeding what any man of ordinary strength or endurance could possibly undertake to treat or examine in any serious fashion.

Syphilis is a chronic disease, with a sore or an incubation varying from 15 to 30 days, which sore lasts, perhaps, a month or six weeks, and is followed by secondary symptoms as contagious as the ulcer which precedes them. The duration of these secondary symptoms is difficult to define, in the majority of cases they appear from 60 to 120 days after the contamination, or about from 30 to 50 days after the chancre. Dr. Fournier, of Paris, whose authority on this point is considerable, estimates that such secondary accidents may relapse for as long as four years.

Hence it is, as I have always said, quite impossible to say when a syphilitic patient ceases to be contagious, for some years after the onset of the disease. This is the true reason why the prevention of syphilis is not like that of scarlet fever, measles, or small-pox, feasible by quarantine carried out for a short time. So that the police in Paris apparently withdraw from the street annually 350 women with syphilis with little effect seeing that there are always 400 or 500 of that same class in their houses affected with this chronic contagion. In my personal experience among the patients of the Rescue Society of London I have found it quite impossible to say for certain whatever be the length of time the young women stay in our hospital—and sometimes that is more than a year—that they are no longer contagious if they had syphilis on entering.

These are the reasons why I observed when visiting Parisian hospitals in 1867, at the time of the International Congress of Medicine, in that year, M. Ricord being in the chair, that it seemed to me that the Parisian system had rather increased the number of cases of syphilis, as compared with those in London, and it is for this reason that M. Fiaux recommends the voluntary admission of syphilitic patients into the general hospitals of Paris, the abolition of the prison of Saint Lazare, and urges that the hospitals of Lourcine and Midi should be turned into general hospitals. My own experience of London and Paris leads me to think that M. Fiaux may be, to a certain extent, right; and that at present, when the principles of the prevention of contagious diseases are so much better understood than they used to be, both by the profession and by a section of the public, funds would be forthcoming for the treatment of syphilitic patients in our general hospitals, which formerly were not obtainable, owing to the ignorance which was all but universal of the extent and important nature of these contagions.

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ON SOME RECENT ADVANCES IN THE SURGERY OF THE URINARY ORGANS.

Being the Address on Surgery Delivered before the Fifty-First Annual Meeting of the British Medical Association, *at Liverpool, on August 1st,* 1883.

By REGINALD HARRISON, F.R.C.S.,
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Mr. President and Gentlemen,—The selection of material for presenting to you to-day has occasioned me no little anxiety. Following immediately upon an address which will for ever render our jubilee year memorable—an address in which justice was done by the distinguished representative of surgery from Ireland to the great subject of surgical progress generally, whilst its prominent features were forcibly brought out, I may well hesitate where to tread.

In considering the position of surgery as detailed in Mr. Stokes' admirable address, the thought naturally occurs that its diffusion is as remarkable as its progress. Compare, for example, the condition of surgery prior to the existence of our Association with its present position. In the former period departures from the ordinary routine of surgical procedure were confined to a few hands, and the benefits resulting from improved methods of treatment were shared in by a very limited number. Now, no sooner, is a method of treatment or an operation proved to be efficient, than it is taken up and practised wherever scientific surgery can reach; the peer is no better off than the peasant, and the cottage hospital rivals in its successes those obtained in more palatial edifices.

So beneficently catholic is our profession that it hails with the greatest satisfaction, not only the discovery of new means of relief, but the adaptation of others to a form which permits of their more general adoption and usefulness; whilst, on the other hand, it regards with suspicion all methods of treatment which unnecessarily restrict or conceal that which was intended for the common good.

I propose to occupy the time at my disposal by a reference to some of the more recent advances and work in connection with the surgery of the urinary organs.

Commencing with the kidneys, we are at once struck with what surgery is doing for them. Until quite recently the diseases of these organs were regarded as belonging almost exclusively to the province of the physician, and probably would have remained so had preventive medicine obtained fuller development.

A more extended acquaintance with the pathology of the kidney has brought to light conditions in which the work of the physician requires to be supplemented by that of the surgeon. Pain arising from an undue mobility of the organ, tumours, deposits, hæmorrhages, and collections of fluid within it—all these morbid states are now recognised as capable of relief or cure by fixing, opening, or extirpating the abnormal or disordered organ; whilst numerous illustrations have already been afforded of the successful removal of stones from positions where they must have ultimately led to the disorganisation of the kidney in which they had become impacted.

It would be premature at present to endeavour to formulate anything like precise rules in reference to the application of the various operations on the kidney to which I have briefly referred; they are at present comparatively new to us, and we must occupy ourselves in cautiously moving in the direction they indicate, and in collecting experience rather than in drawing conclusions other than very general ones.

Amongst many valuable contributions to the literature of this subject which have appeared, I would include one by Dr. R. P. Harris, of Philadelphia, (a) which contains an analysis of one hundred cases of nephrectomy. From this, as well as other communications which have more recently been published in this country, we may draw at least three conclusions of value, so far as the operation of extirpation of the kidney is concerned. These are—

1st.—That nephrectomy has been the means of saving many lives under circumstances where no other method of treatment was likely to be of service;

2nd.—That this operation has been practised in cases where the probability of a successful termination appeared to be very remote; and

3rd.—That a method of effecting the removal of the organ different from that which was selected, or a procedure less heroic, might, in some instances, have tended to increase the chances of success.

In these directions then—in selecting cases for operation, in rejecting others as unsuitable, and in determining relatively to the case in question the best method of procedure—I take it that good work has yet to be done.

It appears to me that among the difficulties we have to contend with in the application of nephrectomy, two stand out prominently: (1) the kidney it is proposed to remove may be the only one; (2) the opposite organ may be similarly affected, though in a less degree, yet sufficient to interfere with those compensatory changes being carried out which are essential when one excretory organ has to supply a lack of service on the part of another. The literature of this subject will already be found to illustrate the class of difficulties to which I am referring.

The lesser proceedings, which include the exploration of the kidney, and the removal of calculi and of pent-up fluid, are necessarily attended with a diminished risk, and have already proved of much value.

In undertaking a new class of operations, we must bear in mind the past history of many methods of treatment, now justly regarded as successes, but which severally, had a very unpromising commencement. Look at the unsatisfactory position held by ovariotomy only within a period represented by the memory of the majority of us here present to-day. Yet the high dignity to which it has been raised in the rank of surgical operations, by the skill and enterprise of Sir Spencer Wells, Keith, and others, is now frankly and fully admitted by the whole medical world.

In the treatment of certain affections of the bladder, we shall find that much progress has been made, and that the way has recently been opened for prosecuting other important advances. These will be chiefly illustrated by the modern practice of lithotrity and the treatment of tumours and intra-cystic growths.

Till a few years since the removal of stone from the bladder by crushing had been conducted on the lines laid down by Civiale some half-century ago. Though this method of proceeding has included amongst its advocates, past and present, surgeons of eminence, it cannot be said that, as then practised, it was either gaining ground or confidence. Indeed, I think I may say there was an increasing tendency to limit its application and to substitute lithotomy in all cases but those of the simplest kind. The mortality consequent upon the retention of broken calculi within the bladder was sufficient to induce all but the most ardent admirers of lithotrity to hesitate to give it the preference over a proceeding in which, whatever might be the risks, there was at least a guarantee that the whole of the stone had been removed.

Whilst the surgical mind was thus to some extent in doubt as to the limits to which the crushing operation of stone might safely be pushed, two important communications followed rapidly upon each other. That both of them should have emanated from America merely indicates that the desire to advance the art of surgery is not limited to the old country, but is a natural outcome of advancing civilisation and humanity.

The first of these papers was by Dr. Otis, of New York, who demonstrated beyond all reasonable doubt, and in a manner which had not previously been attempted, that the male urethra was capable of safely receiving far larger instruments than were generally employed. Following upon this, and probably influencing the views of the author, came Dr. Bigelow's paper on the removal of stone from the bladder by crushing and withdrawing it at a single operation; the latter communication clearly showing that the bladder was tolerant of much more prolonged manipulation than had previously been believed.

It appears to me that the originality of Bigelow in no way detracted from the importance of the work that had previously been done in this country and elsewhere, or compromised the acumen of those who were most interested in the progress of this department of surgery.

That Bigelow's method of procedure is a great step in advance—that it has extended the limits of lithotrity and curtailed those of lithotomy—there cannot be the least doubt. But to suppose that it is capable of universal application, or ever likely to be so, is as unreasonable as to suppose that the art of surgery in no way differs from the art of administering Holloway's pills. But does the lithotrity of to-day represent the finality of its perfection? I trow not. When we consider what chemistry, electricity, and other agencies are doing—how physical force is in many directions being supplanted by other means—can we doubt that there are yet improvements in store in the methods of effecting the destruction of concretions within the body? Nay, are there not already significant indications that such improvements are nigh at hand? Is it likely that the fruit of the labours of Garrod, of William Roberts, of Ord, of Vandyke Carter, and others has been already gathered? May not a more perfect knowledge of the physical and physiological laws which regulate the productions of concretions in the human body result in enabling us not only more surely to prevent, but to destroy them?

Considering the great activity that has within recent years been shown in demonstrating the preventible nature of many diseases, and the energy that has been displayed in grappling with them, it seems remarkable that no adequate steps should have been taken to ameliorate the hygienic condition of certain parts of this country where the amount of calculous disease is excessive and the inhabitants consequently are exposed to an inordinate risk of contracting it. The admirable address by Mr. Cadge before our Association at Norwich in 1874, furnishes abundant data for the further prosecution of inquiries of this kind. I cannot help thinking that if it could be shown to be even probable that the dogs, cats, rabbits, or frogs of the aforesaid districts were inconvenienced in a like manner with their owners, the matter would long ago have been forced upon our legislature with all the exaggeration that usually characterises agitations of this kind.

Though surgery has invariably shown itself equal to the circumstances and emergencies with which it has been called to cope—though the prevalence of stone in a district has always been compensated for, as far as this is possible, by the appearance of those most competent to deal with it—these are no reasons why such conditions should be permitted to continue. Had time or occasion offered, I think it would not be difficult to prove that circumstances, either fortuitous or by design, have been found to exercise a marked influence in diminishing or increasing, in certain places, the tendency to calculous disease.

One word in reference to lithotomy before I leave the subject of stone. There is no great operation in surgery, I believe, which furnishes more successful results than this. Taking the experience of the two hospitals in this city with which I have been associated, I find there have been within my recollection 102 cases of lithotomy in persons of all ages, but chiefly in children, and operated on either by my colleagues or by myself. In only five of these cases could I ascertain that a fatal result followed. My late esteemed friend, and our former associate, Mr. Southam, speaking of his own experience of lithotomy at Manchester, informed me that he had operated 120 times, and could only recall one death. In the great majority of the Liverpool cases the stones were not exceedingly large, and I have no doubt that many of them might have been removed by lithotrity. I question, however, whether the small mortality these figures indicate would thereby have been still further diminished, even if the calculation were made on a basis corresponding with the most successful statistics in lithotrity that have hitherto been obtained.

(a) *American Journal of the Medical Sciences*, July, 1882.

Passing to tumours of the bladder, it is not surprising, seeing what has been done for tumours of the ovaries, uterus, and intestines, by Sir Spencer Wells, Keith, Lawson Tait, Treves, and others, that growths occupying the interior of the bladder should have received special attention. Though the literature relating to this subject has been of a somewhat fragmentary character, such compilations as Stein's recent work—"A Study of Tumours of the Bladder"—conclusively show that some gratifying results have already been attained in both sexes. The great distress connected with this class of growths, the uncertainty as to the precise nature of the affection in the first instance, and subsequently the kind of symptoms that accompany it, have naturally suggested the employment of means having for their object their removal by operation.

Sir Henry Thompson has done good service in giving prominence to the employment of digital exploration of the bladder, and in furnishing illustrations of the great advantage that this proceeding is capable of affording in suitable cases.

From a consideration of some of the extremely valuable records which have been published by various surgeons, where the bladder has been opened for the removal of tumours, it appears to me that it might have been better had the operative proceeding terminated with the detection and exploration of the growth by the finger. The chief dangers which experience has shown to be liable to attend the performance of this class of operations are :—

1. The chance of rupturing a bladder the coats of which have been rendered less resisting than natural.
2. The provocation of a hæmorrhage which it has been found difficult to control.
3. An incomplete removal of the growth.

On the other hand, an examination of many tumours of this kind, of which villous growths or tufts furnish the best examples, shows that there is nothing in their connections or relations which need necessarily interfere with their complete removal. Precise information as to the presence and attachments of these growths we may now obtain with comparative safety. Whether their removal is to follow upon their discovery will be matter for further consideration.

With the view of extending our knowledge of these growths, a committee of this Association is occupied in collecting information relating to them. The report of this committee will, I hope, form the basis of an interesting discussion in the pathological section which will be opened by Mr. Paul.

I now come to speak of the prostate, and I shall do so in reference to the part it takes in obstructing micturition, for the reason that it is this symptom which in some form or other brings the patient under our care.

It appears to me that enlargement of the prostate is specially interesting to us in relation to it earliest and to its most advanced forms, and it is to these points that I shall more directly refer.

If we take the obstructive disorders of the urinary apparatus, and inquire what feature of them is most detrimental to the associated parts the answer undoubtedly will be, The misdirection of the muscular force that is thereby entailed. How can we explain the structural alterations which take place behind the obstructed point, and which manifest themselves in different ways, except as the results of urinary retention and retrograding pressure? How frequently do we find, in cases of stricture or enlarged prostate, that the whole of the apparatus behind the primary constriction consists of little else than dilated saccules and tubes? Is not this distinct evidence of back-pressure going on, though it may be imperceptible, from the moment that impediment arises to the escape of urine from the bladder? The more we study animal mechanics, either in their physiological or pathological application, the more can we appreciate the truism that force is never lost. If it is not permitted to act for good, it must be productive of evil; if it is not exerted towards the legitimate fulfilment of a normal act, it must inevitably exercise a corresponding pressure in an abnormal direction. Whenever I see in the post-mortem room an ordinary specimen of dilated kidney, tortuous ureter, or sacculated bladder, associated with an enlarged prostate, or a stricture, the expression "misdirected force" almost involuntarily escapes from me.

Such considerations as these have long led me to believe that our treatment of prostatic stricture—or by whatever name we know it—commences, as a rule, far too late; we delay until the bladder shows, by the formation of a pouch, or a saccule, behind the prostate, the first bad influence of back-pressure before we seek to rectify it.

I have endeavoured to prove how much good may be done by the adoption of judicious mechanical treatment on the appearance of indications that the prestate is commencing to obstruct micturition, and I have founded my suggestion upon a condition which may be seen illustrated in any museum—viz., one in which, though the gland has become large, obstruction has not been known to occur. An extended adoption of this practice has convinced me that the pressing symptoms connected with an enlarging prostate may be kept in abeyance by the timely employment of those principles of treatment which are generally recognised as being applicable to any tubes within the body which are threatened with occlusion, and are within our reach.

In the more advanced forms of prostatic enlargement, where the bladder has been converted into a receptacle little better than a chronic abscess in which urine stagnates, surgery has done much to afford relief.

When the comfort that catheterism is capable of affording has ceased to be effectual, other plans of establishing a drain for the urine are at our disposal. It is not necessary that I should discuss the various means of effecting this; let me, however, say a few words in reference to two which have more recently come under notice: these are—first, incision into the bladder from the perineum; and, secondly, paracentesis through the enlarged gland.

For the purpose of securing a more or less permanent channel for the escape of urine from the bladder, other than by the urethra, I must admit that, following the practice of Syme, and to some extent of Edward Cock, I have a decided preference for an incision through the perineum, on the twofold ground of safety and comfort. We have had numerous examples of the great benefit that cystotomy is capable of affording for bladder affections dependent on a large prostate—none perhaps more striking than the case narrated by Mr. Lund on the memorable occasion of the meeting in London of the International Medical Congress. The paper closes with this observation: "I have thus placed on record this case, unique in its character, and interesting and encouraging in its results, with the hope that should a similar case occur to any surgeon now present, he will not hesitate to give his patient the chance of benefit from a course of procedure so simple in its nature, and so likely to be followed by temporary, if not permanent, benefit." (*a*)

I may be permitted here to submit to your notice a method of puncturing the bladder through the enlarged prostate which has afforded very gratifying results. It consists in passing the trocar through the gland, and retaining it in the perineum, so as to afford a permanent as well as a convenient drain for the urine. I should have had more diffidence in commending this operation to your notice had it not received the approval of our distinguished Associate, Professor Gross, whose contributions to the Surgery of the Urinary Organs are held in deservedly high repute on both sides of the Atlantic.

Though the primary object of cystotomy, as usually practised, is merely to place the bladder at rest by providing a continuous drain for the urine as well as the products of cystitis, it occurred to me, as it had already done to others, that it would be possible to extend this proceeding, with the view of removing those barriers to micturition which the hypertrophied gland so frequently presents.

It was to meet conditions such as these that Mercier introduced and practised division of the prostatic bar by means of a cutting instrument introduced along the urethra. This plan, though admirable in its conception, was open to the objection that in its execution it was necessarily uncertain, there being no means of surely ascertaining that the section

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(*a*) 'Trans. International Medical Congress," vol. ii.

was confined to the obstruction to be removed. On carefully considering the position of matters, as well as the proposals that had been made, it appeared to me more reasonable to attempt to divide the prostatic obstruction at the neck of the bladder from an opening made into the membranous urethra, than by means of instruments which had to traverse the whole length of the canal. I have recently brought under notice a case (a) in which I thought it desirable to explore the prostatic urethra from an opening made in the perineum, and through which I was enabled to divide with precision a prostatic barrier. The division of this portion of the gland was followed by complete restoration of the power of micturition, and has so far proved of permanent advantage.

The proceeding which I have thus put into practice seems first to have suggested itself to Mr. Guthrie, but I cannot find that he ever employed it. That it is not identical with the somewhat extensive incision of the prostate as for lateral lithotomy which was practised by Sir William Blizard is at once obvious. Its aim is to divide the obstruction—and the obstruction alone—by an opening so planned as not to expose the patient to undue risk; whilst, at the same time, it is capable of affording the greatest amount of room for manipulation by an extension of the incision, should this be found to be necessary.

I need hardly observe that a proceeding of this kind should be undertaken before the bladder has passed into a condition of confirmed and irremediable atrophy; otherwise, though we may succeed in removing an obstacle to the introduction of the catheter, our prospect of restoring the power of micturition will be as hopeless as it has proved to be under somewhat similar circumstances where the operation of lithotomy has been undertaken.

It is impossible to avoid the conclusion, from their examination after death, that many atonied bladders might have been prevented becoming so by the timely removal of the obstruction by which a condition of permanent paralysis was induced and maintained.

The operative treatment of the enlarged prostate, when it obstructs micturition to a degree that cannot be met by judicious catheterism, is yet, I believe, open to considerable improvement.

Though the literature relating to either complete or partial excision of the prostate is very limited, there is much in it of promise. In one case, where I extirpated the whole gland for malignant disease, the benefit that followed far exceeded my expectations. It was that of a middle-aged man who, by reason of a carcinomatous prostate, was threatened with a speedy and painful death. I cut down upon the gland in the median line, and succeeded in enucleating it tolerably cleanly with my finger. I saw this patient eight months afterwards in very fair health, and quite able to go about his business. So far he has enjoyed an immunity from the symptoms which induced me to perform this operation, and though his disease is a malignant one, we have every reason to be content with the results obtained.

Then we have numerous examples where considerable masses of the prostate have been removed with very great advantage in the course of operations on the bladder. Amongst these I would specially mention an important case by Mr. Bickersteth (a); and, more recently, another by Dr. John Ashhurst, of Philadelphia, in which the whole of an enlarged third lobe was successfully removed.

Cases such as these seem to favour the hope that operative surgery will be found capable of affording more relief to exceptional instances of this kind, and of extending to the large prostate the treatment which in some degree is applicable to other deep-seated growths.

Passing to the urethra, I would again take the opportunity of adverting to the value of Otis's work in regard to the dimensions and dilatability of this canal; if he had done no more than contribute to the improvement of lithotrity—and this cannot be questioned—we should still be largely in his debt. I cannot, however, follow him in his views relating to the performance of internal urethrotomy as a means of treating stricture of the urethra. My impression is that this operation is losing instead of gaining ground in the opinion of many who have ample opportunities of judging fairly of its merits. That it is an operation fitted for the treatment of stricture in its early stage is a conclusion I am disposed to take exception to, on the ground that it is neither necessary nor safe as compared with other methods. I believe that in its early stage stricture may be successfully combated by the employment of thorough cleanliness combined with the judicious use of dilatation, as we are accustomed to practise it in this country.

If internal urethrotomy gave a greater immunity than other operations from a recurrence of stricture, or did away with the necessity for subsequent mechanical dilatation, then, perhaps, with the view of avoiding other risks to which all persons suffering from stricture are liable, I might feel more disposed to employ it. But as such is not the case, and the risk attending its performance is not inconsiderable, I cannot concede the importance which is claimed for it by its more ardent admirers. That internal urethrotomy in some cases is a necessity—as by it we are enabled to redner amenable to treatment a stricture heretofore intractable—I am willing to admit, but to recommend it as capable of effecting a permanent cure is quite another thing.

The treatment of impassable stricture of the urethra has received an important addition by the practice which Mr. Wheelhouse has introduced, the great credit of which he seems desirous rather of sharing with his surgical colleagues than of appropriating to himself, as I see he always refers to it as the "Leeds operation." Like other conditions which may be spoken of as relative to something else, rather than as fixed or defined, the impassable stricture is, I believe, gradually becoming rarer, a circumstance which is largely due to the great improvement that has taken place in the construction of instruments specially adapted to their treatment, amongst which I may mention the filiform bougies and the tunnelled instruments of Gouley, of New York. For the purpose intended, I do not think there is any proceeding equal to that which Mr. Wheelhouse has introduced and I have no hesitation in including it amongst the improvements to which I am now referring.

Permit me, without apology, in this mechanical age, where invention after invention for the treatment of stricture comes upon us with marvellous rapidity, to claim a moment's consideration for what Mr. Savory has called the medical aspect of this question. We all know what irritation is: there is such a thing as irritation of a stricture, either by what passes through it naturally or is introduced to correct it. Let us not disregard, as a principle of our treatment, the importance of securing for the urethra that physiological rest which the late Mr. Hilton wrote so well.

The question may here very properly be asked whether, in our search for novelties as improvements in treatment, we have discovered any new diseases, the better management of which, by reason of our acquaintance with them, we may in all fairness leave to our descendants to determine. The admirable Bradshaw Address of Sir James Paget will no doubt have the effect of quickening our perceptions in this direction.

Though I cannot point to any discoveries of this kind as affecting the region which is now occupying our attention, I may note one gratifying result of extended clinical and pathological investigation: I refer to the juster assignment of symptoms to the causes producing them—symptoms which not very long ago were looked upon as constituting independent diseases. But if we have not discovered any new diseases, we must remember that varying circumstances may at one time add intensity to some disorders and considerably modify the progress of others. I have a strong impression that the times through which we are passing, characterised as they are by the production of great and continuous nerve tension, have brought into prominence a state of brain-strain which is apt to show itself in any organ which may happen to be deranged or is overtaxed.

A recent author seemed rather to conclude that tension of this kind was most injuriously felt and shown by our American cousin, whilst the Britisher, for some reason or other, was less influenced in this manner. Whether this be so or not I am not prepared to decide, but I am disposed to believe that purely nervous affections—affections associated, as far as we can determine, with no obvious structural alteration—are more common than they used to be. That they occasion much distress, and cause persons who suffer from them to be unduly apprehensive, will be generally admitted. Nay, further, by their mimicry of more certain diseases, they induce a condition of anxiety which is often intolerable. It is well, too, to bear in mind that the interpretation of symptoms, as also their prevention and amendment, are frequently to a large extent dependent on a recognition of the possible existence in a patient of exaggerated nerve tension.

(a) *British Medical Journal*, June 9th, 1883.
(b) Trans. Royal Med. Chir. Society, 1882.

Before an audience of this kind it would be presumptuous on my part further to indicate in detail the many improvements that have taken place in the treatment of the surgical disorders of the urinary organs; further, where there have been so many contributors toward this progress it would be invidious for me to particularise.

Let me, however, in common fairness to those to whom we are much indebted, say one word in reference to the advance that has been steadily made in the construction of the means and appliances used for these purposes.

I can remember some instuments which five and twenty years ago, or even less, were regarded as improvements, but have now passed into obscurity or to the shelves of the museum. In no department of applied mechanics has greater perfection been obtained than in that of the surgical mechanician, and nowhere is this better illustrated than in the instruments employed in the treatment of urinary diseases.

It seems almost ungenerous, after referring to several proceedings of an operative kind, the doing of which entail pain and involve risk for the sake of advantages to follow, that I should allow to pass unnoticed the work of those who have removed the one and lessened the other. In chloroform and anæsthetics we have a priceless boon, without which surgery would long ago have been at a stand-still, and many persons now living in comfort and enjoyment would ere this have ceased to exist. I am not old enough to remember the pre-anæsthetic age, and, therefore, am unable to draw a contrast which will be a vivid one to some of the "elder brethren" I am addressing to-day. I am reminded, however, of an incident bearing upon such a contrast, which, with your permission, I will briefly relate.

Some two years ago, a sea captain, a patient of mine, and by no means a bad amateur doctor, on returning from sea, told me somewhat gleefully that he had successfully performed an amputation. Whilst his ship was at Ruruta, an uncivilised island in the South Pacific, a poor native got his arm entangled in a sugar-crushing machine. As there was no doctor on the island, my friend the captain was summoned, and at once saw the necessity for removing the shattered fragments of the limb. The shrieks and struggles of the powerful aboriginal were most fearful. Recognising the necessity for taking steps to save the man's life, the captain hurried off to his ship, and returned with the necessary implements, together with a quart of the newest and most potent rum. In the absence of chloroform he induced his patient to swallow this fiery compound, wineglassful after wineglassful, until intoxication was induced, and subsequently profound alcoholic insensibility. Then the tourniquet was applied, and amputation successfully performed. Recovery rapidly took place. So pleased was the savage with the effects of anæsthesia that he subsequently offered to let my friend cut off some of his toes provided that the process of inducing insensibility was repeated.

Next in importance to chloroform and anæsthetics are those means which have been recently promulgated for diminishing some of the greater risks contingent upon wounds and surgical operations. About antiseptics, I desire to speak in no uncertain terms. Though our views may not be unanimous, though some of us may be sceptical about the import of germs and of sprays and other details, can we doubt that when the surgical historian of the nineteenth century has to recount the men as well as the measures that have favourably influenced the progress our art has made, the name of Lister will occupy a conspicuous place?

I have now done: it has not been my ambition to hold up to you a golden calf: to attempt to dress it in flowers of rhetoric and to ask you to worship it. I have rather endeavoured to remind you of some of the directions in which surgery is now travelling and to estimate in a measure the pace at which it is going. It is impossible to engage in a work of this kind without a full conviction that though our art is an imperfect one, it is distinctly a progressive one. In the course of your visit to this, which has been aptly referred to as the second city of the Empire, you will find almost all the arts and sciences laid under contribution for the development of commercial enterprise. And the activity displayed in the promotion of trade and commerce will probably suggest the inquiry whether *we* are equally progressive, whether we are in correspondence with the times in which we live.

There need, however, be no hesitation in asserting that, whether we are regarded as preventers of disease or as practitioners of medicine or of surgery, every one of us in his daily practice is constantly demonstrating that, year by year, something additional is contributed by our profession to the comfort and the life of man.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

Animal and Human Vaccine.—The Académie de Médecine in 1870 instituted an inquiry as to the relative value of vaccine taken direct from the cow and that taken from the child, or animal and human vaccine, the result of which was the unanimous opinion that animal vaccine was decidedly inferior when kept for some time, as its power of transmission was considerably weakened. M. Blot has addressed a report to the Government on the subject, in which he cites a case which leaves the question without any doubt. It appears that the Académie sent out to a doctor practising in the Ile de la Réunion a certain number of tubes of animal and human vaccine. Inoculations were made with both kinds on persons never previously vaccinated. *All* the vaccinations practised with the animal vaccine failed without exception, whereas all the others were successful. Consequently, if, according to M. Pasteur, the active principle of the vaccine is to be attributed to little organisms, it must be inferred that the contents of these vesicles is a liquid unfavourable to the culture of the microbes.

Ovarian Cysts.—At the Société de Chirurgie M. Terrillon made a communication on ovarian cysts partly enclosed in the broad ligament, and the consequences of this disposition as regards ovariotomy. He reported three cases of this sort the ablation of which was attended with great difficulties. Cysts developed at the expense of the ovary were easily removed when pediculated, but the reverse obtained where adherence existed, for the tumour, instead of floating freely in the abdomen, becomes infiltrated, so to speak, between the walls of the broad ligament. The result of this disposition was that the cyst was kept in direct contact with the sides of the uterus, the bladder, and the vaginal *cul de sac* on the one hand and the iliac vessels and nerves with the pelvic walls on the other. At first a lax cellular tissue is all that intervenes, but later on adherences unite the different parts, a circulation common to both establishes itself, and their section cannot be made without causing a great loss of blood. The walls of the broad ligament become also so thickened that their separation after operation is not only difficult, but often impossible. The diagnosis of this position is, although very difficult, not impossible, especially when proper attention is paid to the position of the different organs. He considered the prognosis to be very grave, on account of the absence of the pedicle, as the whole of the tumour cannot be taken away, thus exposing the patient to divers accidents, or a relapse of the cyst. As to the after-treatment, he would insist on the necessity of placing drainage tubes wherever necessary, and large washings out with boric acid or phenic acid lotions. A discussion followed, in which M. Terrier and others took part. M. Terrier insisted on the necessity of enucleating as effectually as possible the cyst, while M. Pollaillon, who quite agreed with what had been said, mentioned the English method of dealing with such adherences, which is, not to continue the operation, but to be content with the incision of exploration, which is not in itself dangerous. M. Monod cited a case in his own practice. The diagnosis was fibro-cystic tumour of the ovary. The operation was attended with extreme difficulty, as there seemed to be a regular fusion between all the parts. After emptying the sac, the greater part of the tumour had to be left; yet the patient made a good recovery.

Use of Lead in the Manufacture of Perambulator Coverings.—The Sanitary Board of Paris has caused a serious inquiry as to the matters which enter into the composition of the coverings of perambulators, and it has been shown that preparations of lead are largely employed in their manufacture, so much so that the Board has thought fit to address a report to the Prefect of Police requesting him to forbid the employment of toxic salts in the manufacture of the oil-cloth used so largely for these little carriages. Extending their researches, the Board caused the oil-cloth to be examined which so often covers the dining-tables in Paris. The result of the analysis has been that in one of these table-cloths of good description ten ounces of metallic lead was found in each square yard.

Resection of the Lung.—Professor Ruggi, of Bologna (Italy) last week successfully performed the above operation. His patient was a woman, æt. 27, attacked with tuberculosis, with almost complete disintegration of the upper half of the right lung. M. Ruggi proposed ablation of the organ, and, the woman consenting, the operation was performed by the surgeon, assisted by a young doctor of rising talent. The whole of the upper lobe was removed, and a part of the middle one. The patient bore the operation well, and is now in a satisfactory condition. Although the above operation has been only reported by one of the daily papers, it is to be hoped that it will not turn out to be another Koch and bull story. As to the *modus operandi*, details are wanting.

British Medical Association.

The fifty-first annual meeting of the British Medical Association, held at Liverpool, will leave its mark upon the history of the organisation, not only because of its marked success as a medico-scientific assembly, but especially because of the important measure of reform in the constitution of the Association which was then debated and adopted.

ENTERTAINMENTS.

All the circumstances combined to make the meeting a success, although many of the most distinguished members of the Association were conspicuous by their absence, and the Foreign visitors were sparsely represented. The weather was all that could be desired. The College buildings were most commodious, and in all respects fitted for the reception of so large an assembly; and the earnestness of the medical men of Liverpool and vicinity bore fruit in the perfect working of the arrangements and the consequent complete satisfaction of the visitors: everything, indeed, which our Liverpool hosts could do to extend a cordial and profuse hospitality to their brethren was done, and well done; but it was apparent that the citizens and civic authorities of so great a town as Liverpool might have taken a larger share than they did in Association hospitality. The public entertainments were two in number, one of which—the *soirée* in the Art Gallery—was given by the profession; and only one—the *soirée* by the Mayor, at the Town Hall—was afforded by the citizens. The Art Gallery *soirée* was a splendid affair, well devised and admirably managed, and it was attended by an immense crowd of the gentry of the town and their families. The Art treasures were a great attraction, the music excellent and diversified, and the refreshments abundant.

The Mayor's *soirée* had the advantage of being held in the Town Hall—a splendid building of the last half century—but, in other respects, it was not comparable with the Art Gallery entertainment, the refreshment department being especially deficient.

The great steamship companies acted with much generosity toward the Association, the White Star, Anchor, and Cunard lines having thrown open their splendid ships *Republic*, *City of Rome*, and *Servia* to inspection, and having provided luncheon on board each day for large parties of visitors. Messrs. Laird also opened their ship-yard to inspection, and the Mersey Tunnel Company admitted a large party to a most interesting but very dirty subaqueous exploration of their works.

The Saturday excursions were five in number, and were held under very favourable circumstances. The first was to Llandudno and Conway by steamer, and to lunch in the old banqueting hall of the Castle, the North Wales branch being the hosts. A very large party also visited the Duke of Westminster's seat at Chester-Eaton, and dined on their return at the Grosvenor Hotel. A party was also conducted to Southport and Blackpool, under the management of Mr. George Walker. At Southport an elegant breakfast was provided by the local members of the profession, and subsequently, after the excursionists had reached Blackpool by steamer and rail, they were entertained at dinner by the directors of the South Shore Hydropathic Institution.

To Lancaster also a small party went, where they were entertained at luncheon by the local medical men, and shown the Castle, the Royal Albert Asylum, and other places of interest. Lastly, a river excursion was planned by Mr. Bickersteth, who took his party by steamer seawards for a few miles, so as to give the visitors a view of the coast, on its return visiting some of the New Docks, and then steaming up the river for some miles towards Runcorn. The private hospitalities were profusely generous, and the universally-expressed feeling was that the Liverpool profession had carried through one of the most successful meetings of the Association for many years past.

The public dinner of the Association was a splendid success. It came off in the Philharmonic Hall, and in the presence of over 200 ladies, who were admitted to the galleries, and as about 350 members sat down, and the room was beautifully decorated, the scene was very brilliant.

ADMINISTRATION AND ORGANISATION OF THE ASSOCIATION.

The meeting will be recollected as an important epoch in the history of the Association, because of the important changes in its constitution and in the *personnel* of its executive which have been effected on this occasion. The reconstitution of the administrative body which was decided upon at the Worcester meeting this time last year was embodied in a series of alterations of bye-laws brought up at the Liverpool meeting and carried without substantfal change. That reconstitution aims at the more efficient direct representation of the branches in the Council, provides for the popular election of such representatives, and for the enlargement of the powers of the Council so elected, the influence heretofore exercised by the committee of Council and by the *ex-officio* members of the Council itself being in great measure transferred to the newly-elected representatives. This reform is worthy of the unqualified approval of those who look forward to make the Association more powerful and more popular than it has heretofore been, because—if it effects no other purpose—it will create in the branches and in the individual members an interest and an active co-operation in the affairs of the body which could not exist as long as its policy and its administration were in the hands of self-elected councillors, however earnest they may have been. In the time which has now passed the branches might talk and might pass resolutions, but they had no effective means of making their voice heard or their influence felt, and consequently much has been said and done by the Council and by its committee not only in reference to the internal administration, but in the public policy of the Association, which has been directly contrary to the will of the members at large. We may illustrate this statement by the relation past and present of the Association to the Compulsory Notification legislation. For many years which followed the inception of this legislation, the profession at large were kept in profound ignorance of the proposal to put them under the yoke; the branches knew nothing of it because they had no representatives whose duty it would be to watch legislation, and the Journal, being without any official authorisation, pledged to a support of the proposals of the notificationists, was significantly silent on the matter. But the moment that a few individuals took it upon themselves to inform the profession as to the nature of the proposals of sanitarians the voice of the Association was loudly heard in condemnation of those proposals, and the policy of inaction and of covert support was at once reversed. Had the reform which has now been effected taken place five years ago the representatives of branches would have at once raised the alarm, and the risk to the profession of being burthened with the duty of compulsory notification would not have been run.

Those seniors in the executive of the Association who have heretofore been endowed with the chief influence in its management, and who believe that "what is is right" are, as might be expected, of opinion that the incursion of elected representatives is a vital mistake, and that the *status quo* is everything which could be desired, and this sentiment made itself manifest in a tacit opposition to a proposed discussion of new bye-laws. It appears that the Articles of Association stand in the way of the proposed reform, and it was, therefore, not competent for this meeting of the Association to adopt the new bye-laws until, as has been arranged, the Articles of Association have been submitted for alteration in legal form to a general meeting of the body in London on the 17th of the current month. The members, however, insisted on discussing, provisionally, the proposed changes, and thus a full understanding was aimed at which will need only to be formally approved at the adjourned meeting.

PAYMENT OF REPRESENTATIVES.

A further proposition of reform was made to the meeting to the effect that the Association should pay the travelling expenses of representatives of distant branches. Great differences of opinion existed as to the practicability and expediency of this proposal: on the one hand it was urged that, if this facility be not afforded to delegates to come to London, they could not reasonably be expected to make the journey, and the administration will thus remain chiefly in the hands of the metropolitan members; on the other hand, it was contended that the expense of such subventions would be very heavy, and that, if it were not, the proposal would be objectionable, because it would place men of inferior position in the representation of branches. The proposal was not adopted, and we are, on the whole, satisfied that it was not. We think it as well that the Association should have experience of the working of direct representation before it adopts a system which would undoubtedly cost a considerable sum and might complicate the early working of the newly-altered bye-laws.

HOMOEOPATHY AND THE CONTAGIOUS DISEASES ACTS.

Two of the general meetings were diversified by a very clamorous debate on these subjects, and a condition of disorder reigned for a portion of the sittings which was not creditable either to the good sense or good manners of the members. A change of bye-law to prohibit the admission of avowed homœopaths or open advertisers was offered by Dr. Nelson Hardy, which met with such vigorously and clamorously expressed support that its opponents could not obtain a hearing, and the attempts of numerous members to speak all at the same moment produced complete confusion and much uproar. Eventually Dr. Hardy's resolution was declared lost; but the division was taken amidst so much noise and excitement that no one could say what decision it represented. A demand for a poll was immediately drawn up and signed, but it was found unnecessary to present it to the Chairman, it having been agreed by the Council that the opinions of the branches should be elicited with a view to further consideration of the subject next year. There can be no reasonable doubt that the branches will declare almost unanimously against the admission of homœopaths, so that the adoption of a prohibitory bye-law may be expected next year.

The Contagious Diseases Acts came under notice by means of a resolution offered by Dr. Fitzpatrick on behalf of Dr. Charles MacNamara, directing the Council to take steps to prevent the repeal of the Acts, and to restore them to a condition of effective operation. The resolution had the support of the entire meeting, save three or four gentlemen, who, essaying to speak, were howled down in a very rude and discreditable manner. Without hearing them, the resolution was adopted.

In the interest of the Association, of the profession, and of the party who were guilty of this clamour, we greatly regret these proceedings, and trust that the meetings will not again be disgraced by them. It may well be questioned whether it is good taste for speakers to obtrude their observations when it is evident that the meeting is unwilling to hear them; but, if they desire to do so, it is not only irregular and discreditable to shout them down, but very foolish as a matter of policy, for it strengthens their case, and gives them a grievance more powerful as an argument before the public than any other they could adduce.

The beginning and the end of this regrettable disorder was, in our opinion, the way in which the business of the Association is crushed into one or two necessarily limited sittings. It is a part of the system of the Association to devote two or three hours each day to the hearing of addresses of enormous length, which in many instances are inaudible, and generally wordy and uninteresting, and which might, with much greater advantage, be delivered at the openings of sections, and read by those interested in the columns of the succeeding Journal. To make room for these disquisitions—though generally of a high order of merit, but wofully out of place—the most important work of the Association is crushed into a few minutes.

On this occasion the Medical Bill, the Compulsory Notification Bill, the Habitual Drunkard movement, and a host of other matters of the greatest moment to the profession were hurried over without anything like due consideration; and it is not wonderful that, when it was desired to hurry on to next business, the meeting should be clamorous in opposing debates which would cause delay.

THE SECTIONS.

The sectional work, as we predicted last week, proved very attractive as a whole, whilst some special papers and discussions called forth an unwonted display of interest that proved that the various programmes had been made up with great judgment. As might have been expected from the array of papers down for reading, a great number had to be taken as read, there not being sufficient time to give every one a hearing. This would have been the case even if no time had been wasted, but not, of course, to so great an extent as was actually the case. The work, as a rule, did not commence promptly to time, as business and other meetings were timed for the same hour as the commencement of the daily sectional work. By delaying the sectional work, on account of those desirous of attending general meetings, the number of expectant readers who suffered disappointment was materially increased. Still another cause was operative in this direction. Several gentlemen sent papers who were unable to attend personally; and in some instances these were read by the sectional secretaries. This was the cause of not unjustifiable complaint on the part of some disappointed ones, as they considered that gentlemen who took so little interest in their papers that they were unwilling to put themselves to any inconvenience for the purpose of reading them should not, at any rate, have precedence given to them to the exclusion of others who had not only taken the pains to write papers, but also made sacrifices in order to be present to read them.

With this exception the work was carried on in a way that gave universal satisfaction. The discussions were conducted harmoniously, and when speakers differed from each other, convictions were expressed in a manner to which no exception could be taken.

MEDICINE.

All the discussions in this Section were of an important nature, and excited much interest. Perhaps the crowning interest was that which centred in that on Aphasia, which was opened by Professor Gairdner, of Glasgow, which provoked an animated and well-sustained discussion.

SURGERY.

The President's Address in this Section was somewhat of a surprise, bearing as it did on subjects usually included in the term public health rather than on that of surgery proper. It was good of its kind, however, and as such was well received. The discussion on Surgical Diseases of the Kidney, and operations for their relief, opened by Mr. Clement Lucas, and that opened by Professor Parker, on Intestinal Obstruction, by or without Operative Interference, gave rise to animated debates, the latter especially being specially commented on, from the attitude of masterly inactivity being insisted upon by the introducer in certain stages of obstruction.

OBSTETRIC MEDICINE.

In this Section four subjects came on for discussion. With regard to that on Total or Partial Extirpation of the Uterus for Malignant Disease, the balance of opinion seemed to be, as one of the speakers put it, that the operation of total removal would have to show better immediate results, and also better permanent results, before it could take its place by the side of other operations by abdominal section. The discussion on Operative Treatment of Uterine Fibromata, Hysterectomy in extreme cases, found a powerful advocate in Mr. Knowsley Thornton; but the general impression was that such an operation was but rarely called for, and that in the immense majority of cases patients could be tided over the climacteric without subjecting them to the hazard of such grave operations. The discussion on Metria, in which fifteen or sixteen members took part, might have been carried on for an indefinite time, had circumstances permitted, and was the means of showing the very varied views that are still held on this subject, and also of showing how liable individualsare to be led captive by their own single ideas. If people were in the habit of holding the ideas of others as worthy of as much consideration as their own, the ground on this subject would be very much cleared; but as things are, much will have to be done in it before anything like unanimity of opinion prevails, and this not so much from want of data upon which to found correct opinions, as from the tendency there is amongst many to be so filled with their own ideas that they have no room for more. The fourth subject—that of Porro's operation—was chiefly remarkable for the very able and complete survey of the subject in all its bearings as contained in the opening paper by Dr. Clement Godson. It elicited universal admiration and deserved compliment from every speaker, Mr. Lawson Tait remarking that for the future the operation should rather be called Godson's than Porro's.

PUBLIC MEDICINE.

The activity in this Section was also great—greater perhaps for the reason that such a number of untried fields still remain to be cultivated. All, or nearly all, our surroundings are still in an unsanitary state; and there is scarcely any direction in which we can look in which we are not impressed by the amount that remains to be done, rather than by what has already been accomplished.

Professor Humphry, F.R.S., of Cambridge, has accepted the Presidentship of the Sanitary Congress, to be held in Glasgow next month.

Our contributor, Mr. G. P. Field, whose paper "On Catarrhal Diseases in Children" appeared in our last issue, has been elected Dean of St. Mary's Hospital Medical School.

The Rolleston Memorial Fund reaches £1,200, and has been delivered over to the University of Oxford to found a prize for original research in animal and vegetable morphology and physiology, which will be awarded every two years.

Owing to an excessive death-rate from diarrhœa and measles, Berlin is yielding the epidemic mortality of 66 per 1,000 of its population; whilst Munich, Buda-Pesth, Hamburg, and Breslau exhibit almost equally unhealthy returns. No fewer than six hundred and twelve deaths occurred in one week from diarrhœal diseases in Berlin alone, exceeding the mortality from this cause during the same period of the whole of the United Kingdom.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 21, Madras 36, Paris 23, Geneva 20, Brussels 24, Amsterdam 24, Rotterdam 19, The Hague 30, Copenhagen 23, Stockholm 28, Christiania 19, St. Petersburg 28, Berlin 66, Hamburg 40, Dresden 31, Breslau 42, Munich 46, Vienna 29, Prague 34, Buda-Pesth 43, Trieste 21, Turin 26, Venice 29, Lisbon 27, Philadelphia 29, Baltimore 35.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 8, 1883.

RETROSPECT AND PROSPECT.

The presidential address of Dr. Waters to the British Medical Association will commend itself to every one who carefully studies its periods, as a legitimately hopeful survey of the achievements and possibilities of medicine.

It is ever a grateful task to recapitulate the triumphs achieved by the profession in past times; and notwithstanding that we have to take cognisance also of undoubted errors which have been attendant on misconception and ignorance, still the general result of historical progress is grandly testimonial to the disinterestedness and devotion of medical men to the principles of their calling. The theme afforded to him who describes the onward march of scientific medicine is sufficiently inspiring; and we cannot be other than enthusiastic when there are reiterated before us the frequent conquests of our art over its enemy disease. It matters not that the story has been told before, or that its burden is familiar in our ears as household words; it awakens at each fresh repetition the same enthusiastic pride, because it serves unceasingly to remind us that there is a brotherhood in medicine, by virtue of which each member of the profession shares, not only in its work and danger, but in its higher and more spiritual rewards.

That Dr. Waters has fathomed the sympathy that unites the practitioner with the scientific inquirer, his utterances to the Association most clearly show; that he is himself a zealous cultivator of the most progressive science, his previous work has already plainly proved; and hence it is that no more fitting exponent of the truths expressed in his address could have been found to urge the growing need for other and greater exertions in the battle with the unknown factors of disease. He has sounded a note that should reverberate throughout the complete ranks of the profession; that should be accepted by every member of it whose aspirations look beyond the present day attainments; and to the command it enforces should be yielded implicit obedience by all to whom the sacred name of progress acts as a stimulus to exertion. Dr. Waters has put most clearly forward the importance of a study of heredity to a comprehension of disease, and to appropriate treatment with a view to aborting it; and in connection with the relation between slight functional disturbances and the commencement of organic lesions, he rightly insists that a proper appreciation of such phenomena in their initial stages may secure the preservation of life. In his own words, "Although we stand almost powerless to arrest the course of confirmed structural changes, there can be no doubt that, could we recognise the earliest steps in these changes, could we see clearly the points of departure from normal conditions in various chronic and hitherto incurable maladies, we might do much to check these alterations of structure, and prevent any further progress of the disease." Whether or not such increased powers will result to the next or succeeding generations of practitioners, as a consequence of the labours now being undertaken by workers of our own era, is the conjectural topic of much of Dr. Waters' further remarks; but that he is accurately correct in the opinion he has expressed as to the direction in which such advances must be made, is incontrovertible. "In an investigation of this kind, our hospital work," he says, "is comparatively useless. There we are brought into relation, for the most part, with disease already well marked—disease which has produced its easily recognisable results; and if patients present themselves with slight symptoms, they perhaps soon recover, and are lost sight of. It is in the daily work of private practice that observations such as I have referred to can alone be satisfactorily made, and it is therefore to the great bulk of practitioners throughout the country that we must look for aid in this matter. It involves a lengthened study of each individual case; a close watching, not for weeks or months, but for years; and perhaps the facts gathered in a lifetime might be but few. It relates to the consideration of subjective symptoms which we cannot accurately estimate with our present physical means, but which are intimately associated with individual peculiarities and idiosyncrasies, and often form the most important elements in our diagnosis, prognosis, and treatment. It may be that, with more refined instruments of precision, and greater scientific knowledge, we shall bring many of these symptoms within the range of physically recognisable facts." This hope it is that animates the majority of earnest seekers after truth; and the spirit of persistent inquiry to which it gives rise is what we are mainly indebted to for all the brilliant improvements undergone by treatment and leading to prevention in recent times.

Dr. Waters' address is an earnest exhortation to renewed endeavour. It wisely offers prospects of future successes comparable to, and justified by, the fruitful outcome of precedent work. It clearly indicates the lines along which those who will may pass to useful ends; and, taken as it is intended that it should be, it will serve an invaluable purpose by stimulating the labours of the many younger men whose chief desire is to advance with the profession they are assisting to become a more perfect engine for perfecting human happiness.

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THE MEDICAL BILL.

A deputation representing the Scottish Universities in the person of graduates who practise in London was received by Mr. Mundella last week. The deputation consisted of Sir Andrew Clark, Dr. Dyce Duckworth, Dr. Potter, Dr. Wight, Mr. A. T. Bateman, Dr. Glover, Dr. Barnett, Dr. T. Spencer Cobbold, Mr. Davy, Dr. Johnson, and Dr. Stevenson, and was accompanied by Sir Lyon Playfair, M.P., and Mr. Jas. A. Campbell, M.P. Dr. Dyce Duckworth pleaded the superiority, in educational *prestige*, of the Universities as against the Corporations, and Sir Andrew Clark expressed his regret at the removal of the column intended for registration of the higher titles in the Medical Register.

Mr. Mundella said this was the twelfth or thirteenth deputation he had received already, apart from those that he had had the honour of receiving jointly with Lord Carlingford. Of all these deputations only one had expressed real opposition to the Bill, and that was the least important and the least representative of them. He agreed entirely with what had been said by Dr. Duckworth and Sir Andrew Clark as to the importance of the preponderance of the University representation upon the divisional body in Scotland, and the Government would insist that the Universities should have the preponderance. There might be some difference as to the precise proportion of that preponderance, and they might have to come to some arrangement in order to enable them to pass the Bill, driven as they were into a corner by time and the exigencies of their position. He hoped, and, indeed, was anxious, to pass this Bill; and he meant to pass it this session, if it were within the range of human possibility; yet he would rather not pass it than sacrifice its important provisions. He still hoped and believed that in the present month he would get this Bill through the House of Commons. The Government would carefully consider what Sir Andrew Clarke had said as to the registration of higher titles. It was much to be regretted that, on a measure which had for its main object the interests of the public, and, next, the higher education and higher *status* of the profession, the whole battle had ranged round this miserable question of representation of corporations. It was deplorable that men engaged in such a noble work should come there for no other purpose than to preserve beggarly vested interests.

We cannot but regret that the future of medical reform should be in the hands of a minister who appears to be unable to take any extended view of the subject with which he is called upon to deal. It may possibly be discreet and in good taste for a minister to speak officially of the interests of the great medico-educational institutions of the country as "beggarly vested interests." Of the propriety of such a method of expression, no doubt, the Vice-President of the Privy Council ought to be the best judge, but—to our untutored mind—the phrase is coarse, even if it were truthfully descriptive, and we should have supposed that the right hon. gentleman would consult his own dignity and more effectually proceed to his object by the use of a more courteous address and a less expressive form of speech.

In our opinion these "beggarly vested interests" are in the aggregate entirely worthy of consideration as against the vested interests—not less beggarly—of *soi-disant* Universities who tout for the patronage of medical students by the sale of M.D.'s to simple licentiates.

We do not apply this phrase specially to Scotch Universities, but to all institutions who vend the Doctorate in Medicine to students who are their simple examinees, and in no real sense their academic *alumni*. Whether institutions which engage in this trade are in any degree privileged to override the "beggarly vested interests" of other institutions of not less educational merit, but which do not call themselves Universities, is, we are strongly of opinion, worthy of the consideration of the House of Commons, if not of Mr. Mundella.

At any rate, the attitude adopted by that minister since the Bill passed from Lord Carlingford's hands into his has been clearly calculated to imperil its chances of passing, and, being earnestly anxious that, subject to reasonable amendments, the measure should become law, we are greatly discouraged by Mr. Mundella's inelegancies of diction.

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INDIAN MEDICAL SERVICE.

The points at issue between the Indian Government and the Indian Medical Service are of so simple and so practical a nature that it is truly lamentable to see our historic and valuable department drifting into a state of passive resistance and discontent in consequence of the unreasonable obstinacy of those in authority in refusing to submit the causes of complaint to the decision of a Royal Commission, or some other independent tribunal by the verdict of which both parties would be content to abide.

The first grievance put forward by the Indian medical officers amounts in a few words to this:—"that their services have been obtained by the Indian Government under false pretences," inasmuch as the conditions of employment and remuneration implied by the rules furnished to young surgeons seeking the appointments are not subsequently fulfilled, that while the letter of the regulations is in a way adhered to, the meaning which it would suggest to ninety-nine men out of a hundred is set aside for an interpretation which results in a considerable loss of pay to the medical officers, and would have required some legal cunning to have detected.

The paragraph in dispute is as follows:—"A medical officer will, however employed, be restricted to the rate of pay laid down in par. 16 (*i.e.* Rs. 286 *per mensem*) until he shall have passed the examination in Hindustan." The obvious inference from this is that, having qualified by passing this examination, the medical officer will receive the next higher rate of pay; and this is further suggested by another paragraph (18) of the same Memorandum, which specifies that "a surgeon under five years' service, in charge of a native regiment, shall receive Rs. 450 *per mensem*; if over five years' service, Rs. 600." No hint is here given of the existence of such delusions as "unemployed pay" or "officiating pay," and it would in truth require a bold official to put in print the subterfuges of such devices.

The plain facts are these—that medical officers who have passed the required test in Hindustani within six months of their landing in the country find themselves for three or four years subsequently in receipt of the same punishment pittance that was held over them as a threat in case they should delay, or fail to pass in the language; and if not actually in charge of a native regiment, they, even though serving amid the dangers of war or the trying duties of a cholera camp, are with cruel irony told that, according to the letter of the regulations, they are "unemployed," and can only receive "unemployed pay"—viz., Rs. 286 per month.

That the contrast between employers and employed in so important a service should be couched in such ambiguous terms is, to say the least of it, most unfortunate, and we can only suppose that these regulations were framed when, under conditions that have now passed away, the rapidity of drafting medical officers as soon as qualified to civil and military charges was such that the interval between passing the necessary examination and reaching the higher rate of pay was so short as to render its occurrence of no practical moment.

Under the existing state of things, the only honourable course for the Indian Government is to inform intending candidates in a revised prospectus that the increase from the first rate of pay (Rs. 286 per month) will only be given on a medical officer obtaining a civil or military charge, and that this is unlikely to occur before the completion of four years; that such charge, if held temporarily in the absence of the original possessor, will carry but half the increase of pay; and that to reach such beneficial appointment the medical officer may have to proceed from Calcutta to Peshawur at his own expense, and then entering the medical labour market with this programme, to ascertain whether young surgeons of the same stamp and education will continue to compete for the appointments in India. If so, it would be unfair to the country to saddle it with any increased outlay; if not, it would be still more unfair to the Indian Army and Indian community to leave matters in their present condition.

Should this straightforward course not be adopted by the authorities, it will behove the "grinders" and those who in introductory lectures sketch the various careers open to young surgeons to state unhesitatingly the meaning which is found to attach to the loosely-worded paragraphs of the Indian Medical Prospectus which have given rise to the present dissatisfaction.

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We regret to learn that Sir George Owens, of Dublin, met with a severe injury to his shoulder by a fall. He is progressing favourably.

Notes on Current Topics.

The Cholera.

Public interest on the dread epidemic raging in Egypt is little less keenly excited at present than at the commencement of the outbreak; but there is not the same "scared" feeling, or at any rate the same extent of feeling, as was evidenced at first among ordinary newspaper gossips and their readers. A certain amount of intelligent inquiry is, however, manifested concerning the disease in many quarters that are not strictly medical, and in consequence of this, information that had not hitherto been gathered in relation to it is gradually being accumulated. One of the most curious observations in this connection is that of a correspondent of *Nature*, who affirms that swallows and sparrows afford certain indications of the approach of cholera to a district, by deserting it in a body; and that the truth of this curious fact has been proved in four former visitations. More important, however, than this is the announcement by M. Pasteur of his belief in the existence of a specific cholera microzyme, of the reality of which he is so convinced that he has strongly recommended the French Government to despatch a commission of inquiry to Egypt, for the purpose of conducting researches into the generation of the disease.

Family Registers.

The great importance which attaches, from a medical point of view, to that portion of a clinical record wherein the family and personal histories of the patient are detailed, is abundantly recognised in all departments of practice; often enough treatment is essentially indicated by the information so obtained, and never can it be said that details of this description are trivial or unworthy of careful collection. By an extension of the method observed by the clinician when dealing with his cases, there might be carried into general adoption by every family in the nation a plan of registration which should include a historical account of the physical being of every member constituting the family, and which in time of sickness might be submitted for guidance of the medical attendant's endeavours. How pricelessly invaluable such a document would frequently be need hardly be insisted on, for the least time-experienced practitioner can readily call to mind instances in which access to a record of the kind would possibly, by directing his earliest treatment of an obscure complaint, have resulted in preserving life that had otherwise baffled his skill to save. The principle involved in such considerations as these is unquestionably admitted by every educated member of the profession; but equally also, the almost unconquerable obstacles in the way of effecting such changes in national manners and customs as shall lead to its universalad option, is fully recognised. Mr. Francis Galton, however, proposes to make the attempt to initiate this necessary reform, by offering prizes to the amount of £500 for registers compiled by medical men and relating to their own families. His scheme is sketched out in the current *Fortnightly Review*, and its details are at least reasonable enough to encourage sanguine hopes of success. Coming from such a source, the proposal will necessarily command respect, for Mr. Galton's researches in heredity have already laid the scientific world under a heavy debt of gratitude to him. That he should rightly appreciate the intimate relations borne to practical medicine by the inquiries he has made the burden of his life, is a very natural consequence of his enlightened studies; and we venture to predict that not only will he find a considerable proportion of the profession prepared to consider his proposal "seriously," but ready in addition to forward the scheme to the fullest possible development. That the subject is one of the very first importance is evident; that the attempt now made to give it special prominence may succeed we sincerely hope.

The Medico-Psychological Association.

The annual meeting of the Medico-Psychological Association was held on July 27th, at the Royal College of Physicians, London, Dr. Orange, of Broadmoor, presiding. After a vote of thanks to Dr. Gardner, the outgoing president, the appointment of officers took place. Dr. Manley was appointed president for the ensuing year. New statistical tables, which had been on trial for a year were adopted, subject to certain revision. At the afternoon meeting Dr. Orange delivered his presidential address on the subject of Criminal Lunatics, and a long and important discussion ensued, in which Dr. Bucknill, Dr. Hack Tuke, Dr. Nugent, and others took part. A resolution was ultimately adopted to the effect that prisoners suspected of being mentally deranged should be examined by competent medical men as soon as possible after the commission of the crime with which they were charged, such examination to be provided by the Treasury, the examiners being the prison medical officer, the county asylum medical officer, and a neighbouring practitioner.

Death under Chloroform.

Another death of a patient while under the influence of chloroform occurred on Thursday last at Whitehaven, in the private practice of Mr. G. Muriel, M.R.C.S. The deceased, a gentleman aged 45, was about to undergo an operation for excision of a tumour from the lip. From the newspaper reports of the inquest it appears that the surgeon was unassisted, and himself administered the anæsthetic prior to commencing the operation. Soon after the inhalation was commenced the patient became livid, and efforts to restore respiration, which quickly ceased, were unavailing. Examination of the body *post mortem* showed that all the organs were in a healthy condition; and a verdict was returned to the effect that "deceased died from sudden paralysis of the nerves, caused by chloroform, which had been properly administered." The jury, however, were sufficiently alive to the peculiar circumstances surrounding the case to suggest that two medical men ought always to be present in similar cases, a reflection which will be shared by every one who rightly appreciates the responsibilities incurred by the administrator of any form of anæsthetic in common use. While expressing sympathy with Mr. Muriel in the misfortune which has befallen him in this instance, it is only right that we should very strongly protest against the unwisdom of which he was guilty in resorting to the employment of chloroform without the assistance of a second professional attendant. The fact, ascertained beforehand, that the patient had been chloroformed on a former occasion, did not justify his being again submitted to the influence of the anæsthetic unless an assistant specially charged with its administration was present also; and it is to be hoped the untoward result in this instance will deter others from running similar risks in the future.

London Hospital Sunday Fund.

The report of the Distribution Committee states that the total amount available for distribution, after allowing sufficiently for liabilities and the usual current expenses, is £32,243, of which they recommend the payment of £29,664 to ninety-seven hospitals, including six institutions which might be classed as hospitals, and £2,579 to fifty-one dispensaries. In addition, 4 per cent. of the total sum collected, amounting to £1,400, was set aside for the purchase of surgical appliances. The institutions participating were three more than last year, and forty-three more than in the first year of the fund.

Medical Titular Distinctions.

Mr. Gibson gave notice for Monday last, to ask the First Lord of the Admiralty, if he could state exactly how many baronetcies are now held by eminent physicians and surgeons in England and Ireland respectively; how many such creations have taken place in England and Ireland respectively within the last five years; and what is the reason for the contrast in the numbers. Col. King-Harman has also put a question as follows:—To ask the First Lord of the Treasury if he has any objection to state whether it is true that he has advised Her Majesty graciously to confer the honour of baronetcy upon two distinguished English gentlemen of great medical and surgical skill; and whether he has also advised Her Majesty to reward the services of an Irish gentleman, who has also attained to great and deserved eminence in the surgical profession, with the simple honour of a knighthood.

A New Antipyretic.

Dr. Fischer, of Munich, announces the discovery of a new medicinal agent, the therapeutic action of which resembles that of quinine, and which he has obtained, by a complicated process, in the form of a white crystalline powder, from coal tar. The name its discoverer has seen fit to give the substance is *Kairin*, and its immediate influence in reducing high body temperatures makes Prof. Fischer sanguine that it will be largely employed for this purpose. It is said to be more readily tolerated than quinine by the human system, but its costly character—nearly ten shillings an ounce—will be for some time a bar to its general employment. It may, however, be made trial of with advantage, and if its virtues correspond with the pretensions put forth in its behalf it must undoubtedly become a valuable addition to the physician's *armamentarium*.

Sir Edwin Saunders, Dental Surgeon to Her Majesty, has just presented a house of the value of £2,400 to the Dental Hospital of London for the enlargement of that Institution.

Emigration for Medical Men.

The cry is so frequently raised that the profession of medicine is overstocked in this country, that any prospect of improved practice to be secured by emigration may be acceptable to a good many young men who are "waiting for something to turn up." In this connection it is interesting to learn that Australia offers advantages which cannot be exceeded at home, if we may judge from the report of a transaction noted in the *Bendigo Independent*, and by which a Dr. Henry L. Atkinson, of Sandhurst, became the possessor of an antipodean estate in consideration of a money payment of £40,000. We are authoritatively informed that the gentleman in question proceeded to Australia some years ago as surgeon on board a sailing vessel, and that the whole of the large fortune he now possesses has been accumulated during his professional career abroad. Such an example may well commend itself to those who are on the look-out for openings here; and while it says much that is highly creditable to the perseverance and industry of the practitioner in question, it also indicates the likelihood that others might fairly hope, with the exercise of similar qualitions, to gain at any rate a competence by the exercise of their profession.

A New Operation for Prolapsus Recti.

From *Il Morgagni* we lear that Dr. D'Antona has performed with success the operation on a woman: Seizing the prolapse with four Billroth's pincettes, and forming thus two cylinders of the rectal canal, he introduced one catgut suture into both cylinders and then into the margin of the anus. Another suture is passed through the middle part of one cylinder, carried through the Douglas sac, and the perirectal tissue, returning to the other cylinder. The patient is discharged, cured in fifteen days.

A Mysterious Case of Poisoning in Aberdeen.

A case, of which the following is a brief account, has been the cause of considerable excitement in Aberdeen for some weeks past. It appears that about the 4th of last January the wife of an iron moulder went to the shop of Mr. Sangster, a druggist, and asked for some salicylate of soda to cure her husband of some slight rheumatic pains from which he was suffering. She was supplied with a drachm and a half of what was supposed to be the drug she wanted. On returning home she divided the powder into six parts and gave her husband one of the divisions. Shortly after taking the powder he went to sleep, and with two or three short intervals of wakefulness he became comatose and died. An investigation was made by the Procurator-Fiscal: the contents of the stomach and the remainder of the powders were examined by Dr. F. Ogston, jun., who reported that the powders were pure salicylate of soda, as evidenced by the violet colour given with a solution of perchloride of iron. On this statement the criminal investigation was dropped. The widow has since, however, commenced an action against the druggist for compensation, laying the damages at £750 for the loss of her husband. On the 21st of March Dr. F. Ogston read a paper before the Aberdeen, Banff, and Kincardine branch of the British Medical Association on the case, describing it as one o poisoning by salicylate of soda. There was considerable discussion. The President, Dr. Angus Fraser, was of opinion that the case was one of poisoning by morphia, and this opinion was concurred in by other members present at the meeting. The case, we learn, has been compromised by the druggist, and, so far as the widow is concerned, we have no comments to make, but we are of opinion that the matter is far too serious to end here. Evidently the salicylate of soda was not pure, for the dose, about 15 grains, was far too small to cause death, especially in the case of a healthy young man of 29 years of age. The preliminary proceedings appear to have been conducted in a very slovenly manner, for surely the fact of a young man in comparative health sleeping his existence away ought to have attracted attention, and led to a more searching inquiry. Such a case could not have occurred in England without a coroner's inquest; and, however faulty that system may at times appear, it seems to us far preferable to the private inquiry method, where a case like the one under discussion is quietly set aside. The case demands a full and careful investigation, and we trust that the Crown authorities will at once use every endeavour to clear up what at present is a most painful mystery and a public scandal.

The Water Supply of London.

The water supply of London, in consequence of the probable visitation of cholera, has become the subject of anxious inquiries in Parliament during the past week. Dr. Cameron succeeded in extracting from the President of the Local Government Board an admission of considerable importance with regard to the scandalous discrepancy of the published results of Dr. Frankland, the official analytical chemist of the Government, and those of the chemists of the water companies of London. We have repeatedly called attention to the fact; for in numberless instances we have noticed a widely important difference, and their misleading nature cannot be considered other than a public scandal, especially when they are allowed to be issued in an authoritative medium, the "Water Examiner's" monthly report made to the Local Government Board, which is printed and published at the public expense. The last report issued in this way differs only in degree from its offensive self-assertiveness and sufficiency; not a particle of submissiveness pervades it, for whilst it claims its own infallibility, it takes occasion to sneer at the official examiner's "moving organisms," and which the chemists of the water companies cannot find, and do not believe would render water less "pure and wholesome" and fit for domestic use. We suppose they would not consider that a large dust contractor's yard immediately adjoining the open filter beds of the Southwark and Vauxhall Water Company, and which was made the subject of complaint by Mr. Egerton, is a matter of the smallest moment, or at all likely to dangerously contaminate the water supply. This disagreeable dust business has been carried on since 1872, and we are told that, although remonstrances have been repeatedly made by the Local Government Board, they have produced no effect upon the Water Company, and are not likely to be regarded, because the Board has no power to compel the company to carry on its business so that it shall not endanger the public health.

The Albert Medal of the Society of Arts has this year been awarded to Sir Joseph D. Hooker.

The death-rates in the large towns from diseases of the zymotic class continue exceptionally low. Even summer diarrhœa has produced but a slightly increased mortality, and it may fairly be said that the country was never in a more healthy state. During the past week only six deaths from small-pox were registered in London, 2 in Birmingham, 2 in Liverpool, and 2 in Newcastle-upon-Tyne, twelve deaths in a population of nearly forty millions being the sum total from this disease.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Birkenhead, 10; Huddersfield, Blackburn, 13; Plymouth 14; Hull, Portsmouth, Bristol, Bradford, Oldham, Derby, Halifax 15; Wolverhampton, Preston 16; Salford, Edinburgh, Norwich 17; Sunderland, Birmingham, Nottingham 18; Cardiff, Sheffield, Brighton 19; London, Dublin, Glasgow, Leicester, Leeds, 21; Bolton 22; Newcastle-on-Tyne 23; Liverpool, Manchester 25.

The *Spectator*, which is usually understood to speak the mind of the Government, writing last week in reference to the recent grant and offer of knighthood in Ireland, enters upon an "odious comparison" between the merits of English recipients of baronetcy and those of possible Irish recipients, and winds up with the observation that "when Dublin men can produce a physician and surgeon who has done as much, we trust they too will receive baronetcies." We shall certainly not follow the *Spectator* into the contrast of professional quality to which it invites us, for we feel that we can well afford to leave to the judgment of the profession the question whether Ireland would have any difficulty in producing representatives of medicine and surgery of scientific and social position at least equal to that held by the gentlemen whom Her Majesty has very properly honoured. The *Spectator* does not indeed set up a standard of merit which it would be very difficult to reach, considering that it describes one of the new baronets as "one of the most considerable practitioners of his day," and the other as deserving of distinction because he succeeded "in persuading middle-aged men and women not to over-eat themselves." We should be very sorry to imagine that Sir Andrew Clark and Sir Prescott Hewett had not some larger claims to baronetcy than those which the *Spectator* considers pre-eminent.

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Scotland.

[From our Northern Correspondents.]

The University of Edinburgh Graduation.—The capping of the medical graduates took place last Wednesday, when thirty candidates received the degree of M.D., and one hundred and eighty-three received the degrees of M.B., C.M. The graduation address was delivered by Professor Dickson, in which he took occasion to condemn the Medical Bill now before Parliament, and made some statements not altogether borne out by facts. The chief aim of the Professors of the Scotch Universities appears to be an attack on the English Corporations, which are as a rule vilified in no unmeasured terms. The statements made that the examination of the College of Surgeons is deficient in medicine, and that of the College of Physicians in surgery, could only have been made by one under the impression that charges are more easily made than refuted, and that more people are likely to hear the accusation than the refutation. The facts of the case are these: the College of Surgeons of England requires an examination in medicine or the production of a diploma in medicine. The result of this is that the College of Physicians of Edinburgh reaps an abundant harvest from the above regulation. It is well known that men who have passed the London College come to Edinburgh and undergo an oral examination, and then return for the London diploma. The College of Physicians also examine in surgery, or demand the production of a surgical diploma before granting their licence. The London medical schools were also lectured on their duties, which, according to Professor Dickson, are sadly neglected.

The Scottish Fishery Board and Scientific Investigations.—We understand that, at the request of the Fishery Board, the Lords of the Admiralty have granted the use of a gunboat in order to enable a Committee of the Board, consisting of Professor Cossar Ewart, Sir James R. Gibson Maitland, Bart., Mr. Maxtone Graham, and Sheriff Forbes Irvine, to carry on scientific investigations during the autumn.

Lectureships on Physiology at the Watts Institute.—Mr. James Hunter F.R.C.S.E., after a sharp contest, was elected last week to fill the post left vacant by Dr. Andrew Wilson.

Greenock.—The Broomhill Home for Incurables.—On the 1st inst. a public meeting, composed mostly of ladies, was held in the Temperance Institute—Provost Wilson presiding—to hear Miss Beatrice Clugston. After the Provost had opened the meeting Miss Clugston gave an account of her recent visit to the Royal Hospital for Incurables at Putney and kindred institutions, and made an appeal for the support of the Broomhill Home for Incurables. At the close the following resolution was unanimously agreed to:—"This meeting being fully persuaded that the cause of the incurable must appeal to all classes of the community, and knowing from Miss Clugston's statement that the extension of Bromhill Home can only be made valuable by the directors in proportion to the support given yearly for the maintenance by Glasgow and the West of Scotland, resolves to commend it over the town which this meeting represents, and hereby agrees to form a Ladies' Auxiliary Society to raise, in small sums, a subscription annually worthy of the town, and such as will enable the board of directors to go on with the extension of the valuable work of the Association for the Relief of Incurables."

The Registrar-General's Return.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, July 28, shows that the death-rate was 18·5 per 1000 of estimated population. This is 2·8 below the corresponding week of last year, and also 2·8 below the previous week of the present year. The lowest mortality was recorded in Perth—viz., 8·5 per 1000; and the highest in Greenock—viz., 23·3 per 1000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·2 per 1000, or 1·1 below the rate for the previous week. Diarrhœa and whooping-cough were the most fatal miasmatic diseases. Acute diseases of the chest caused 65 deaths, or 4 less than in the previous week.

UNIVERSITY OF GLASGOW.—The Brunton Memorial Prize, given to the most distinguished graduate in medicine of the year, has been gained by J. Innes Dunlop, M.B., C.M.

EDINBURGH.—HEALTH OF THE CITY.—The mortality in Edinburgh for the week ending with Saturday, the 28th ult., was 70, and the death-rate 16 per 1,000. There were 14 deaths under one year, and 20 above sixty, of which 4 were above eighty and 1 above ninety years. Diseases of the chest accounted for 23 deaths, and zymotic causes for 5, of which 1 was due to scarlatina and 2 to measles—the intimations for these diseases for the week being 25 and 70 respectively.

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday, the 28th ult., were at the rate of 22 per 1,000 per annum, as compared with 25 in the preceding week, and 25, 19, and 21 in the corresponding weeks of 1882, 1881, and 1880.

ABERDEEN ROYAL INFIRMARY.—At a special meeting of the managers of the Aberdeen Royal Infirmary, held on the 30th ult., to consider the question of filling up the vacancy in the superintendentship caused by the death of Dr. Edward Wagstaff Robertson, a long discussion took place as to whether a medical man should be appointed, or whether the office should, as proposed by the Committee of Management, be thrown open to candidates not having a medical officer's qualification, but having the capacity to administer the general business work of the institution, purchasing of stores, book-keeping, &c. A general opinion was expressed by the managers in favour of appointing a medical man, and in the end a motion was carried to the effect that preference be given to a licensed practitioner, but that the situation should be advertised as open to all candidates. The salary is £250 a year, with a free house and the usual perquisites.

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Obituary.

MRS. CHAPLIN AYRTON, M.D., L.K.Q.C.P.I.

WE announce with regret the death of Mrs. Chaplin Ayrton, M.D., a much esteemed and highly gifted member of the profession. Mrs. Ayrton was born at Honfleur, of English parents, in 1846. She was one of the most able of the first Edinburgh class of women students, forming one of the famous "*septem contra Edinem.*" At Surgeons' Hall she especially distinguished herself in anatomy, and the beautiful coloured drawings which she made of all her dissections in their various stages were the admiration of her teachers as well as of her fellow-students. Had her sympathetic nature then had freer scope, the medical woman question in Edinburgh might have been brought to a different termination. When all hope of University recognition was at an end there, and after having passed her first professional examination as an undergraduate of the University of Edinburgh, Mrs. Ayrton left Edinburgh for Paris in 1872; and in the following year she accompanied her husband, Professor Ayrton, to Japan, where she remained until 1877. While there she taught midwifery to a class of Japanese women, having previously herself obtained the Licence of the Obstetrical Society of London. On her return to Europe, Mrs. Ayrton completed the prescribed course of study at the hospitals and medical school of Paris, and then took her degree of M.D. in 1879, her thesis comprising the results of many measurements of the stature and length of a large number of Japanese, with deductions as to the effects on the race of the successive foreign immigrations into Japan, illustrated by lithographs drawn on the stone by herself. She subsequently obtained the Licentiate in Medicine and in Midwifery of the Irish College of Physicians; and after some further clinical study was preparing to establish herself in practice in London, when her health, which the vicissitudes in the long, wearying struggles of her student life had severely tried, broke down, and the remaining three winters were spent in a vain fight with disease on Mediterranean shores. Mrs. Ayrton died of phthisis on July 19, at the early age of 37, leaving behind her one child, a daughter. During her short life Mrs. Ayrton contributed many articles to medical and other papers, and was the author of a well-known work, illustrated by herself, called "Child Life in Japan." We understand that she leaves, ready drawn on the wood by herself, all the illustrations, as well as the manuscript, for a further work on Japanese life.

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Medico-Parliamentary.

HOUSE OF COMMONS.—THURSDAY, AUGUST 2ND.

VACCINATION IN WORKHOUSES.

Mr. G. RUSSELL, in reply to Mr. Hopwood, said the guardians of St. Pancras had applied to the Local Government Board for advice as to the propriety of vaccinating women within a few hours after child-birth. The Board had referred the guardians to a circular of Jan, 27, 1881, and to a letter of June last to Dr. Dunlop, in which the Board suggested that the medidal officers should fully consider whether it was desirable that women should be vaccinated or revaccinated shortly after childbirth.

THE CHOLERA AT HOME.

Mr. TREVELYAN, in reply to Colonel Nolan, said that the question of providing temporary hospitals in this country in the event of a cholera outbreak rested with the different sanitary authorities, and not with the Local Government Board. The Local Government Board had no power to secure hospitals or obtain sites for the purpose, but the sanitary authorities had the subject at present before them, owing to a circular which had been sent to them by the Local Government Board.

With respect to infection by the importation of rags, rugs, and carpets, instructions had been given that all rags should undergo disinfection at the various ports before landing; but with carpets and other manufactured goods, this was not necessary.

CRIMINAL LUNATICS.

Mr. R. PAGET asked the Secretary of State for the Home Department if he would be good enough to state to the House what steps, if any, had been taken by the Treasury or other Department of Her Majesty's Government to give effect to the various recommendations contained in the report of the Departmental Commission of the Home Office on criminal lunatics, which was presented to Parliament on the 9th of November, 1882.

Sir W. HARCOURT said that a recent decision of the House of Lords had practically declared the liability to pay substantially in the cases which were recommended by the Commission, and he hoped that an early opportunity would arrive of dealing with the points which were not affected by that decision.

FRIDAY, AUGUST 3RD.

THE CONTAGIOUS DISEASES ACT.

Mr. HOPWOOD asked the Secretary of State for War what was the comparative strength of the military and marine forces at Plymouth and Devonport in the ten weeks of last year and the same period of this year; was the difference in number sufficient to account for an increase of the number of patients in the naval and military hospitals at Stoke and Stonehouse; and did the increase apply to contagious diseases only, or disease generally.

The Marquess of HARTINGTON—It is not very easy for us to fix the naval population on which the hospital ratio has been formed, becauses it fluctuates from day to day by the arrival and departure of vessels. With regard to the military force, the admissions to hospital of cases of contagious disease during the ten weeks ended July 20 of this year were 183, on a total force of 2,859. The number for the corresponding ten weeks of last year was 116, on a total force of 2,457. With reference to the Navy, the returns have not been procurable week by week, but on the 21st of July, 1883, there were 121 cases of contagious disease in hospital, on a total force of 7,309, while on the corresponding day of 1882, the number of patients was 47, on a total force of 7,324. The total admissions into hospital during the ten weeks of the present year were larger than during the same period in 1882, the number arriving being then 312, against 460 this year, and cases of contagious disease counting for 67 out of a total increase of 148. The total number in hospital with regard to the Navy was 263 last year, as against 377 this, the increase of cases of venereal disease being 74 out of a total increase of 94.

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THE EGYPTIAN CHOLERA CONTINGENT.

The deliberate exclusion of Irish medical practitioners from a place in the medical contingent sent to Egypt to combat the cholera epidemic was very properly and judiciously taken in hand last week by Dr. Lyons, M.P. The following gentlemen formed the first batch, specially appointed :—Drs. Theodore Acland and Gulliver, of St. Thomas's Hospital; Dr. J. G. Thrupp, of St. George's Hospital; Drs. S. Wyborn, F. E. Taylor, and A. Honman, of Charing Cross Hospital; Dr. H. Crookshank, of University College; Dr. James Cantlie, of Aberdeen University; Dr. A. F. Wilkins, of Edinburgh University; Dr. M'Nalty, of the Army Medical Department; Dr. Armand Leslie, of the Middlesex Hospital; and Dr. C. F. Porter, of Manchester. Immediately on learning that these appointments had been made, Dr. Lyons, on the suggestion of the President of the Irish College of Physicians, telegraphed to Lord Edward Fitzmaurice, at the Foreign Office, expressing great disappointment that no Irish doctors were selected for Egypt, though English and Scottish schools were represented. In his reply, Lord Edward Fitzmaurice stated that all appointments "were made on the recommendation of Sir Joseph Fayrer, but that only two Irish doctors applied, one of whom was appointed, and the other selected, but afterwards declined. After the number was completed, two candidates from Belfast applied, and their applications will be borne in mind should any further doctors be required."

In a subsequent letter Dr. Lyons was further informed that, as time pressed, Lord Granville had directed the selection to be made on the recommendation of Sir Joseph Fayrer, which was done. Lord Edward Fitzmaurice further states that preference was given to those who had had experience of cholera, and as regards the question of nationality or place of education, he states that Dr. Crookshank, Dr. McNalty, and Dr. Porter all held Irish licences. Notwithstanding this attempt at explanation, Dr. Lyons proceeded to London and asked in the House the following question : "Whether, should unhappily further medical aid be required to meet the cholera visitation in Egypt, he will afford to the Irish Medical Schools and Colleges an opportunity of sending a contingent to share in the honour of this important and distinguished service, and to ask the noble lord why such a step was not in the first instance taken." The action of Dr. Lyons in this matter was entirely justified by the circumstances, and the reply of Lord Fitzmaurice to his complaint was entirely unsatisfactory. It does not, in our opinion, at all mend the matter that Sir Joseph Fayrer should have been the agent of the Foreign Office in this one-sided selection, nor is the suggestion which Lord Edward Fitzmaurice puts forward in defence at all worthy of consideration. Two classes of men were selected by Sir Joseph Fayrer—experienced army medical officers who had seen cholera and juniors who could act under their direction. Amongst the former class there happened to be three gentlemen who twenty years ago or thereabouts took Irish degrees. Amongst the latter class not a single Irishman or Irish-educated Englishman was allowed a place, nor was any opportunity afforded to Irish surgeons to send in their names. The appointments were made without any public notice whatever, and it would have been quite easy for Sir Joseph Fayrer and the Government to have avoided the appearance of partiality by sending a telegram to each of the Irish and Scotch colleges asking them to recommend a couple of men. This transaction coming after the exclusion of Irish candidates from the Army Medical Department, which we exposed some months ago, and with which proceeding Sir John Fayrer was indirectly associated, is certainly not calculated to remove the suspicion that the authorities are not free from partiality and prejudice, or likely to do what is fair toward the profession in Ireland.

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THE IRISH POOR-LAW SUPERANNUATION BILL.

We announce with much satisfaction the second reading of this Bill, which has been for two years before Parliament. Having been introduced by Mr. Herbert Gladstone on behalf of the Government, and at the instance of the Irish Medical Association and Poor-law Officers' Association, it was last year sent to a Select Committee, where its details were examined into and an understanding arrived at which, it was hoped, would satisfy almost all parties. This year the Bill has been delayed until this late period by the opposition of Mr. Biggar, who goes for the principle that Guardians are entitled to the God-like prerogative to "larrup their own niggers," and that therefore the proposal to restrict their right to taking all they can get out of an officer and leaving him to starve afterwards ought not to be tolerated. He moved the rejection of the Bill, and was ably answered by Mr. Meldon. Upon the passing of the second reading the Irish party were divided between those who rejected it altogether and those who approved its principle but objected to details. The neck-or-nothing opponents were Messrs. Biggar, O'Kelly, Dawson, O'Brien, Leamy, and Lalor. The tolerants were Messrs Healy, W. H. O'Sullivan, and Parnell. The supporters were Mr. H. Gladstone, Mr. Meldon, Colonel Tottenham, Colonel King-Harman, and Mr. Corry. The second reading passed by 80 votes to 25.

It seems likely that further amendments will be sought for at the committee stage. It is for instance proposed that at least half the pension should come out of the Consolidated Fund, as half salaries do now. It is also proposed that a minimum pension should be fixed below which no board of guardians should go, but that a discretion should be allowed them to go as much above the minimum as they pleased within reasonable limits. This proposition would, if carried into effect, greatly mar the Bill, for we know that many unions—for example, those of Cavan, Wexford, and Belfast —would never grant a penny over the minimum, and thus length of service would be no advantage to the applicant. The date of the committee stage of the Bill is not yet fixed, but it must be soon, and we shall inform our readers thereupon.

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University of Glasgow.—The following is a list of degrees conferred in the Faculty of Medicine at the graduation ceremony on Thursday, July 26th :—

Doctors of Medicine (M.D.)

Allan, G. R., M.B., England.
Campbell, A., M.B., Scotland.
Caskie, W. A., M.B., Scotland.
Couper, D., M.B., Scotland.
Denholm, A., M.B., Scotland.
Highet, John, M.B., Scotland.
Howie, Thomas, M.B., Scotland.
* Inglis, D. W., M.B., Scotland
* Newman, D., M.B , Scotland
Ochiltree, E. G., M.B., Australia
Prichard, Richard, M.B., Wales
Stewart, C. W., M.B., Scotland
Wilson, J. M., M.B., Scotland
Yair, John M., M.B., Scotland

* Commended for Thesis.

Bachelors of Medicine and Masters in Surgery (M.B. & C.M.).

Adam, William T., Scotland
Aitken, Wm. B., Scotland
Alexander, Samuel, Ireland
Alexander, Thos. G., Scotland
Arthur, David, Scotland
Beveridge, Robert E., Scotland
Binnie, Robert M'G., Scotland
‡ Blaine, Benj., South Africa
Campbell, James J., Scotland
Campbell, William, Scotland
Clerk, John, Scotland
‡ Colvin, F. H., M.A., Scotland
Crawford, John C., Scotland
Davidson, Robert, Scotland
Day, Makhan Lal, India
Dickson, Alexander, Scotland
* Dunlop, J. Innes, Scotland
Dunlop, William, Scotland
† Forsyth, William A., Scotland
Fulton, George C. H., Scotland
Gay, Herbert M., England
‡ Gemmel, James E., Scotland
‡ Gibb, William, Scotland
‡ Gibb, William F., Scotland
Gibson, James, Scotland
Gledhil, James, England
Gordon, William, Scotland
Gourlay, Robert, Scotland
Hamilton, James, Scotland
Hamilton, W. T., South Africa
Headrick, Jas. M., Scotland
Herbertson, J. C., M.A., Scotland
Hodge, Peter, Scotland
Hogg, George M., England
Howard, Thomas, Scotland
Howie, Alexander, Scotland
Hunter, Robert R., Scotland
Hutchinson, Cred't., Ireland
Johnston, Alexander, Scotland
Johnston, Francis, Scotland
Kenny, George G., India
Kerr, John, Scotland
Lawson, James B., Scotland
‡ Little, William, England
Martin, William, Scotland
Morison, Alexander, Scotland
Morris, George A., Scotland
Muir, James S., Scotland
Murray, John W., Scotland
M'Culloch, Henry D., India
M'Donald, John, Scotland
M'Donald, Neil C., Scotland
Macgregor, John F., Scotland
M'Kenzie, Daniel, Scotland
MacKintosh, Hugh M., Scotland
M'Lean, Archibald, Scotland
Macnaughton, J. R., Scotland
Orr, David, Scotland
Prangnell, John T., Scotland
Prosser, Francis S., Wales
Quaife, W. F., B.A., Sydney
Richard, David T., Wales
Robb, R. A. D., Scotland
Robertson, John M., Scotland
Russell, John, Scotland
Skottowe, A. J. F., India
Smith, David M., Scotland
Soga, William A., South Africa
Stafford, William, England
Steele, Ross S., Scotland
Stewart, Andrew, Scotland
Strain, William L., Scotland
Vost, William, Scotland
Walker, Patrick H., Scotland
‡ Williams, Alfred, England
Wilson, John C., Scotland
Young, John, Scotland
Young, Robert H , Scotland
‡ Young, R. B., M.A., Scotland

* First in Honours. † Second, High Commendation. ‡ Third, Commendation.

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Notices to Correspondents.

DISPENSER.—The Pharmaceutical Society of Great Britain controls the examinations and curriculum. You had better make an application to the Secretary for information.

IN reply to "Verneuil," we are sorry to inform him that all appointments to Militia regiments have been done away with, the duties being now performed by the Army Medical Department, or by civilians at contract rates. To obtain an appointment as surgeon to a Volunteer corps, interest must be made with the officer commanding the corps, and the appointment ratified by the War Office.

THE EXHIBITS AT THE LIVERPOOL MEETING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue your special correspondent, in his article on the meeting of the British Medical Association at Liverpool, writes: "The stall of Newbery & Sons contains some well-made emulsions of cod-liver oil." To prevent misconception, permit us to point out that the emulsion exhibited is manufactured by Messrs. Scott & Bowne, of New York, for whom we are agents, and is known to the profession as "*Scott's* Emulsion of Pure Cod-liver Oil with Hypophosphites of Lime and Soda." Yours &c.,

London, August 3. F. NEWBERY & SONS.

DR. W. O. will please receive our best thanks; we shall be glad to hear further from him.

DE REBUS.—We regret our inability to oblige you. The subject has already been exhaustively discussed.

MR. MORTIMER.—Hazeline is a very valuable preparation, which has stood the test of extended trial, and may be employed with absolute reliance on its good properties.

PILLMAKER.—Consult either Proctor's "Lectures on Practical Pharmacy," or Whitla's "Materia Medica, Pharmacy, and Therapeutics."

DR. THORNLEY.—We shall be glad to have the reports.

A PUZZLED CANDIDATE.—Your experience is by no means unique, but you may probably be enabled to understand the occurrence more easily by asking for an explanation from the examiners, who, if courteously addressed, will no doubt give you some valuable information about yourself.

K. L. A.—We cannot tell you "if the Bill will pass." We only know that an effort to pass it has been promised.

MR. WALTERS.—The leading medical periodicals of Berlin and Vienna are the *Deutsche Medizinal Zeitung* and the *Wiener Medizinische Zeitung* respectively. Both are weekly, and can be obtained in this country at the leading foreign publishers' and booksellers'.

DR. GARRARD.—Our attention has been called to the journal in question on a previous occasion. Upon inquiries we found that it was the property of a notorious quack, who places his name side by side with the leaders of the profession, so as to appear in good company before his victimised readers. As exposure would have been of service to him, we refrained from giving him the advertisement, and we think it wise to follow the same course on the present occasion.

CHEMICUS.—Chloral was discovered by the late Baron Liebig, who obtained it by submitting absolute alcohol to the action of chlorine gas. The name chloral was derived by a union of the first syllables of the two sources of its origin—Chlor (ine) al (cohol).

MR. ARKWRIGHT.—Your request is a most unusual one, and cannot be complied with unless the free consent of the writer is first obtained. Even then we should prefer not to make the statement.

O. H—The cost is very trifling.

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Vacancies.

Aberdeen Royal Infirmary.—Superintendent. Salary, £250, with residence. Full particulars on application to the Treasurer.

General Infirmary, Gloucester.—House Surgeon. Salary, £100, with board. Applications to the Secretary before September 1.

Gloucester County Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to the Medical Superintendent at Wotton, on or before August 20.

London Hospital.—Demonstrator of Practical Chemistry. Salary, £100, and a proportion of fees. Applications to the Warden before September 1.

North Wales Co. Lunatic Asylum, Denbigh.—Assistant Medical Officer. Salary commencing at £100, with board. Applications before August 16. (See Advt.)

Sheffield Union.—Medical Officer for the Central District. Salary, £60, with the usual extra fees. Applications to the Clerk to the Guardians on or before August 13.

Ulverstone Union.—Medical Officer of Health for the Rural Sanitary Authority. Salary, £133. Sealed applications to the Clerk before August 22nd. (See Advt.)

Worksop Dispensary.—House Surgeon. Salary, £120, with furnished apartments and extras. Applications to the Hon. Sec.

Appointments.

BENNETT, Mr. F., House Surgeon to the Manchester Royal Infirmary.

CREAGH, W., M.D. Dub., L.R.C.S.I., Medical Officer for the Rolleston District, Burton-on-Trent Union; and to the Clifton District, Tamworth Union.

DEVONALD, A., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Llannon District of the Llanelly Union.

EVANS, Mr. W. A., House Physician to the Manchester Royal Infirmary.

GIBB, W., M.B., C.M., Assistant Physician to Woodilee Asylum, Lenzie.

HOSEGOOD, W., M.B., M.S. Ed., Medical Officer of Health to the Amersham Rural Sanitary Authority.

HUGHES, T. J., M.R.C.S., Medical Officer for the First District and Workhouse of the Church Stretton Union.

JONES, Mr. J. H., House Physician to the Manchester Royal Infirmary.

MILLS, Mr. W., House Surgeon to the Manchester Royal Infirmary.

SKRIMSHIRE, C. P., M.R.C.S., Public Vaccinator for the Brynmawr District of the Crickhowell Union.

SMITH, J., M.R.C.S., S.Sc.C. Camb., Medical Superintendent to the Dalrymple Home for Inebriates.

VERDON, W., M.D., F.R.C.S. Eng., Medical Officer of Health for Lambeth.

WALKER, H., M.D. Ed , M.R.C.S., Medical Officer for the Kingswinford District of the Stourbridge Union.

Deaths.

BRADFORD.—July 28, at San Francisco (while on sick leave from Hong Kong), Henry Bradford, Surgeon-Major A.M.D., fourth son of the late Rev. John Bradford, Vicar of Pinhoe, Exeter, aged 33.

LEWIS.—July 30, at El Warden, near Cairo, of cholera, Charles Blake Lewis, L.R.C.P. Ed., M.R.C.S., A.M.D., eldest son of the late Charles Warner Lewis, Barrister-at-Law, aged 29.

MCCLELLAND.—July 31, at St. Leonards-on-Sea, John McClelland, M.D., late Inspector-General of H.M. Indian Forces.

MEASE.—July 27, suddenly, at Cavan, Andrew Mease, M.B. Dub., L.R.C.S.

PURDON.—July 31, at his residence, Curristown, Killucan, Charles Purdon, M.D., J.P.

ROYAL COLLEGE of PHYSICIANS of LONDON.

BRADSHAWE LECTURE, August 18th, at 4 o'clock.—Dr. J. Wickham Legg. "Cardiac Aneurysms."

Any Gentleman of the Medical Profession will be admitted on presenting his card.

(By Order of the President)
WILLIAM GURNER,
Bedell.

ROYAL (DICK'S) VETERINARY COLLEGE,
CLYDE STREET, EDINBURGH.
(*Founded by the late Professor Dick*, 1823.)
Trustees—LORD PROVOST, MAGISTRATES, AND COUNCIL OF THE CITY OF EDINBURGH.
Principal—Professor THOMAS WALLEY, M.R.C.V.S.
WINTER SESSION commences 24th OCTOBER.
Prospectuses and full particulars on application.
CLASSES open to Amateurs.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 15, 1883.

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Original Communications.

FURTHER OBSERVATIONS ON CERTAIN CEREBRO-NERVOUS DISEASES PECULIAR TO WOMEN. (a)

By THOS. MORE MADDEN, M.D., F.R.C.S.E.,

Obstetric Physician, Mater Misericordiæ Hospital; Physician, Hospital for Children, Dublin, &c.

WITHIN the comparatively short period covered by the annual reports of the Commissioners in Lunacy the number of persons registered as insane in Great Britain has become more than doubled, the proportion of lunatics having increased from one in 800 to one in 300 of the population. Moreover, whereas formerly there was a larger proportion of male than of female lunatics in this country, now there are more insane women than men under restraint in our lunatic asylums. A similar observation may be made with regard to the protean forms of nervous disorders which are so prevalent amongst women.

The explanation of the increasing tendency to cerebro-nervous affections observable in women lies, according to Dr. More Madden, in the greater prevalence of those utero-ovarian complaints which have come into such prominence during the past twenty years, and which, the author holds, are in many cases productive of sympathetic and reflex cerebro-nervous irritation and functional derangements.

The subject has not attracted in this country anything like the attention paid to it by American authorities, and which, from its social as well as professional importance, it demands. Hence, having recently brought some aspects of this question before the Irish Academy of Medicine, the writer now submits to the judgment of the British Medical Association a few observations on certain generally ignored points of interest with reference to the connection between utero-ovarian disorders and the most common forms of cerebro-nervous disease.

The predominant influence of the female reproductive organisation is manifest in every vital action, in health and disease, from the approach of puberty until the menopause has passed. During this long period, at every monthly catamenial epoch, a certain amount of constitutional and nervous disturbance is always present. When menstruation has become established, and is normal in every respect, this disturbance may be so slight as to escape observation. But the earlier catamenial periods and every subsequent deviation from healthy menstruation, as well as the menopause, are almost invariably attended by some manifestation of hysteria.

In the gynæcological wards and extern department of the Mater Misericordiæ Hospital, Dublin, during the last five years, some 2,500 patients have come under Dr. More Madden's observation, and in thirty per cent. marked symptoms of reflex nervous irritation or disorder, traceable to utero-ovarian causes, were noted.

Amongst these cases were seventeen instances of *hystero-epilepsy*, the writer's experience of which was not in accord with that of Dr. Graily Hewitt as to the pathological importance of uterine displacements or flexions in such cases, as in only four of them was there any displacement, whilst in most instances there was accompanying menstrual disorder, and in every case without exception there was some form or other of derangement of the female sexual health.

Hysterical trance had in several cases come under the writer's observation. In one instance the patient thus affected remained in a lethargic condition hardly distinguishable from death for nine days. In another the hysterical trance lasted for one hundred and forty hours. Both patients, whose cases are detailed in the paper, recovered.

Hysterical paralysis, traceable to neglected utero-ovarian functional disturbance, is dwelt on at some length, and illustrated by cases.

Hysterical insanity is, perhaps, the most important and the most neglected of all the remote consequences of unsuspected disease of the female sexual organisation. The mental affections generally associated with chronic uterine or peri-uterine diseases, and with menstrual derangements are, in this incipient stage at least, usually characterised by exaggerated nervous susceptibility, intense egoism, extreme irritability of mind or temper, and perversion of the moral faculties, the abnormal condition of which are often apparent long before any tangible delusions can be recognised. But, although in such cases only the moral faculties may be seemingly affected, it will always be found that some derangement of the intellectual powers, however obscure, co-exists, and even if not evidenced at the time, is certain sooner or later to follow the moral insanity which in hysterical women is apparently the primary mental disorder consequent on reflex utero-ovarian irritation or disease. In many cases its evident connection between menstrual disorders and the causation of mental disturbances has been admitted even by alienists. The influence of puerperal septicæmia on the production of puerperal mania is another illustration of the connection between uterine and cerebral disease. The writer refers at some length to cases of insanity apparently originating from reflex irritation occasioned by utero-ovarian disease, in which the patients were restored to mental as well as physical health by the ultimate recognition and cure of the local disorder. In one case a lady was thus enabled to resume her place in society after many years' seclusion in an asylum where she had been regarded as an incurable lunatic. And Dr. More Madden argues that amongst the fifty thousand women now under restraint in the lunatic asylums of the United Kingdom there are many cases in which the patients are merely suffering from reflex mental disturbances, which would probably subside as soon as its physical exerting cause was removed.

(a) Abstract of a paper read before the British Medical Association.

Most alienists pay little, if any, attention to gynæcology. Most insane patients display a peculiar insensibility to the physical consequences of their intercurrent diseases. Hence, although no uterine examination, and more especially in an insane patient, should ever be made without absolute necessity, the proofs of that necessity are not, under these circumstances, likely to be recognised. Therefore, in any future legislation on insanity provision should be made that independent and specially skilled medical advice should be made available to the inmates of every female lunatic asylum.

Besides the local diseases and functional disturbances of the sexual system referred to, there are other causes of the tendency to cerebro-nervous disorders now so prevalent in women. These causes include amongst others —1. The premature and undue stimulation of the sexual functions. 2. The increasing prevalence of alcoholism in both sexes and in all classes of modern society. And, 3. The grossly misdirected or neglected moral and mental training of a large proportion of female youth. The results of these causes are daily met with in gynæcological practice, and are not only seen in the diseases of the sexual system which come under our special care, but are still more traceable in the mental and moral deterioration, the prevailing nervous hyperæsthetic condition and want of physical training as well as of healthy moral tone which are now too noticeable among women. Moreover, women are no longer, as was formerly the case, to a large extent exempt from those predisposing causes of utero-nervous disorders which in men are recognised as amongst their most common sources. Now-a-days, on the contrary, women are not only liable to those special causes of nervous disorder which arise from utero ovarian irritation, but they also too frequently, as Dr. More Madden has before observed, voluntarily expose themselves to all the incidental causes of insanity to which men were formerly liable. An increasing tendency to insanity and nervous disorders of every form is one result of that hopeless contest with Nature's laws in which those are engaged who seek to unsex themselves by assuming all masculine pursuits and modes of life, which may be too dearly purchased at such a cost.

WIESEN AS A HEALTH RESORT IN EARLY PHTHISIS, WITH DIRECTIONS FOR CLOTHING, DIET, AND EXERCISE IN THE SWISS ALPS DURING WINTER. (a)

By A. T. TUCKER WISE, M.D.,

Formerly Visiting Physician to the Infirmary for Consumption, Margaret Street, Cavendish Square.

Introduction.

The first impression on beholding a snow-clad landscape in a cold climate during fine weather is one of surprise and admiration. Conscious of excessive cold by external appearances rather than by disagreeable sensations of chilliness, one almost doubts the reality of the low temperature. A bright sun and blue sky overhead, a clear and quiet atmosphere, distant sounds transmitted to the ear through the still air, combine with the charms of the scenery to produce such buoyancy of spirits that a man is braced and invigorated for almost any exertion.

An Englishman inured to a damp and windy climate, and with an inherent love for outdoor sports and exercise, feels new life and energy as he views the glassy expanse of a frozen Canadian lake surrounded by dense forest, or makes his way through the rugged boulders and pines of Nova Scotia. A blazing sun above would almost persuade him it was summer, whilst he recognises the sing-song of the sleigh-bells in the distance, miles away it may be, and tastes the keen atmosphere of a bright winter's day.

There may be several degrees of frost, but there is seldom that piercing, raw cold experienced in England, which depends mainly on the quantity of moisture in the air and the force of the wind rather than on the pitch of the thermometer.

The effects on the Anglo-Saxon race of living in a cold climate may be seen in Canada and some of the Northern States of America, where the race is physically superior and more vigorous than that of the parent stock. This, no doubt, depends to a large extent on the mode of life, quality of food, and outdoor exercise taken, in addition to an artificial selection of species in emigration. Nevertheless, such is the fact that these cold climates, with wide ranges of temperatures, harden the European constitution by invigorating the whole frame, and rendering the body less susceptible to changes in temperature, privation, or disease.

What the eventual results will be on the English race by the growth of population and consequent increase of indoor employment, it is difficult to foretell. Certain it is that dwellers in large towns, *employées* in factories, workshops, warehouses, offices, &c., are not exposed to the most favourable conditions of life in regard to health and robust development; and although the "survival of the fittest" will select the strongest and most suitable being to withstand what may almost be termed the ravages of civilisation, even the selected one will scarcely be improved by the deteriorating effects of over-crowding, impure air, improper food want of sunlight, and equable exercise of all the organs of the body.

With examples before us of the health-giving properties of cold regions, it may seem an oversight that cold climates as "change" never received the attention they merited until within recent years.

One of the first to foreshadow the track which is now being pursued by many of the leaders of medicine in England, France, and Germany was Dr. Bodington, a practitioner in Warwickshire, who recommended "dry, frosty air" in the treatment of pulmonary consumption. In a small *brochure*, published by him forty-three years ago on this subject, he said: "To live in and breathe freely the open air, without being deterred by the wind or weather, is one important and essential remedy in arresting its progress—one about which there appears to have generally prevailed a groundless alarm lest the consumptive patient should take cold. . . . . The abode of the patient should be in an airy house in the country—if on an eminence, the better. The neighbourhood chosen should be dry and high; the soil generally of a light loam, a sandy, or gravelly bottom. The atmosphere is in such situations comparatively free from fogs and dampness. The patient ought never to be deterred by the state of the weather from exercise in the open air; if wet and rainy, a covered vehicle should be employed, with open windows. The cold is never too severe for the consumptive patient in this climate. The cooler the air which passes into the lungs, the greater will be the benefit the patient will derive. Sharp, frosty days in the winter season are most favourable. The application of cold, pure air to the interior surface of the lungs is the most powerful sedative that can be applied, and does more to promote the healing and closing of cavities and ulcers of the lungs than any other means that can be employed. . . . . Many persons are alarmed and deterred from taking much exercise in the open air from the circumstance of their coughing much on their first emerging from the warm room of a house, but this shows that the air of the room was too warm, not that the common atmosphere was too cold." As adjuncts, he advocated the use of milk, wine, and generous diet. (*a*) In these remarkable sentences are clearly signalised the indications for residence at such health resorts as the high Swiss Valleys, and they anticipate in an unmistakable manner the treatment of pulmonary disease or weakness by what is now termed, somewhat euphoniously, the "high altitude cure."

(a) Read at the meeting of the British Medical Association at Liverpool, August, 1883.

This English practitioner appears to have been the first, or among the first, to introduce to notice as a therapeutic agent "dry, frosty air," which has proved itself to be a remedy of practical value and application in the treatment of disease.

In more recent years Dr. Herman Weber, with eventual success, drew attention to high, cold altitudes as presenting favourable conditions during winter months for the arrest or amelioration of phthisis. To him undoubtedly belongs the credit of having brought the subject prominently before the profession in a clear and intelligible manner, with results on patients who had wintered in the mountains. For about six years Davos Platz has attracted large numbers of *poitrinaires*, and from reports published by English physicians at home the efficiency of mountain air in some cases of phthisis is undeniable. (*b*)

As may be expected, there are numerous sheltered spots in Switzerland where health may be sought with advantage, and where the benefits of living amongst a scanty population at a high altitude are associated with clean air and sunlight.

St. Moritz possesses the climatic characteristic of an Alpine health resort in having cold, dry, calm days, with plenty of sun. It is situated 1,000 feet higher than Davos, with grander and more picturesque scenery, and the principal hotel has the advantage of being placed about 300 feet above the floor of the valley. Although the past winter was exceptionally bad, as it was everywhere in Europe, the clear, bright, and invigorating days were quite similar to those of Davos, and delicate patients were enabled to sit out of doors in the sun without any danger of chill or sensation of cold. The results on patients who wintered there were pronounced by Dr. Holland to be eminently satisfactory, in spite of the adverse circumstances; whilst, on the other hand, the "cures" at Davos Platz were by no means so gratifying as during previous seasons. The Engadine was recommended some years ago as a winter station for chest complaints. Dr. Burney Yeo represented the advantages of its cold and dry climate, but at that period the high lands in Switzerland were not appreciated as they are now, and the experiment of sending patients there failed through a misunderstanding of the requirements of such cases. Now, however, the principal hotel offers every ordinary comfort to those who winter at St. Moritz. Two ice rinks are in constant use, and numerous tracks are kept in good order for tobogging. Another place which deserves special mention is Andermatt, situated in the Urseren Valley, and well sheltered from wind. It has the inestimable convenience of being only 28 hours from London, with a short drive of less than an hour on arriving at Göschenen. As this latter place is on the St. Gothard line, visitors can move on to the Riviera in a few hours if the mountain air is found unsuitable. A first-rate hotel—the Bellevue—is prepared to receive winter guests, and there is no doubt that this central and easily-approached locality will, when better known, prove attractive to many who wish to spend a few months in the Alps during winter. In the near future, however, the Belgian project of building a Kurhaus, with mechanical arrangements for the propulsion of cleaned, moistened, and warmed air into the interior of the building, will undoubtedly meet with success in a sanitary point of view, and will be the first true attempt to construct an efficient system of ventilation in the "cure" establishments of the Swiss Alps, where people congregate with a view of breathing mountain air, but occasionally inhale the used-up air of the interior of a hotel, flavoured with carbolic acid.

Those who are unacquainted with high altitudes in winter may perhaps be inclined to judge the sensations at a high cold region from an English standard of cold, thinking possibly that twenty degrees of frost signifies twenty degrees of chilliness, and that any temperature below freezing point would be likely to cause discomfort to delicate persons. A brief explanation may tend to correct this view. The body can be deprived of its heat in four different ways:—

1. By conduction, or contact with colder substances, either solid, fluid, or gaseous.
2. By evaporation from the surface of the skin, and the mucous membrane of the respiratory tract.
3. By excretory matters leaving the body; and
4. By radiation.

Now, although it is possible from the hygrometric state of the atmosphere that an additional quantity of moisture is evaporated from the skin and respiratory tract, at high levels, (*a*) this variation plays a very minor part in sensibly reducing the temperature of the body compared to the abstraction of heat by conduction; or, in other words, contact with cold air in movement. This latter cause is the one which principally bears on the question of sensation, inasmuch as cause No. 3 is too insignificant to be felt, and No. 4 can be guarded against to a great extent by clothing.

The physical sensibility of cold is produced by the amount of heat rather suddenly abstracted from the body (which does not always depend on the temperature in contact with it). For example, if the hand be placed on fur at 30° Fahr., it feels warm in comparison with iron at the same temperature. The former being a bad conductor—owing to the *motionless* air in its interstices—does not abstract much heat from the hand ;the metal, being a good conductor of heat, appears intensely cold to the touch.

If, therefore, cold, motionless, dry air surrounds the body, heat is not abstracted nearly so readily as it would be by somewhat warmer air in movement. It must be remembered that the sensation of cold cannot be accurately gauged by reference to the thermometer. Two other conditions are intimately connected with temperature in causing impressions of cold or heat—viz., wind and moisture, for it is these that cool the body, by conduction. If their temperature is lower than ours, they appear colder than they really are, because from their conductivity heat quickly passes away from us.

(*a*) "Essay on the Treatment and Cure of Pulmonary Consumption." By George Bodington. 1840.

(*b*) Dr. Clifford Allbutt, *Lancet*, 1879; Dr. C. Theodore Williams, International Medical Congress Transactions, 1881; Dr. Burney Yeo, "Health Resorts and their Uses;" Dr. Drysdale, *British Medical Journal*, 1882; Dr. Marcet, and others.

(*a*) It must not be supposed that evaporation from the body depends entirely on the percentage of humidity in the air. The conservativ and balancing agencies of physiological action amongst other thing constringe or dilate the cutaneous capillaries in response to cold or heat, rest or exertion, &c.

In the high valleys of the Alps, although the thermometer may register some 15° or 20° of frost, this low temperature is by no means disagreeable, as the calm air and intense solar heat enable many persons to sit in the open and bask in the sun during the depth of winter. Even excessive tanning and reddening of the skin takes place with almost everyone who takes plenty of outdoor exercise: ladies, who are generally well protected by sunshades or umbrellas, do not escape a healthful aspect. This is mostly owing to the reflection of light from the snow, which, coming in upward and parallel directions, cannot be well screened from the face. The habit and necessity of wearing smoked-glass spectacles also enables persons to face the glare, and thereby receive a much larger proportion of light than in England. (*a*)

The physiological action of sunlight and other atmospheric conditions at high altitudes have been discussed in a former publication, (*b*) but a summary here may not be out of place.

The general conditions noted were as follows :—

1. Dryness of the atmosphere, and its comparative freedom from mechanical irritants, germs, and noxious gases (aseptic air).
2. Profusion of sunlight, with a low temperature.
3. Diminished barometric pressure.

The results on pulmonary complaints may be stated thus :—

1. Lessened irritation of the respiratory tract from absence of dust.
2. Evaporation of morbid secretions in the lungs, promoted by reduced barometric pressure and dryness of the atmosphere.
3. Increased oxidation of blood and tissue, from sunlight, cold air, and reduced pressure.
4. Increased quantity of blood circulating in the lungs —caused by the low temperature—the freedom of the circulation being aided by extended chest movements.
5. Increased activity in the pulmonary lymphatics (depending on circulation and expansion), and a general improvement in nutrition; also an exhilarating effect on the nervous system.

Some of these results are obtainable under no other conditions than those presented at high cold regions. With regard to the increased quantity of blood circulating in the lungs (presumably influencing the nutrition of those organs), it may be contended that this is not a desirable sequence. Perhaps it is not in hæmorrhagic phthisis; but in some other forms, especially early tubercular deposits, it would not seem to be disadvantageous. What would lead one to suppose this is the rare occurrence of tubercular phthisis in persons affected with mitral disease. Even when hæmoptysis takes place, and when some of the blood presumably gravitates into the air cells, tubercular disease rarely follows; whilst, on the other hand, phthisis is not an uncommon consequence after hæmoptysis from other causes. This would appear to indicate that a general hyperæmic condition of the lungs impedes the deposition of tubercle and restrains phthisical processes.

Conversely, where the quantity of blood circulating in the lungs is lessened, as in hot climates, phthisis is frequently seen to run a very rapid course.

It is not improbable that this increased volume of blood moving in an impaired and imperfect lung at a high altitude compensates to some extent for its loss in volume, and plays an important part in the nutrition of the tissues and in augmenting the movement of lymph through the pulmonary lymphatics, so removing by absorption many of the smaller morbid cell growths.

On the other hand, the emphysematous signs presented by patients who may be said to be cured, after a prolonged residence at high stations, may seem to contra-indicate any theory based on this assumption. It must be conceded, however, that with the expansion of the chest obtained, it is doubtful if emphysema occasions such compression of the pulmonary capillaries as to decrease the whole volume of blood circulating in the lungs.

That the lungs contain more blood in a cold climate is pretty clear, if we accept the evidence of Dr. Francis (Bengal Army), who found from a large number of observations that the lungs are lighter after death in Europeans in India than the European standard. Parkes confirms this, and also Rattray, in his observations of diminished respiratory function in hot climates.

When the activity of any organ of the body is augmented, more blood is attracted to it than when at rest or during lessened exertion. By breathing rarefied air at high levels the respiratory movements are usually quickened and extended, especially on taking exercise.

The liability, also, of the natives of these high valleys to pneumonia, while exempt from phthisis, would seem to point to some alteration in the vascular condition of the organs affected.

What result any variation in the vascularity of the lungs would have on the bacillus tuberculosis is rather premature to surmise. No bacilli have, however, up to the present time been discovered in the blood of tubercular subjects. It appears, therefore, that either they do not enter the vessels, or, if entering, are changed in character or destroyed. That the state of the blood, chemical or pathological condition, or functional activity of the tissues must be agencies governing the suitability of the soil for the reception of the bacillus is supported by the fact that infection is very rare, although there are numberless cases in which bacilli have undoubtedly been inhaled.

It is well known, also, that the hygrometric and barometric states of the atmosphere modify the process of evaporation from the lungs (*a*) and skin. The evaporation of morbid secretions in the lungs was pointed out in 1881 (*b*) as being one of the conditions which probably has a favourable bearing on phthisis. The process of evaporation in dry climates, acting on ulcers, cavities, or suppurating surfaces, may illustrate by a natural phenomenon the "dry treatment of wounds," so successfully carried out by Mr. Gamgee, of Birmingham.

The effects on the body of sunlight and reduced pressure are doubtless those facilitating the interchange of gases in the blood and tissues, whilst the cold air necessitates the requirement of a larger expenditure of oxygen and assimilation of hydro-carbons to maintain the heat of the body. It may be conjectured that this contributes to the sudden and considerable push given to nutrition on arrival at a cold high altitude, when the appetite is, in most cases, at once improved in a remarkable way, and animal food that could hardly be thought of in England

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(*a*) It has been frequently noticed that dark-complexioned individuals become sunburnt more readily than "blondes." This depends principally on the sensitiveness of the retina and the colour of the eyes. For instance, "fair" people cannot face the light with such ease and comfort as those who have plenty of pigment in their ires; for the pigment absorbing the rays of light, protects the retina, and even enables some with very "dark" eyes to gaze on the sun itself. On the other hand, a person with a grey or pale iris averts or screens the eyes from the sunlight as much as possible, and in this way escapes the effect of the rays on the face.

(*b*) "Davos Platz, and the Effects of High Altitude on Phthisis." 1881.

(*a*) In a publication on "Davos: its Local, Physical, and Medical Aspects," edited by W. H. Vorman, 1882, the calculation was attempted to be made of the increased weight of fluid exhaled from the lungs in the Alpine climate. 66156·7248 minims were computed to leave the lungs every twenty-four hours. This, although in the right direction, is a most unfortunate and misleading estimation. As the statement has been translated into English, it may not be immaterial to note that such a quantity could not be excreted without an equivalent weight of fluid being taken internally.

Briefly, therefore, a healthy man would in this instance excrete—

From the lungs	137·826 oz.	in 24 hours.
Average evaporation from the skin	24·466	„
Renal excretion (in a cold climate)	60·	„
	222·292 oz.	

He would therefore require to take about 11 pints of fluid during the day and night to meet the loss, and if the skin (which generally excretes 1½ times as much as the lungs) maintained its relative activity a person would have to consume about 20 pints in the 24 hours. Valentine, however, calculates that the fluid exhaled from the lungs ranges from 6 to 27 ounces, the ordinary quantity being 9 or 10 oz.

(*b*) "Danos Platz, and the Effects of High Altitude on Phthisis."

without disgust is eaten promptly. Where improvement begins it is difficult to say; indeed, it is only to a combination of causes that the variety of effects can be attributed. This push to nutrition is a reliable feature in the first evidences of progression, and assures a certain amount of hopefulness in the case.

The exhilarating feeling produced by the *consciousness* of moving about amid snow and ice, without taking cold or feeling pinched, is not to be despised as contributing towards cure. The contrast of this with the life of a consumptive in England during winter, where every change of weather has to be guarded against, is so marked that the hope of recovery presents itself, and despondency is banished.

There is every reason to suppose that under the many favourable circumstances presented by these climates the treatment of suitable cases of consumption and affections of the chest can be undertaken with greater confidence, and those measures which have of late years prolonged many valuable lives in England are certainly most likely to be efficient and successful when supported by the curative effects of mountain air."

(*To be continued.*)

THE FREQUENT REPETITION OF DOSES.

By JOHN W. MARTIN, M.D., M.Ch.,
Sheffield.

The following table of drugs, and their method of exhibition, has been compiled from a recent article in the *New York Medical Journal* by Dr. A. A. Smith, Professor of Materia Medica in Bellevue Hospital Medical College. The subject is one of great interest to practical men. The compiler has frequently found marked benefit to follow a change of dosage, in the direction of smaller amounts and greater frequency of repetition.

Drug.	Dosage.	Disease.
Chlorate of potash.	Gr. j. every half-hour.	Scarlet fever, diphtheria, tonsillitis, &c.
Croton chloral.	Gr. ss. ditto	Neuralgia.
Note.—Solution of a grain to the drachm is almost tasteless.		
Salicylate of sodium	Gr. ij. hourly or half-hourly.	Urticaria (acute).
Note.—Useless in chronic urticaria or that produced by balsam copaiba.		
Fowler's solution.	Gr. ss. half-hourly for 6 or 8 doses.	Vomiting after a debauch. Drunkards' morning vomiting. Vomiting of pregnancy.
Liquor potassii arsenitis.	Ditto.	Ditto.
Jaborandi (fl. ext.), with or without digitalis.	Min. v.—x. hourly or half-hourly.	Produces copious perspiration, without causing any unpleasant heart symptoms.
Sulphate of atropia.	A teaspoonful of a solution of one 1-100th of a grain in a tumbler of water hourly or half-hourly.	Supposed croup, which is usually false croup of a reflex origin.
Note.—If the child's face flushes, and physiological action of drug appears, frequency of dose to be diminished.		
Bromides.	Grs. j.—ij. every 10 or 15 minutes.	Nervous disturbances and transitory disorders of children.
Tr. Chamomille.	Min. j. every 15 or 20 minutes.	Insomnia of nervous, excitable, sensitive children.
Vin. ipecac.	Gtt. j. every 15 or 20 minutes.	Vomiting or diarrhœa.
Calomel.	1-60th of a grain every hour for 10 or 12 hours.	Relieves the headache of syphilis occurring at night.
Note.—It is not to replace the iodides. This is Trousseau's method. The author found it successful by the second or third night.		
Calomel.	Drachm j., every 10 or 15 minutes, of a solution of gr. j. to the pint of water.	Vomiting or regurgitation of food in the case of nursing children.
Hyd. c. cretâ.	Gr. 1-24th every 15 or 20 minutes.	Vomiting and non-inflammatory diarrhœa of children.
Hyd. bichloridi.	Drachm j., every hour, of a solution of gr. j. to the quart of water.	Diarrhœa in children, with mucous passages and inflammatory symptoms.
Tartar emetic.	Drachm j., every half hour, of a solution of gr. j. to the quart of water.	Wheezing and cough of slight bronchitis in children.
Tr. nucis vomicæ.	Gtt. j. every 10 minutes.	Sick headache, not of a neurotic origin.
Note.—To be given immediately or soon after meals.		
Cantharides.	Min. j. every hour.	Vesical catarrh.
Tr. digitalis.	Gtt. j. hourly or half-hourly.	Organic heart disease where digitalis is indicated.
Note.—Gives greater relief without liability to ill effects.		
Castor oil.	Gtt. v. every hour in water, with sugar and gum.	Diarrhœa of children, with straining, slight inflammation and passage of jelly-looking matter, but not true dysentery.
Tr. of pulsatella.	Min. ij. every hour.	Orchitis, epididymitis and dysmenorrhœa, not of a membranous, obstructive, or neurotic character.
Note.—Affords greater relief than any other method of treatment.		
Calabar bean.	Gr. 1-50th every half-hour for 6 or 8 doses. Then stop for 3 hours, and again similarly repeat.	Flatulence, fluttering and palpitation at the menopause.
Ergot (fl. ext.).	Min. j. every half-hour for 5 or 6 hours.	Amenorrhœa, not due to anæmia. To be given the day before and again on the day on which it should occur.
Aconite (tr.).	Min. ⅓ to ½ every 15 minutes.	Febrile disturbance, cold in the head, cardiac hypertrophy with palpitation, severe headache, disturbances of nervous system due to increased force of the heart-beat.
Note.—Effects must be watched. Dose regulated accordingly.		
Hamamelis (tr.).	Min. ij. every half-hour.	Controls hæmorrhages.
Belladonna (tr.).	Min. j. every half-hour for 8 or 10 doses; then cease.	Nasal catarrh and bronchitis with free secretion. Pulmonary œdema, with failure of heart power.
Note.—Retards exudation of serum; overcomes failures of heart power.		
Chloride of ammonium.	Grs. ij., combined with min. x.—xv. of tr. cubebs every half-hour.	Acute pharyngitis, superficial inflammations of the other tissues of the throat.
Note.—If throat inflammations are due to the gouty diathesis, add to mixture min. x. of the ammoniated tincture of guaiac, and give every hour.		
Citrate of caffeine.	Gr. j. every half-hour.	Headache of migraine.
Gelseminum (tr.).	Min. iij. every half-hour.	Neuralgias about the head and face.
Guarana (fl. ext.).	Min. xv. every 15 minutes for 4 doses; then, if no relief, increase to min. xxx.	Headaches, especially those which are periodical and not of malarial origin.

Clinical Records.

ST. VINCENT'S HOSPITAL.

Reduction of Bilateral Luxation of Lower Jaw 9 weeks and 5 days after displacement.

Under the care of Dr. McARDLE.

On the 13th of May, 1883, Mary Donovan, æt. 28, found her lower jaw suddenly fall during the act of yawning, intense pain at the same time shooting across her head and through both ears. On the 17th of July she was admitted into Hospital under the care of Mr. J. S. McArdle, her condition being as follows:—She was weak, emaciated, and very nervous. The dental arches were two fingers breadth apart, every attempt at approximating them ending in failure and producing an aching pain in the temporal and zygomatic regions. Her breath was fœtid, and saliva still trickled from her mouth, the angles of which were in a state of ulceration. She had great difficulty in swallowing, and complained of pain during the almost fruitless attempts she made at speaking. On the 20th July, patient being under the influence of ether, reduction was accomplished and elastic bandages applied to retain jaw in position. Vomiting came on soon after the operation, but did not reproduce the deformity. Six days afterwards the bandages were removed, and now, August 4th, patient can speak distinctly and with comfort. The movements of the jaw are free and painless, and the act of deglutition is performed without inconvenience.

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MEDICAL ACT AMENDMENT BILL.

[COMMUNICATED].

In addressing a deputation of medical graduates of the Scotch Universities who appeared before him the other day, in support of university monopoly, Mr. Mundella expressed himself to the following effect:—"It is much to be regretted that in regard to a measure which has for its sole object, after the interest of the public, for that is the first object of legislation, the higher education and status of the profession, the whole battle has reigned around this miserable question of corporation, and that nothing but fees and corporation have been heard in this room *ad nauseam*. It is deplorable that such a noble work and such a glorious profession should come here for no other purpose but to preserve beggarly vested interests, and to see what proportion could be retained of their Parliamentary privileges. I think it is quite unworthy to be considered with the great object we have in view." To this deliverance most people will accord a hearty Amen, and it is stated that the deputation received it with a complacency which put its applicability to themselves quite out of the question. We are pleased to note that Mr. Mundella considers the first object of legislation to be the interests of the people. Now we would ask, how does he propose to serve the best interests of the people "in connection with the question of medical reform?" 1st. He is desirous of strengthening and perpetuating the monopoly in the teaching of science at present possessed by the universities, a monopoly which is incompatible we submit with the "interests of the people," and prejudicial to the science of medicine. 2nd. By giving the Universities of Scotland a large preponderance on the Divisional Board, he aids in preserving "the beggarly vested interests," for which the universities are fighting. The Government monopolists are afraid of fair and honourable competition in the matter of teaching with outside members of the profession, and their "vested interests" must needs be protected by scandalously unfair provisions as to their power in the matter of granting qualifications. In his address to the graduates the other day at the University of Edinburgh, Professor Dickson, one of the lucky Crown monopolists, in denouncing the new Bill, said, with respect to the divisional boards, "there is in the first place the probability, if not certainty, of such friction between the different interests represented on any such board as to make harmonious action impossible, and lead to a state of matters so intolerable *that all concerned would gladly hail a return to the previous conditions*." Precisely so. The "beggarly vested interests" will continue to form a bone of contention between the Universities and Corporations; and rather than that the "beggarly interests" of the Universities should suffer, Professor Dickson would gladly welcome a return to the *status quo ante*. Now what would be the radical and fair remedy for this unseemly wrangling about "beggarly vested interests" between the leaders in science? Why, to take the power of qualifying entirely out of their hands, and let their "interests" depend, as they ought to do, on their ability to maintain them in fair, honourable, and open competition between their peers. In short, the Crown (and no medical reform will be complete which does not proceed on these lines) should institute in behoof of the public, whose interests it professes to serve, a uniform minimum examination qualifying for admission to the register of medical men, *totally independent of the Universities and Corporations as such*. Let the Universities and Corporations still retain the power of conferring "the higher titles" if they will, and show to an intelligent public that they can justify their exalted pretensions apart from "beggarly vested interests." It is a most significant fact that the two leading Scotch newspapers, viz., the *Scotsman* and *Glasgow Herald*, have taken liberal and enlightened views on this matter, at variance with those of Mr. Mundella and his University friends. A Medical Reform Bill the country must have. If passed in its present form the Medical Act Amendment Bill cannot be regarded but as a paltry instalment of a measure too long and unjustly delayed. One of the most depressing features in connection with the whole movement is the anachronism that a Minister of a "Liberal Government" in the nineteenth century makes himself conspicuous as the advocate of a monopoly unjust in its operation, scandalous in its pecuniary selfishness, and indefensible on any grounds of moral or political economy.

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British Medical Association.

FIFTY-FIRST ANNUAL MEETING.

In our last we gave a short account of the work done in the Sections up to Section D. We now pass on to

Section E.—Anatomy and Physiology.

The most attractive part of the programme in this Section was undoubtedly the demonstrations of the larynx by Mr. Emil Behnke, who afforded in his own person an admirable view of the vocal apparatus. The oxyhydrogen light illustrations also excited much interest. The papers in this Section were, perhaps on the whole, more interesting to the writers than the listeners. They were valuable, it is true; but the most valuable is not of necessity the most interesting.

Pathology.

In this Section, Dr. Silcock's paper on Some Points connected with the Repair of Fractures, and the discussion introduced by Dr. Shingleton Smith on Cirrhosis of Liver simulating Acute Yellow Atrophy are both worthy of remark; that also introduced by Mr. Paul, on Primary Growths of the Urinary Tract, was of great interest. That, however, introduced by Drs. Mott and Blore, on the

Micro-organisms of Typhus, illustrated as it was by microscopical preparations, not quite so hackneyed as many that are met with on similar occasions, was, to say the least, not behind any of the others, either from the point of view of novelty, or that of completeness in the general "get up" of the subject.

PSYCHOLOGY.

Perhaps in no Section was more important work done than in this. Scarcely in any branch of medicine during late years have more advances been made, particularly in the department of pathology, and as exemplified in the localisation of disease within the brain. The discussion introduced by Dr. Wiglesworth on Bone Degeneration in the Insane was extremely valuable, and also that introduced by Dr. Yellowlees on the Employment of the Insane. Such a discussion as the latter cannot fail, one would think, to be followed by important results. The other subjects treated of were well handled, and the various papers, even to a mind not specially skilled in this department of medicine, seem well worthy of careful study in the quiet of one's own domicile.

OPHTHALMOLOGY.

The most important discussion in this Section was that on the Tests for Colour-sense and for acuteness of vision, with special reference to Schools and Sailors. This discussion was followed by a resolution to the effect—"That in the opinion of the Section it was of international importance that a proper system of testing the sight of seamen be adopted; that there should be an examination by competent persons as to shortness of sight; that the examination by the Board of Trade as to shortness of sight amongst officers and seamen—a subject now entirely neglected—be conducted by competent persons; that the present imperfect examinations as to colour-blindness by the Board of Trade be revised, and also it be extended to able seamen as well as officers; that pilots be submitted to the same test in place of the present varying and unsatisfactory system of examination; and that every person failing to pass such examinations be excluded from the responsibility of the navigation of vessels." This resolution, it was suggested, should be directed to the managers of the School Board schools, who submit pupils to tests; but after some discussion this suggestion was held over. The remainder of the Sectional work was not characterised by anything specially novel or striking.

DISEASES OF CHILDREN.

The discussion opened by Dr. Ballard on the Etiology and Pathology of Summer Diarrhœa may, without imputation on any other, take the first rank in this section. The introducer pointed out how different towns were differently affected, that contrary to the prevalent opinion (which by the bye we consider to be based on incorrect data) summer diarrhœa had no relation to improper food, such as unripe or over ripe fruit, fermented milk, &c., but that it stood in more intimate relationship to temperature. He confessed that much remained to be learned. Next in importance came the discussion on Rheumatism and its Allies in Children. That introduced by Mr. Morrant Baker on Acute Epiphysal Necrosis and its Consequences was important and interesting, and showed the importance of differentiating between this affection and pulpy disease of the same structures. Dr. Gee read an excellent paper on some kinds of Albuminous and Purulent Urine in Children. Dr. Rawdon, the sectional secretary, in his paper on The Operation for Hare Lip, pointed out the importance of early operation, and stated that he had repeatedly operated successfully on the first day of infant life.

OTOLOGY.

In this section the chief interest centred in Inflammation of the Middle Ear, one discussion and no less than three papers bearing directly on the subject; whilst at the same time it formed part of the subject of other papers. The introductory paper by Dr. W. Laidlaw Purves, was acknowledged to be a good one, and covered the ground already gone over recently by Mr. W. B. Dalby.

In the second discussion, that on Varieties of Artificial Tympanic Membrane, the opinion seemed very prevalent, that the most effective and at the same time the simplest form of artificial tympanum was introduced by Yearsley, viz , the cotton pellet.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 15, 1883.

SCIENCE AND PSYCHISM.

EARLY in 1882 the Society for Psychical Research was founded, "for the purpose of making an organised and systematic attempt to investigate that large group of debatable phenomena designated by such terms as mesmeric, psychical, and spiritualistic." The constitution of the Society is of a kind to encourage faith in its pretensions, and to justify the belief that a *bonâ fide scientific* endeavour will be made by it to sift the whole mass of statements and experiences which has grown up around the questions that are its peculiar care. It includes a goodly number of eminent and well-known men of reputation in the world of arts, letters, and science, and special committees of its members have for some time been carrying out inquiries in connection with subjects which have elicited considerable discussion both in the press and out of it. Among these "thought reading," or, as it is called in preference, by the Society, "thought transference," has occupied the attention of a committee consisting of Prof. F. W. Barrett and Messrs. E. Gurney, M.A., and F. W. H. Myers, M.A., formerly Fellows of Trinity College, Cambridge. The results at which they have arrived are communicated in two reports printed in the proceedings of the Society, and the second of which contains some details that are intrinsically interesting on account of the assurance they convey of complete absence of intentional deception.

The subjects of the experiments narrated in these reports were, in one case, the daughters of a clergyman, a member of the Society, and in the other two gentlemen who voluntarily offered themselves to the observation of the committee; and it may be once for all accepted that no suspicion of collusion, in the objectionable acceptation of the term, is to be entertained in respect to any of the trials.

The experiments conducted with the children referred to, were mainly based on the power they respectively possessed to divine the thoughts of others who were concentrating their perceptions on a particular object. One set of results with a pack of playing cards is thus given:—"With a full pack of playing cards 248 trials were made with one or more of the committee. Of these 22 were guessed completely right on the first trial, and 18 on the second trial, or a total of 40 quite right out of 248; or one right in not quite 7 experiments." In addition there were 69 cases in which the card was guessed in part correctly. Omitting the second correct guess, these results show one quite right in 11 experiments; if pure guess-work were the explanation there would have been one right in 52 experiments. In the above-mentioned series of trials the sister of the guesser was, as well as the committee, cognisant of the cards selected; but in a second set, during which the committee *alone* knew what had been chosen, 64 trials were made with figures ranging between 10 and 99. The result showed one correct guess out of 13 attempts, whereas pure guess-work simply would give one right in 90 experiments. At a subsequent date, the trials taking place this time in Dublin, Professor Barrett and the subject of the experiment, one of the children, aged 15, were seated alone in a room with their backs to each other: the words "hearts," "clubs," "spades," and "diamonds" were written down by Mr. Barrett, and one of these words mentally selected by him; especial care was taken to prevent any kind of movement which might assist the guesser to divine which of the four terms had been hit upon. Out of 50 trials the worded selected was rightly named 25 times at the first attempt, and a second attempt gave the correct answer in another 10 instances. It is noteworthy too that during the latter half of the time occupied by the experiment the guessing was slower than at first, and less successful, 18 out of 30 first guesses being correct in the former, and but 7 out of 20 in the latter.

In another series of experiments a "young mesmerist" afforded some very remarkable results, which, but for the circumstances under which they were observed, might be received with some degree of incredulity. The transference of *pain* impressions was noticed in the following way:—A sofa cushion was held by one of the committee before the face of S., the "young mesmerist," who was in addition blindfolded, and thus doubly prevented from seeing the person (B.) whose sensations he was to repeat. Another committee-man then pinched or otherwise hurt B., who sat opposite S., holding his out-stretched hand. S. in each case localised the pain in his own person after it had been kept up pretty severely on B. for a time varying from one to two minutes. The results are thus rendered:—

Part of B. made painful:	Answer of S. (by pointing):
Left upper arm.	Left upper arm.
Lobe of right ear.	Lobe of right ear.
Hair on top of head.	Hair on top of head.
Left knee.	Left knee.

The Committee next drew a series of geometrical diagrams, which were then placed in view of B., but in such a way that S. could not possibly perceive them by sight. In each case S. described them correctly, but with the difference that he reversed them in position—*i.e.*, by describing the apex of a triangle, for instance, as below when it was drawn upright, &c. Further, after B. had attentively looked at drawings of the most fanciful description made by the Committee, holding the while S.'s hand (the latter being blindfolded), S. reproduced the drawings in such wise that a close resemblance to the original was apparent, allowing for the blinded condition of his eyes; and in no case was there the smallest possibility that S. could have seen the figure, nor did B. touch S. while the figure was being drawn.

The reality of the phenomena we have been thus particular in describing no longer admits of being doubted; and it is matter for congratulation that their investigation is being undertaken in a sober and practical spirit by those who must be necessarily free from any taint of charlatanism in connection with the researches they devote themselves to. The history of scientific discovery is replete with evidences of the persistent way in which truth is finally evolved out of error, the stages of superstition, credulity, and ignorance being invariably observed in respect to every brilliant demonstration of natural law. It must not be disguised, however, that the time is not yet come when we may hope to see a universally-accepted physical explanation, natural and intelligible, of so-called psychical phenomena. In the very fact of our inability to trace the subtler material changes that herald forth bodily movements and muscular contraction lies the most dangerous factor of our incapacity to elucidate what is mysterious in our less corporeal humanity; and we know only too familiarly how ready an acceptation is given to marvels that do not come immediately within the area of scientific explanation. The Society for Psychical Research is fortunately free from the reproach of arrogance so far: it assumes nothing, but seeks only to understand; and so long as it confines itself to this *rôle* without presuming to erect fanciful theories which cannot have any substantial basis, it will accomplish work of a valuable and abiding character. The tendency of the present day is to import into scientific reasoning that which is absolutely and impossibly unreal. We cannot for a moment sympathise with those who, in the absence of material explanations of "thought transference" phenomena, seek straightway to associate them with a specially invented force called to do duty "for this occasion only." Any encouragement of this propensity of ignorance will be productive of most vicious results; and it is mainly because the Society for Psychical Research steadily sets its face against such spurious science, that it may be expected to do good work. "Thought-reading" is, it is true, but one of the outlets for its energies; but it is a very important one, and has even derived fictitious importance through the association it has with widely-advertised charlatanry. So long as it is permitted to hold the supremacy it now possesses among "the mysteries," it will constantly worry the patience of medical practitioners by swelling the ranks of hysterical and hyperæsthetic malingerers. It consequently deserves their best attention, and they will be helping themselves and the profession by assisting those who are honestly striving to yield a scientific and rational explanation of the phenomena observed.

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EXECUTION BY TORTURE.

The scene which was enacted at Durham Gaol on the 6th instant, at the execution of James Burton, can only be described as a disgrace to English civilisation. The process of execution was carried out in the usual way, but after the drop had fallen, a violent oscillation of the rope was noticed. After some futile attempts, the hangman caught the rope, and with the assistance of a warder drew up the wretched man still alive from the pit, upon which it was found that the slack of the rope had caught on the culprit's elbow, and stretching across his face had displaced the white cap. While the rope was being adjusted a second time the culprit was heard to mutter—"Oh! God have mercy on my poor soul;" so that he was not only alive, but conscious and capable of comprehending the horrors of his situation. On the final completion of the toilette of the scaffold he was pushed violently into the pit, and there after a longer or shorter period his sufferings ended. The facts that this miserable and guilty man twice tasted the bitterness of death and underwent physical pain of an excruciating character are not only shocking to all sensitive minds, but are well calculated to neutralise any public benefit that might have been expected to accrue from his punishment, for detestation of the crime for which he suffered is swallowed up in sympathy for the anguish which he endured. He becomes less of a delinquent worthy of condemnation than of an afflicted being deserving of commiseration; and some of the strong reprehension felt towards the manner of his taking off is inevitably reflected on the law which condemned him to death. His sentence was death and not torture, and it was the duty of those charged with his execution to see that it was humanely and expeditiously carried out. The British public does not desire that any unnecessary bodily pangs should be added to the mental anguish of the death penalty, even in the case of the worst and most hardened criminals; and it will certainly not tolerate many repetitions of the hideous scene enacted at Durham.

Our critics of future generations will certainly think it curious that this highly scientific age should have trusted so delicate an operation as the infliction of capital punishment to the bungling of a Lincolnshire cobbler. We have at hand in electricity the means of certain, instantaneous and painless death, and yet we go on using the barbarous apparatus of the rope and drop. So long as we do cling to the ancient institution of hanging we ought at least to see that it is skilfully performed; and in order that we may be assured on that point it is essential that the pit and curtain should be dispensed with, and that an execution should take place in full view of those whose duty it is to witness it. The pit and curtain were steps towards private executions, and were introduced in order to deprive the degraded mobs who used to gather round the gallows of the morbid pleasure of gloating over the death agonies of a fellow creature. But now that executions take place in private there is no longer any excuse for a veiling apparatus. The officials and representatives of the press present should see the whole operation, in order that they may assure the public that it was humanely and properly performed. It should be generally known that the statement now constantly made with reference to executions, that death was instantaneous, is not to be depended on. That is only the hangman's testimony to his own dexterity, and he alone knows what goes on in the pit. When pinioning has been resorted to, death by slow strangulation may take place without any agitation of the rope revealing what is going on below. There are good reasons for believing that even when the long drop is used dislocation of the vertebræ is a comparatively rare occurrence, and that in a large majority of executions death takes place by suffocation. The means resorted to to soothe a gullible public are well illustrated in the case of the convict Burton, whose shockingly mis-managed execution has led to these remarks, and whose countenance is reported to have worn after death "a painless expression." From this it is to be inferred that he suffered little or nothing during his double hanging. But every medical man knows that the expression of the face after death is no criterion of the circumstances under which it took place. Sometimes when death has come suddenly and painlessly or in sleep the features are contorted and suggestive of protracted suffering; and sometimes when it has followed on acute pain or prolonged torment, they are placid or drawn into a smile.

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THE MEDICAL OFFICER OF THE OLDCASTLE UNION.

Mr. Healy last week asked the Chief Secretary whether it was the fact that the medical officer of the Oldcastle Union, county Meath, was suspended by a majority of 17 to 6 because of a number of serious charges; whether a sworn inquiry was held, and the doctor admitted on oath the existence of a number of the abuses complained of; whether the Local Government Board notwithstanding removed the suspension, and confirmed the doctor in office; whether the guardians thereupon by a majority of 17 to 6 declared that they had no confidence whatever in the medical officer, and that he should be called upon to resign by the Local Government Board; and whether it was intended to allow this gentleman to retain his post in the face of the protest of the guardians.

The Chief Secretary said the medical officer was suspended on grounds which in the opinion of the Local Government Board did not justify suspension. A sworn inquiry was held into the charges made against him, the first and second of which were very trivial. The third was that he acted disrespectfully to the guardians in employing as an infirmary attendant a woman whom they directed to be placed in the ward for bad characters. It appeared that this woman had been specially trained to attend midwifery cases, and it was this that caused the doctor to employ her. He swore that in doing so he meant no disrespect to the guardians. The Local Government Board considered that in employing this woman he committed an error of judgment, which, however, they considered sufficiently met by an expression of opinion that he had done wrong. They did not think that there were grounds for dismissing him after a period of thirty-three years' service. It was true that since the sworn inquiry the guardians had requested the board to call upon the medical officer to resign, but the board were not prepared to do so in consequence of the facts elicited at the inquiry, although they were willing to give due weight to any charges made.

We have made ourselves fully acquainted with the facts of the case, and are able to say that a more disgraceful attempt by a tyrant majority of politicians and religionists to ruin a deserving and unoffending public officer never came to our knowledge. The truth of the case is that, as soon as this party succeeded in obtaining the upper hand in the board of guardians, its members avowed their intention of weeding out every officer not of their own politics and religion, and they commenced operations with the infirmary attendant, whom they forthwith expelled without asking the medical officer a question on the subject. This woman, being a pauper patient under medical treatment, broke down in health the moment she was removed from the infirmary, and—having gone to a neighbouring medical man—was certified by him as requiring medical care, and was sent back to the house. Thereupon the majority proceeded to get rid of the doctor who had served the union for thirty-three years without a shadow of reproach against his conduct or efficiency, and, to trump up an excuse for dismissal, they went in his absence to the infirmary, broke open his desk, and rummaged his papers—private as well as public. They could, after all, find no cause of complaint, except—*a*. That he had permitted the infirmary nurse to remain in charge—she being the mother of an illegitimate child; *b*. That he had allowed the names of patients in his books to be filled in by other hands than his own. They, however, did not state the fact, and Mr. Healy carefully conceals it in his question, that the illegitimate child was born thirteen years previously, and that during that entire period the woman had borne a good character, and had been permitted to continue in the office by and with the knowledge and concurrence of the board of guardians. If, therefore, there was any fault in retaining the services of the woman, it was the guardians themselves who were to blame.

As to the second charge, everyone knows that it is not unusual for the workhouse medical officers to get part of the clerkship of their books done by deputy, and, in this particular instance, we understand that the medical officer had the formal authority of the Poor-law Commissioners for so doing. No other accusation whatever was brought or could be brought against the medical officer, and yet he was put upon his defence by a resolution of the guardians suspending him and threatening him with dismissal, and was obliged to demand a sworn investigation, out of which he came triumphantly clear.

We presume Mr. Healy goes for the divine right of guardians to crush out an officer with or without cause by the mere force of a majority who do not agree with him in religion and politics, but, thank Heaven! we have not yet come to this condition of affairs.

Until Mr. Healy educates the public up to the creed which he maintains, the "will of the people" as expressed by seventeen political roadside firebrands is not sufficient for the crushing out of a deserving officer who does his duty.

The Irish Local Government Board has acted with propriety in protecting its officer against this persecution, and we trust it will continue to observe the same attitude in similar cases.

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Notes on Current Topics.

Telephones for Hospitals.

THE introduction of telephonic communication between the houses of visiting members of hospital staffs and the hospital to which they are attached has, we are informed, been carried out in Glasgow, where the Hospital and Dispensary for Diseases of the Ear is connected by telephone with the aural surgeon's private residence. As this system was adopted in Glasgow, three years ago, it would seem that the departure in the same direction on the part of St. Bartholomew's Hospital authorities is not the first instance of such utilisation of the telephone. It is satisfactory, however, to learn that the plan so recently adopted in London as an aid to hospital work has been found to work well in the great Scotch town; and it may be hoped that an extensive application of this improved mode of communication with the chief medical officers of hospital charities may speedily be witnessed.

More Infectious Disease Legislation.

THE Boston Board of Health has recently issued a regulation that bodies of persons who have died of small-pox, scarlet fever, diphtheria, or typhus fever, must immediately be wrapped in a sheet, saturated with a solution (10 per cent.) of chloride of zinc, and placed in an absolutely tight coffin, which is not to be re-opened. With a similar view, a bill has just been passed by the legislature of Massachusetts, at the request of some railway companies. The bill forbids the transportation through the State of bodies dead of certain contagious disorders, unless they have been so incased and prepared as to preclude all danger of the communication of these diseases through their agency.

Recent Experience in Treating Cholera.

Some interesting notes on an epidemic of cholera which raged at a station in the Madras Presidency from Jan. 11 to March 18 of the present year, are communicated to the *Indian Medical Gazette* by Civil Apothecary F. J. Gonsalvez, who was in medical charge of the station at the time. The writer traces every case which occurred to the same source of infection, viz., drinking water contaminated with the excreta of cholera patients; and he observed that none who obtained their water for drinking purposes from other than a particular stream were affected with the disease. Mr. Gonsalvez appears to have entertained a degree of catholicity in respect to treatment, but at the same time he very freely submits his views to criticism by tabulating the results obtained, whereby the following facts are made clear:—The total number of cases that occurred during the epidemic was 189, of whom 112 died. Of this number 77 were treated by the writer, with 34 deaths; and the remedies employed among them, with the results obtained, are thus given: By sulphurous acid, internally, 16; cured, 9; died, 7. By carbolic acid, administered internally, 20; cured, 12; died, 8. By chlorodyne (store-made), 10; cured, 4; died, 6. By calomel, 15; cured, 9; died, 6; "cholera pills," 8; cured, 5; died, 3. By some other forms of treatment, 8; died, 4; cured, 4. In every one of the cases, however, stimulants were given to the patients, and a free use of sulphur fumigations observed; and Mr. Gonsalvez asserts that in every instance, after the patient had once passed urine, he progressed steadily to recovery. He adds: "I believe astringents are very useful at the very commencement, but when once the true symptoms of cholera have developed, the use of astringents in large doses is very hurtful. In such cases stimulants, warmth, and sulphurous acid or carbolic acid internally, with sulphur fumigation, are the best. Calomel, too, in such cases, is very useful." It is worthy of remark that many persons who drank of the contaminated water stream escaped the infection, and all who were affected ascribed the attack to some other than the true cause; wherefore Mr. Gonsalvez very tritely assumes that cholera poison does not attack a person so readily unless he is suffering at the same time from diarrhœa, dysentery, or some other bowel complaint. More definite observations in respect to this are surely desirable.

The Registrar-General's Quarterly Return.

The return of births and deaths occurring during the quarter ending June 30th last, and which is issued under the direction of the Registrar-General, shows the number of deaths in the United Kingdom to have reached 181,453, while 293,074 children were born. In England alone 228,703 births were registered, this giving an increase of 1,274 over the corresponding period of 1882, and equal to a rate of 34·3 per 1,000 of estimated population. During the quarter England contributed a total of 133,783 deaths to the register, being equal to a rate of 20·1 for the whole country. Though exceeding the exceptionally low rate of the two preceding years by 1·5 and 1·1 respectively, the figure is still 0·3 under the average for ten previous corresponding quarters, and its increase over that of 1881 and 1882 is ascribed to the unseasonably low temperature that prevailed in March last. Of the causes of death, zymotics have to answer for 12,632, or equal to an annual rate of 1·89 per 1,000, a considerable reduction on the average, and a lower figure than any since 1870, except that—1·87—of 1881. The diseases contributing to this group of deaths, and the numbers carried off by them, are—whooping cough, 2,815; measles, 2,582; scarlet fever, 2,452; diarrhœa, 1,905; "fever," 1,793; diphtheria, 861; small-pox, 224. This last named, small-pox, is chargeable with a declining number of deaths as compared with the first quarter of the year, and the principal areas of the activity shown by it were London, Newcastle-on-Tyne, and Staffordshire. The death-rate of watering-places is shown to contrast very favourably with that of other towns in England; it reached 17·9 in the aggregate of forty-six such health resorts mentioned in the returns.

The Destruction and Utilisation of the Bodies of Animals Dead of Charbon and other Infectious Diseases.

For the last few years it has been customary to bury the bodies of animals dead of infectious diseases, but since M. Pasteur has written his work on the vitality of the *charbon* spores, and their transmission to the surface of the soil by means of worms, the question has arisen: "What is the best way to destroy the life in these germs of disease?" Two ways have been suggested—first, that of burning the body entirely; and second, that of cutting it in pieces, cooking it at a temperature of 100 degs., and using it then for pigs' food. But these proceedings are liable to be imperfectly carried out, and in either cases if the heat is hot sufficiently great the danger of infection remains unaltered. M. Aimè Girard brings before us a plan for dissolving the body of the animal in cold concentrated sulphuric acid, and using the liquid thus obtained for the production of a nitrated superphosphate of lime. He says that 48 hours after the body of an animal has been placed in a bath of the acid, it has entirely disappeared—bones, flesh, muscle and skin, or wool, are quite gone, and in their place is only left a coloured fluid floating on the surface of the fat which has been liquified by the heat of the reaction. M. Roux inoculated some animals with this fluid, but found it produced not the slightest ill result. The azotised sulphuric acid still retains its power of fertilisation after the bodies have been dissolved, and therefore can be sold to the farmers at a good price. This has been proved by M. Aimé Girard, who, after the price of the chemicals had been deducted, made a profit of about 37 francs on the sulphuric acid in which the bodies of 9 sheep had been dissolved, viz., an average of 4 francs for each animal.

In an autopsy on a patient dying in one of the Vienna hospitals, there was found in his brain an iron nail covered with rust, which to all appearances must have been there since early childhood. The man was about forty-five years of age, a bookbinder, and always passed for intelligent. Negative popular evidence is of but little value. The man, at regular intervals, had epileptic attacks, and post-epileptic mental phenomena, while in the hospital.

Cremation as a Prophylactic.

Dr. Domingos Freire of Rio de Janeiro has recently reported experiments in which he has communicated yellow fever to fowls and guinea-pigs primarily by injection of blood from the heart of a deceased patient, afterwards by transmission from one animal to another, and also by confinement of a guinea-pig for five days over earth from the grave of a yellow-fever patient buried a year before. In consequence of his representations of the great peril created to public health by the inhumation of persons dead of yellow fever, the Minister of the Empire has, according to the *Anglo-Brazilian Times*, ordered the Director of Public Works to proceed to the erection of a furnace at Jurujuba, for the purpose of cremating the bodies of those who die there of yellow fever in the hospital, in whose neighbourhood, in fact, yellow fever has now appeared among the local population.

Sand and Deafness.

Obstinate deafness is frequently created by the influence exerted over the ears of persons catarrhally inclined who resort to sea-bathing along the shallow sandy shores that are the ideals of those who delight in the delicate titillation of their bodies by the accumulated rubbish suspended in the water in such situations. This point is especially commented on by Dr. Edward Woakes in a brief manual on "The Hygienic Management of the Catarrhally Predisposed," which he has just published through Mr. H. K. Lewis. The whole subject of the warning contained in the *brochure* is one well worthy of very extended consideration; and it is hardly possible to disguise the fact that it rarely receives its due importance at the hands of the general practitioner. In this matter of injury done to the ears by bathing and diving, it may safely be assumed that many cases of mysterious aural mischief might be satisfactorily cleared up by an appeal to the patient's history in connection with holiday exercises.

Fatal Accident to Dr. Langdon Down's Son.

A general feeling of sympathy has been excited with Dr. Langdon Down and his family in the dreadful affliction under which they are suffering from the death of Dr. Down's eldest son. The unfortunate young gentleman, who was just twenty-two years old, and held a lieutenant's commission, was with a younger brother engaged in amateur carpentering in the establishment at Normansfield with which Dr. Down's name is inseparably associated; and by some mischance a chisel that he was using slipped and pierced his femoral artery, hæmorrhage from which was the cause of death. The universal esteem felt towards Dr. Down personally will intensify the regret awakened by this domestic calamity; and while nothing can lessen the terrible nature of the blow, the outburst of spontaneous sympathy given to him may at least somewhat soften its effect.

An anonymous benefactor has written to the authorities of the Wigan Infirmary, offering to erect and furnish, at a cost of £3,000, a wing to the present buildings, with the special object of providing separate wards for severe cases and such as require isolation.

Cotoin for Cholera.

In view of the great anxiety which has been excited by the outbreak of cholera in Egypt, a circular has been issued calling attention to the specific action of cotoin upon the bowels. For internal administration the use of an emulsion containing 1 gram of cotoin in 120 is recommended, a tablespoonful to be taken every quarter or half an hour; or cotoin may be given as a powder in doses of 0·2 gram every half hour or hour.

Another Nursing Trouble.

For some time past it has been evident to those acquainted with the working of King's College Hospital that a nursing trouble in that institution could be only a question of time. For years we have been accustomed to hear smothered complaints of the autocratic government insisted on by the matron; and it is notorious that her aggressive attitude has caused much justifiable discontent among students and staff. At length, however, the acme of toleration has been reached, the resignation of the matron insisted on, and, after prolonged refusal, received. That the lady would cling to her position as long as possible is to be expected; but what is really incomprehensible is that her subordinates, the sisters, all educated women, should so far forget the traditions of charity and duty as to make the forced resignation of their principal an excuse for their own withdrawal from the wards without previously giving notice of the intention. All honour, be it added, to the nurses who, notwithstanding the absence of pretensions claimed by "lady" nurses, remained with true womanly pity at their posts beside the beds of suffering patients, the while their cultivated "superiors" followed in the wake of the indignant matron. Spite of the temporary inconvenience, the authorities of King's may congratulate themselves on a good riddance of women who could be guilty of so grave a dereliction of duty; and we trust the incident may serve as a final warning to hospital authorities to insist, once for all, on nurses doing nurses' work, and accepting the only position in which they can be serviceable, that, namely, of subordination to the medical staff.

The Treatment of Epilepsy.

In the course of an interesting lecture on epilepsy, translated from the French of Prof. B. Ball, by Dr. E. P. Hurd, and published in the *North Carolina Medical Journal*, May, 1883, the author deprecates the prolonged use of the bromides, which, while giving excellent results from the point of view of the convulsive attacks, may, in the long run, bring about a sensible impairment of the mental faculties. He prefers the mixed treatment, associating oxide of zinc and belladonna with the alkaline bromides.

At an ordinary meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, the Honorary Gold Medal of the College was unanimously awarded to Mr. Richard Owen, C.B., F.R.C.S., F.R.S., in recognition of his very numerous and important contributions to biological science, and of the valuable services which he rendered to the College while he was Conservator of the Museum and Professor of Anatomy.

Sanitation in Dublin.

A few years ago the columns of our journal were largely occupied by adverse criticisms upon the sanitary administration of Dublin by the Public Health Committee of the Corporation. At that time, in truth, nothing could be worse than the condition of things brought about by the inaction of the Committee and its officers—the mortality of the city was horrible to record, and the state of the tenement houses digusting and abominable, and no serious attempt was made to improve the condition of affairs. The Dublin Sanitary Association had almost exhausted itself in remonstrances, suggestions, and efforts to galvanise the Committee into action, and it was not until the Royal Commission of Inquiry, which had been resisted and impeded in every way by the Corporation and the Irish Local Government Board, had made its report that the civic authorities were stirred to an appreciation of the enormities of Dublin insanitation. The Public Health Committee was, in fact, at that time paralysed by the worthlessness of some of its officers, and by the presence therein of a majority of members who had inherited a policy of lethargy from past years of inaction, and who outvoted a few earnest men such as Mr. Gray and Mr. Dawson, in the effort to amend matters.

We should not be doing justice if we did not now give spontaneously to the Committee and its chief officer, Dr. Cameron, as large a measure of praise as we did then of blame. We are truly glad to say that since Dr. Cameron's accession to office, and since the Committee has been weeded of obstructives, an immense improvement has taken place, not only in the sanitary administration of the city, but in the health of its population resulting therefrom. The Committee seems to us to be really doing its best with the materials at its command, and an immense deal has been achieved which has borne fruit in the materially improved health of the citizens. The money at the disposal of the Committee has been, as far as we can see, expended judiciously, and, speaking generally, a vitality is apparent in the sanitary administration of the city which was lamentably absent in times past. We say this not only in fairness to the Committee and its officers, but as a stimulus to them to persevere. As yet but little of the insalubrity of the city has been amended, and progress must necessarily be slow. There are years of steady work before the Committee and Dr. Cameron before Dublin can take its place as a fairly healthy, well-kept city, and we earnestly trust that there will be no want of perseverance and energy on their part. We are glad to recognise in the Committee a determination not to flinch before the opposition of slaughter-house and dairy-yard proprietors and other owners of vested nuisances, and we hope that firmness of purpose will be maintained.

With a view of securing better collections for the Hospital Saturday Fund, we understand that the Council have issued 30,000 collecting sheets to the various workshops of the metropolis, and to police, postal, railway, and other officials. Boxes will be placed on board all the Thames ferry-boats. 300,000 illustrated handbills are being printed for circulation, and the occasion will further be made known by advertisements upon omnibuses and tramways.

Immunities from Cholera.

According to some writers, persons employed in certain occupations enjoy a greater or less immunity from cholera. At Bellary, in 1859, the coolies employed in connection with lime kilns were said to be exempt from the disease. There exists a belief in India that this class of labourers generally enjoy such exemption. During the epidemic in France in 1865 persons exposed to the inhalation of gas from oil were said to have escaped; no such exemption, however, was enjoyed by persons employed in the manufacture of ordinary coal gas. In 1720 the tanners at Marseilles are said to have enjoyed exemption from plague. In 1865 they enjoyed a similar exemption from the epidemic of cholera then raging. In the latter year workers in the copper mines between Toulon and Marseilles were exempt from the disease, their immunity being by some writers assigned to the fact that they thus inhaled a certain quantity of copper dust. Surgeon-General Gordon, in his "Hygiene of Cholera," mentions that in India persons employed in the manufacture of gunpowder are considered to have a similar freedom from cholera. In the epidemic of cholera at Lauffen in 1865, of the inmates of the prison at that place joiners suffered most, agricultural labourers fared best; between those extremes came ropemakers and tailors. Certain writers, bearing in mind that workers in copper appear so far to be as a class exempt from attacks of cholera during epidemics of cholera, have recommended the wearing of plates of that metal in the manner of talismans or charms against that disease. According to the principle thus adduced, a piece of quicklime, a little gunpowder, or perhaps better still, a strip of half-tanned hide would be equally effectual. Perhaps, and much more probably, they would be equally ineffectual.

In the Report by the Commission on the epidemic of cholera in France in 1832—1865, it is stated in regard to various methods of treatment reported on, that "sulphate of copper, reported on favourably in one place, was condemned in others." Homœopathy was employed in many places. "At Dieuville, of 16 cases thus treated, 14 died; at Marseilles, in 1854, out of 26 similarly treated, 21 died."

Lawyers' Unqualified Assistants.

The Dublin papers have recently contained the records of several applications made to the Judges to admit solicitors' apprentices to practise, notwithstanding their being deficient of a part of their apprenticeship. These appeals have been all made under specially moving circumstances, but nevertheless have been, one and all, resisted by the Law Society and refused by the Judges, who declared that it would be monstrous to permit an apprentice to act for a client even in the pettiest capacity until he had put in his full term of service.

It would seem, therefore, that sham certificates and short education, which are the currency of our profession in some educational centres, are not tolerated by the lawyers, and that an educational incompetency which is quite good enough when life and health are in the scale, is not allowed when property is the consideration at issue.

This has been specially illustrated by a decision given in London last week in a case in which a solicitor employed two unqualified assistants. Mr. Justice Field and Mr. Justice Watkin Williams had before them the matter of one Whitmarsh, a solicitor, and others, in which the Law Society called upon Mr. Whitmarsh to show cause why he should "not be struck off the rolls," and upon two other persons, to show cause why they should not be punished, the former for having allowed the others to practise in his name, and the latter for having so acted as solicitors, one being a clerk in a solicitor's office and the other an ironmonger. Whitmarsh was struck off the rolls and his assistants each imprisoned for three months.

The blood-curdling atrocity of which these "unqualified assistants" had been guilty was that they filled up some writs, a crime too horrible for palliation. If Whitmarsh had been a general medical practitioner, had kept half-a-dozen district "surgeries," had allowed the unqualified to treat, physic, and kill or cure an unlimited number of patients, and had filled up any number of false death-certificates, he might, according to the public view, be very reasonably allowed to pursue these practices *ad infinitum*, and his unqualified assistants would have been welcomed to the profession whenever they pleased to enter it. But it was simply too horrible to think of any man filling up a writ (or taking a fee) until he had duly served out his indentures. Truly, "one man may steal a horse while another may not look over the hedge."

Awards from the Hospital Sunday Fund.

We referred in our last to the meeting of the Distribution Committee of the London Hospital Sunday Fund for the purpose of deciding upon the awards for the present year. Unfortunately the early promises on Hospital Sunday of a larger collection were not realised, the amount ultimately falling short of last year by about £4,000; consequently the institutions concerned are short of that sum, and there are three more to participate. The following is the official list of awards:—General hospitals: Charing Cross, £731 5s.; French, £230 12s. 6d.; German, £731 5s.; Great Northern, £225; King's College, £1,462 10s.; London, £3,011 15s.; Metropolitan Free, £231 5s.; Poplar, £315; Royal Free, £450; St. George's, £1,677; St. John and Elizabeth, £123 15s.; St. Mary's, £1,065 3s.; Seamen's, £787 10s.; the Middlesex, £1,518 15s.; Tottenham Training Hospital, £223 15s. 11d.; University College, £1,004 4s.; West London, £309 7s. 6d.; Westminster, £900. Special hospitals: City of London Hospital for Diseases of the Chest, £731 5s.; Hospital for Consumption, Brompton, £1,250; North London Consumption Hospital, £257 17s.; Royal Hospital for Diseases of the Chest, City Road, £225; and Royal National Hospital for Consumption, £337 10s.

Mr. Anderson, Surgeon to H.M.S. *Stork*, has met with a fatal accident. During a trip up the Mayumba river a hippopotamus was wounded, and charged the boat, which was capsized, and three out of its four occupants, including the surgeon, were drowned. Mr. Anderson was making his first voyage as a naval surgeon.

Telephones for Dublin Hospitals.

The Meath Hospital has been connected by telephone with some members of its surgical staff. It is the sixth hospital in Dublin which has thus been brought into direct communication with its responsible officers—the others being the Richmond, Jervis Street, Mater Misericordiæ, Cork Street Fever Hospital, and the Dublin Orthopædic. Stevens's Hospital and the Coombe Lying-in Hospital—each of which are nearly two miles distant from the residences of their responsible surgical officers—are not yet "joined up," and are consequently dependent for emergencies upon their resident officers. Other hospitals, such as Sir Patrick Dun's, the Adelaide, Mercer's, and the City of Dublin Hospital, are within easier reach of their surgeons, but are, nevertheless, not—as they ought to be—within call of their staff. The inconvenience and injury to the patient by delay in sending off messengers to look for the surgeon whenever an accident occurs is less in their case, but is, after all, only a matter of degree. We do not see why the sick or injured should have to wait an avoidable moment for surgical help, and we, therefore, hope soon to see every hospital surgeon in Dublin in direct communication with his hospital.

A Cholera Bulletin.

It always affords some degree of interest, if not always of pleasure, to learn the opinions of our neighbours regarding us and our doings. For this reason we devote a few minutes to the consideration of a curious article that appeared under the above heading in our contemporary the *Wien. Med. Zeitung*, under date of July 31st. One thing we may premise—whatever may be thought of the substance of the communication, the style will assuredly not fail to commend itself to all who are of opinion that "tall" writing and "effect" are the first *desiderata* of composition:—

"Europe looks anxiously to the land of the Pharaohs, and listens eagerly to the Job's posts that daily arrive from the Nile Deltas. The dark stranger which English ships have carried from India to Egypt gains more and more in power, the number of victims already amounts to myriads, and the destroying angel forces its way farther and farther into the country. The Khedive descends from his throne, visits the head-quarters of the pestilence, Cairo, inspects the hospitals, comforts the inhabitants almost at death's door, and personally takes the necessary measures. Oriental fatalism flees not from the dark-visaged stranger, but looks him calmly in the face, for Allah has sent him; the apathetic Fellah, brought up in noisome filth and the most extreme want, neither seeks nor expects aid, especially from his deadly enemy, the Englishman. With brutal indifference, the English for five weeks permitted the cholera to become rampant over a greater and greater extent of territory; and whilst they knew how to scrutinise sharply the taxes of the country, its in and outgoings in raw and manufactured products, they did not trouble themselves in the least about the guest from the Ganges and the Bramaputra, who with his poisoned arrows was murderously stalking through the land. At first Old England laughed at terrified Europe, but afterwards apparently collected herself and—sent physicians to Egypt to *study* the cholera and its progress on the spot."

The article contains more, much more, of this hysterical nonsense. The writer, if he ever had any wits, has plainly been *erschreckt* out of them by the *schwarzem Gast vom Ganges und Bramaputra*. It is not necessary to make further comments on such a ridiculous production, in which imagination and spleen have performed the duties that ought to have devolved upon reason, and which would have been unworthy of notice on our part had it not received an official stamp as an editorial.

Irish Sanitary Authorities.

In answer to Mr. Gray, the Chief Secretary stated last week that the number of sanitary authorities in Ireland was 223, of whom thirty-three had adopted bye-laws under the Public Health Act. Boards of Guardians were at present entrusted with the duty of making provision for special hospital accommodation, but it would be better and more convenient in some of the large towns if the same powers were given to the urban sanitary authorities —viz., the corporations and town commissioners.

The epidemic of diarrhœal diseases continues in Berlin with alarming severity. Last week there were 679 fatal cases. In New York there were 180 fatal cases; London, 168; Philadelphia, 142; Paris, 131; and St. Petersburgh, 130.

Dr. Robert Moffat, the celebrated African traveller and missionary, died last week at Brighton, at the age of 88. Dr. Moffat's daughter was the wife of the late Dr. Livingstone, and was almost as well known for her devotion to African work as her father and husband.

A new ambulance steamer, built for the Metropolitan Asylums Board for the conveyance of small-pox patients down the river Thames to the small-pox ships lying off Purfleet, and also to the new convalescent hospital about to be erected at Darenth, was launched last week from the Milwall Dock. The steamer has been specially constructed for the purpose, at a cost of £4,500, and was christened the *Red Cross*.

Professor Hoffman, the eminent chemist of the Berlin University, unveiled a colossal monument at Munich last week to the memory of Liebig, Helmholtz, and Lepsius. A sum of more than 150,000 marks was collected, and this amount was large enough to enable the promoters not only to erect the monument at Munich, but to order a copy of it to be set up in front of the University of Giessen, where Baron von Liebig first attained eminence as a chemist.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Plymouth 9; Cardiff, Derby, Birkenhead, 11; Brighton 13; Bristol, Halifax, Hull 15; Wolverhampton 16; Dublin, Norwich 17; Leicester, Portsmouth, Bolton 18; London, Bradford, Nottingham, Salford, Blackburn 19; Edinburgh, Birmingham, Sheffield 20; Oldham, Sunderland 21; Leeds, Huddersfield 22; Manchester 23; Glasgow 24; Preston 27; Liverpool 28; Newcastle-on-Tyne 33.

A scientific expedition has been despatched from Berlin to Egypt to examine into the origin, nature, and course of the cholera epidemic, and to ascertain what are the best measures of precaution against the disease. The expedition will be under the control of Privy Councillor Koch, a member of the Imperial Board of Health, and will leave next week for Alexandria.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 23, Bombay 26, Madras 31, Paris 23, Geneva 15, Brussels 28, Amsterdam 26, Rotterdam 18, The Hague 25, Copenhagen 23, Stockholm 21, Christiania 11, St. Petersburg 29, Berlin 63, Hamburg (State) 30, Dresden 31, Breslau 33, Munich 36, Vienna 23, Prague 37, Buda-Pesth 36, Trieste 26, Rome 24, Turin 29, Venice 27, Lisbon 28, New York 29, Brooklyn 27, Philadelphia 32, Baltimore 29.

The use of medicated gelatine as an application in skin diseases has been reported on very favourably by Messrs. Unna and Bieirsdorff. Various medicines are used, of which the preparation of chrysarobin may be taken as a type. It is made by dissolving 50 parts of dry white gelatine in 100 parts of water in a water-bath, then mixing with diligent stirring 10 parts of chrysarobin. When required for use a small quantity is melted and spread upon the skin with a camel hair pencil; the gelatine soon hardens, and to prevent it from cracking should be painted with a little glycerine. Applied in this way, after a warm bath, the chrysarobin gelatine dressing requires renewal only two or three times a week, even in serious cases of psoriasis.

In the large towns last week the death-rates from the principal zymotic diseases were highest in Sheffield, Preston, Liverpool, and Newcastle-upon-Tyne. The death-rates from measles were 2·9 in Liverpool and 5·9 in Newcastle-upon-Tyne; from scarlet fever, 1·2 in Sheffield, 1·8 in Birmingham, and 2·4 in Leeds; from "fever," 1·4 in Halifax, and 1·8 in Liverpool; and from diarrhœa, 2·6 in Sheffield, 4·0 in Leicester, and 4·8 in Preston. The death-rate from diarrhœa was equal to 2·2 in London, and averaged 1·5 in the provincial towns. The 26 deaths from diphtheria included 16 in London, and 2 in Edinburgh, Glasgow and Leeds. Small-pox caused one death in London, one in Birmingham, one in Sunderland, and one in Newcastle-upon-Tyne. The entire mortality is much below the average.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Outbreak of Fever in Skye.—An outbreak of fever, apparently of a somewhat serious character, has occurred at the township of Elgol, on the estate of Strathaird, Skye. The fever is said to be typhus. There are about 40 houses in the village, and in a number of these cases of fever are reported. Some of the details are said to be very distressing. In a cottage of one room, it is stated that a widow and six children are all lying ill together. The medical officer who attended the people affected by the epidemic has himself caught the contagion, and is lying ill at Broadford, where it is rumoured other cases have occurred. The outbreak of this malignant fever is one which apparently calls for prompt measures on the part of sanitary authorities. The township of Elgol is situated in the parish of Strath, opposite the Island of Soay, and quite close to the famous Spar Cave.

Artistic Fair at Dunoon.—On the 9th inst. a grand artistic fair was opened at Dunoon by the right hon. the Earl of Glasgow. The object of the bazaar is to purchase a small cottage of four or six beds in which poor people requiring hospital treatment, belonging to the district, could be better treated than in their own homes. His Lordship said he regretted that the Duke of Argyll had not been able to open the bazaar, but he had very much pleasure in doing so in his absence. This was not the first time that he had visited Dunoon in connection with a work of charity, because Dunoon was well known over the West of Scotland for the Convalescent Homes founded by Miss Clugston. This was not a competitive institution. It was rather a parallel one. The institution covered one class of cases, the Cottage Hospital covered another. He was well aware that some persons had questioned the utility of bazaars, but they must be judged by their results, and it must be remembered that there were many who could give their time and skill to the relief of suffering who could not give money. Having referred to the special objects of this bazaar, his Lordship said they required a sum of at least £1,000, and he was glad to hear that already many had guaranteed a bed for the next five years.

Health of Edinburgh.—For the week ending with Saturday, the 4th inst., the mortality in Edinburgh was 87, and the death-rate 19 per 1,000. Diseases of the chest accounted for 40 deaths, and zymotic causes for 10, of which 2 were due to diphtheria, 3 to scarlatina, and 4 to measles, the intimations of these diseases for the week being 6, 37, and 62 respectively.

Action against a Druggist.—In the Aberdeen Sheriff Court, on Saturday, the 4th inst., a compromise was effected in the action at the instance of Mrs. Joanna Campbell or Williamson against John Sangster, druggist in Aberdeen, in which £750 was asked for as damages for the loss of the pursuer's husband. The circumstances of the cases were peculiar. The pursuer purchased from the defender's shop a quantity of salicylate of soda, which she ascertained after reading in the variety column of a weekly periodical was a specific for the ailment from which her husband was suffering. She administered a dose of the drug to the patient, who soon after died. The pursuer's averment on which the action was founded was that the drug purchased from the defender was not of the nature of salicylate of soda, but was an injurious article, and had caused her husband's death. The defender denied this averment, pleaded that the same drug had been sold to other customers without producing any pernicious effect, and that the death of the pursuer's husband was due to other causes. The defender has, however, now agreed to pay £400 to the pursuer in full of all damages sued for, and expenses.

Glasgow.—City Death-rate.—The deaths in Glasgow or the week ending with Saturday, the 4th inst., were at the rate of 25 per 1,000, as compared with 22 in the preceding week, and 24, 24, and 25 in the corresponding periods of 1882, 1881, and 1880.

Executions.—A short time ago, in connection with a horrible double execution in Glasgow, we felt compelled to advert to the inhumanity of the procedure, and the degrading effects necessarily produced thereby in the public mind. Durham has, the other day, been the scene of an act which is an outrage to humanity, and once more compels us to ask how long this sort of thing is to continue in a country professing Christian principles? Thackeray, in describing a public execution, remarks: "I fully confess that I came away down Snow Hill that morning with a disgust for murder, *but it was for the murder I saw done*. . . . . I felt myself ashamed and degraded at the brutal curiosity which took me to that brutal sight. I pray to Almighty God to cause this disgraceful sin to pass from among us, and to cleanse our land of blood." We fervently do likewise.

A New Medical Test for Rape.—At a recent trial for rape before the High Court of Justiciary, the medical man who examined both the plaintiff and the accused stated in his written report that: "On pushing back the foreskin of the penis of the accused there was an odour perceptible peculiar to woman."

Glasgow Royal Infirmary Appointments. — At a meeting of the directors of the Glasgow Royal Infirmary, held on the 8th inst., Dr. Angus McPhee was appointed an Extra-Dispensary Physician; Dr. John Barlow, Lecturer on Physiology; and Dr. James Provan, Physician to the newly-formed Department for Skin Diseases. These appointments have given great satisfaction in the profession.

Edinburgh University Prizes and Scholarships.—The following is a complete list of the prize-takers, the awards being made at the capping ceremonial on August 1st:—The Ettles Scholarship for 1883 has been awarded to William Hunter, M.B., C.M. The Beaney Prize has been awarded to William Hunter, M.B., C.M. The Buchanan Scholarship has been awarded to John William Ballantyne, M.B., C.M. The James Scott Scholarship has been awarded to George Forbes Alexander, M.B., C.M. The Dobbie-Smith Gold Medal has been awarded to John R. Henderson, Student of Medicine.

University of Aberdeen.—Medical Graduation.—The ceremony of capping the medical students at Aberdeen University who have passed their professional examinations during the past six months took place in the Public School, Marischal College, on Friday last. The hall was crowded with an assemblage of ladies and gentlemen. Principal Pirie presided, and there was a large attendance of the University professors. In the course of the proceedings the students indulged in outbursts of hilarious academic fun, but on the whole the ceremony was unmarred by the disorderly exhibitions that were wont in recent years to characterise it.

Scottish Universities, Salaries and Pensions.—The subjoined return moved for by Mr. Dalrymple, has just been published. It shows what a valuable position that of a Scotch Professor is, and gives a very tangible explanation of the tenacity with which the Professors cling to a wicked monopoly, in which, strange to say, they are encouraged by a "liberal government:"—Edinburgh—George James Allman, Professor of Natural History and keeper of Museum, amount of pension £385 0s. 6d., age when granted 58, date 25th October, 1870; John Hutton Balfour, Professor of Botany and keeper of Botanical Gardens, £1,144 2s. 5d., age when granted 71, date 19th August, 1879; John Stuart Blackie, Professor of Greek, £868 8s. 10d., age when granted 73, date 19th August, 1882. Glasgow—Edmund Law Lushington, Professor of Greek, £862 13s. 1d., age when granted

64, date 14th May, 1875; Allen Thomson, Professor of Anatomy and Botany, £842 14s. 4d., age when granted 68, date 12th July, 1877; Hugh Blackburn, Professor of Mathematics, £1,073, age when granted 56, date 15th August, 1879; John B. Cowan, Professor of Materia Medica, £153 9s. 4d., age when granted 51, date 27th February, 1880. University of Aberdeen—William Martin, Professor of Moral Philosophy, £366 17s. 6d., age when granted 60, date 28th June, 1876; George Ogilvie Forbes, Professor of Institutes of Medicine, £151 12s. 3d., age when granted 56, date 14th August, 1877; Alexander Harvey, Professor of Materia Medica, £219 9s., age when granted 67, date 28th October, 1878; Alexander Bain, Professor of Logic, £344 13s. 7d., age when granted 61, date 20th May, 1880. University of St. Andrews—W. L. F. Fischer, £322 7s. 4d., age when granted 64, date 1st October, 1877; William Swan, Professor of Natural Philosophy, £211 4s. 8d., age when granted 61, date 10th January, 1880.

BEQUESTS TO THE DICK VETERINARY COLLEGE AND THE UNIVERSITY OF EDINBURGH.—Under the will of Miss Mary Dick, it is provided that, after the payment of certain legacies, the residue of her estate, with the accumulations of the free income to be derived from the same, shall be held by the trustees of the testatrix until it amounts to £20,000, when it shall be divided into two equal portions, £10,000 being applied in the furtherance of veterinary science in connection with the Veterinary College, and the other £10,000 in the founding of a Professorship, either of comparative anatomy or of surgical anatomy, whichever of these Chairs her trustees shall consider to be most required in the interests of medical science, in the University of Edinburgh, "in memory of the late Dr. John Barclay and the late Professor John Goodsir." Of the trustees under the will, Professor Turner, Professor Chiene, and Professor M'Kendrick (Glasgow) are declared by the testatrix to have been appointed "in consequence of their special qualifications to carry out" her wishes "in regard to the disposal of the residue" of her estate.

GLASGOW.—HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.—Dr. James B. Russell, the Medical Officer of Health for Glasgow, has just issued an important memorandum on the hospital accommodation for infectious diseases in the city. Discussing the question of what ought to be the extent of the accommodation, he expresses the opinion that the minimum requirements cannot be estimated at less than from 550 to 600 beds for fever, and 150 for small-pox. The accommodation at present consists of 340 for fever, being 220 at Belvidere and 120 at Parliamentary Road, and 150 for small-pox—all at the former hospital. It has been determined to erect seven new pavilions at Belvidere, which will bring up the fever accommodation there to 330 beds, and it has been suggested that other three should be put up in order to make 400. On the whole, he thinks the management of such an hospital as this must be regarded as a somewhat doubtful experiment, as there is at present no infectious hospitals with so many permanent beds in the kingdom. The memorandum concludes with suggestions as to the structure and administration of Belvidere hospital, and observations on the clinical study and scientific investigation of infectious diseases.

THE REGISTRAR GENERAL'S RETURN.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, August 4th, states that the death-rate was 21·6 per 1,000 of estimated population. This rate is 0·3 above that for the corresponding week of last year, and 3·1 above that for the previous week of the present year.

Medico-Parliamentary.

HOUSE OF COMMONS.—THURSDAY, AUGUST 9TH.

PAUPER LUNATIC CHILDREN.

IN reply to Mr. S. Leighton, Mr. MUNDELLA said from 1871 to 1882 the increase of 369 pauper lunatic children was due to the increased population, to the advantages of the better treatment of idiots in licensed houses, and to the fact that a Government grant was given in 1875 for the maintenance of this class of children in asylums. The Chairman of the Lunacy Commission (the Earl of Shaftesbury) informed him that an insane child was rarely met with, and that lunatic children did not suffer from monomania or dementia, but that they were generally idiots and imbeciles from their birth, and required special care and treatment. The noble earl also informed him that in his opinion seven-tenths of the lunacy in the country was due solely to intemperance.

THE CONTAGIOUS DISEASES ACT.

Lord E. CECIL asked the First Lord of the Treasury whether, in view of the enforcement of the provisions of the Contagious Diseases Act, and of the great increase of disease that had taken place in our seaport towns, as well as the abandonment by the Government of all legislation upon the subject this year, he could assure the House that, as far as lay in the power of the Government, police assistance should be given as heretofore to enforce the law; and that, pending future legislation, the health and efficiency of our Army and Navy should not suffer by the departmental negligence of the Executive during the recess.

Captain PRICE asked the Prime Minister whether he was not aware that it was not only the health and efficiency of the Army and Navy, but the morality of those towns which were heretofore protected, that was suffering to an alarming extent, owing to the withdrawal of the provision for compulsory examination; that, in fact, there were hundreds of young girls and women on the streets who dared not have carried on their trade had the Act been in force.

Mr. GLADSTONE said he was aware that the restrictions of the Act, whatever they were, operated upon the population of the places subject to the acts as well as on the troops who might constitute the garrison of these places; but if the assertion which the hon. member (Captain Price) conveyed in his opinion was correct, it appeared to him (Mr. Gladstone) that the police would have power to deal with such abuses as they arose. In answer to the noble lord, he had to say that he had consulted with his noble friend the Secretary of State for War, and he was of opinion, with his noble friend, that the time which had elapsed since the resolution against the compulsory provisions of the Act was adopted by the House did not disclose a state of things sufficient to warrant the Government in arriving at any positive conclusion, or in undertaking to announce any particular course of action. Out of a strength of 40,000 men there had been 27 additional admissions per week. Some part of the increase, however, might be explained by the circumstances surrounding the removal of troops to different places. He could not give an assurance that the same practice would have been adopted if the resolution had not been passed.

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The Irish Graduates' Association.—This Association held its annual meeting at the College, Shaw Street, Liverpool, on Wednesday, August 1, Prof. G. F. Yeo, M.D., in the chair. There was a good attendance of members. The Hon. Treasurer presented a favourable report. The Hon. Secs. presented the annual report. Prof. W. Stokes, M.D., was elected as President for the next year, when the meeting will be held at Belfast. A special vote, thanking the Vice-President (J. T. Banks, M.D.) for refusing the offer of knighthood which had recently been made to him, was passed with acclamation. In the evening the members and their guests dined at the Adelphi Hotel. The host provided an excellent dinner and wines, and the members entertained their guests with their usual hospitality. Dr. Strange, the President of the British Medical Association for last year, gave the toast of the evening, coupled with the name of Prof. Yeo, the President. The Hon. Sec. (Dr. Frazer) announced that he had received letters of apology from Dr. Waters, the late President, and Prof. Stokes, regretting their inability to attend.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON.

[SECOND NOTICE.]

Though very many communications of great interest are contained in the remaining portion of the volume, we are compelled here to do no more than allude to them. There is, however, one feature which marks this volume, and which calls for more than a passing notice—we mean the discussion on Rickets with which it closes. The discussion occupied three nights, and was opened by Dr. C. H. Fagge. We notice the names of several of the leading physicians of London as taking part in the discussion, and as a result many points of great interest were stated; indeed, we may say that no part of the subject has been unnoticed. One of the first points discussed by Drs. D. B. Lees and Barlow is on "The Relationship of Craniotobes to Rickets and Congenital Syphilis." As bearing on this point we cannot but express our strong conviction that, through the entire discussion, quite too much importance has been given to the syphilitic poison as a cause of rickets affecting the bones of the skull. We do not believe this poison or its results to be at all as common as would be inferred from the discussion. One French writer, indeed, M. Parrot, goes so far as to set down to syphilis alone those changes in the skull which all other observers attribute to rickets. This is surely riding a hobby to death. For ourselves, we question whether these craniotobes can be the result of syphilis. If they be, the poison shows itself in what appears to us a most exceptional way. It does not declare itself for several months after the birth of the child; and then there is no sign whatever of rash on the skin, or breaking out about the mouth or anus, or snuffles, or loss of voice. Do not these symptoms, in 99 cases out of 100, appear in every syphilitic infant, and that within the first three months after birth? Or, should snuffles exist, and very many of the debaters seem to think these are *par excellence* signs of syphilis, may they not be rather attributed to the strumous diathesis? For ourselves, we hold that struma is an infinitely more widespread poison than that of syphilis; but the fashion of the day is to set down everything to the latter. We might instance the notching of the teeth, which seems to be accepted universally as the result of the syphilitic taint. We cannot accept this. We have seen over and over again instances where no trace of syphilis existed in either parent, and yet the notching was well marked; but, on the other hand, the signs of what are recognised as the strumous diathesis were very plain. Into these, however, we cannot enter here. The result of all our observation has been the conviction, as already stated, that struma is a tenfold more common poison than syphilis. The former shows itself under many modifications, and of these, rickets, we believe, to be one. This question of the greater prevalence of one morbid state over another seems to us one of great moment. We have stated our own views, but are very far indeed from supposing that the matter is settled. It strikes us that a prize offered for the purpose of deciding this question would be well spent.

The causes of rickets occupied, and naturally, much of the debate; but there would appear to be much diversity of opinion on the point. For ourselves, we hold with those who think improper food is the great factor in causing the disease. We consider that Guerin, to whose experiments Dr. Crisp alludes, has proved the fact beyond doubt. Nor does it follow that other causes besides food may not add to the severity of the disease. Thus, if in addition to improper food, impure air be added, the disease will be so much the worse, and the more rapid in its course. We think, too, that a weak constitution derived from either parent adds seriously to the chances of the disease appearing. We repeat, however, that Nature's food, which is the healthy milk of a healthy mother, will produce a healthy child, and that the farther any infant is reared from this standard the greater are the risks that rickets may ensue.

Into the morbid anatomy of the disease we cannot enter here. Several of the speakers alluded to it; but we are not sure that any of them gave a better account than Trousseau has done of the state of the bones, and we rather think his masterly description escaped their notice. As to the internal organs being involved, such as the liver, spleen, and mesenteric glands, it seems to us there is no absolute proof as yet that these changes are any necessary portion of the morbid anatomy of rickets. It may be admitted, indeed, that the state is sometimes found in union with rickets; but, as stated by several of the speakers, it is certain that the latter may exist to an extreme degree, and yet these internal organs be quite healthy; and on the other hand, the internal organs may be found diseased, without any other appreciable signs of rickets. We ourselves have seen the spleen so enlarged. We think it best, however, to consider the question as still *sub judice*.

To revert again for a moment to the etiology of rickets, we observe that one of the speakers alludes to the state of the blood in the disease as being very much deteriorated. For ourselves, we would look upon this as a *sine quâ non* of the affection. In other words, if the blood were in a healthy condition, we take it that rickets could not appear. And this idea may be pushed even farther, and we would put the question, Can the nervous structures be in a normal state and such a disease as rickets make its appearance? We think not; and we would make the suggestion that any future observer should turn his special attention to the state of the nerves and nervous structures in this affection. As far as we are aware, no one has hitherto done this; and yet the advancing knowledge of the day shows us what an all-important part healthy nerves have to say to a healthy frame; and *vice versâ*, what a number of diseases arise as a direct consequence of a diseased state of the nerves. Into this question, however, we cannot enter here, though we believe it to be one of the greatest consequence. Whether the nervous or circulatory system be the very beginning of life, we are not sure; but this we do know, that healthy life cannot continue without each being perfect in itself: and we again repeat that future inquirers into the proximate causes of rickets may gain an important step by ascertaining the state of the nervous system in this affection.

We commenced our remarks on the debate on this affection by stating that a debate of the kind was a comparatively new feature in the proceedings of the Society. We believe it, however, to be one well worthy of imitation, as it is certainly one capable of greater amplification than it has yet received.

In conclusion, we can recommend this entire volume to the special notice of our readers.

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THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. (a)

The third volume of this Encyclopædia continues to exhibit the sustained excellence of its two predecessors, and contains 247 woodcuts and 2 chromolithographs. The articles are seven in number, and all upon subjects of importance and interest. Dr. P. S. Connor, of Cincinnati, contributes a splendid article upon diseases of muscles, tendons, and fasciæ, in which he maintains that muscular atrophy after fractures is due to reflex mal-nutrition, and not to disuse, in which all scientific pathologists will agree. Dr. Connor contributed in the last volume a most successful treatise on gunshot wounds, for which his experience during the Secession war so well qualified him. His present article is well up to the level of the former one. Dr. Lidell gives 300 pages upon injuries of the blood-vessels. Contrary to the general belief, he shows that the ligature was a very ancient mode of arresting hæmorrhage, and that it was known to Galen, Avicenna, and many of the old fathers of medicine. It is well known that Ambrose Paré introduced the ligature in amputations; but Dr. Lidell mentions that two centuries later Mr. Sharpe, Surgeon to Guy's Hospital, protested against the use of "burning irons," which were still employed in country parts of England. Dr. Wyeth is very happy in his account of the surgical diseases of the vascular system; and Mr. Barwell's article on Aneurism is interesting both to the physician and the surgeon. It is one of the best and most attractive retrospects of the subject that we have seen; and the same must be said of M. Nicaise's account of the diseases and injuries of nerves. M. Nicaise quotes extensively from the observations of Dr. Weir Mitchell during the Secession war. There are also very good articles on surgical diseases of the vascular system by Dr. John A. Wyeth; on injuries of joints, by Dr. Ed. Andrews; and on injuries and surgical diseases of the lymphatics, by Dr. Ed. Bellamy. This Encyclopædia so far is beyond all praise; it is all good.

(a) "The International Encyclopædia of Surgery." By Authors of various Nations. Edited by John Ashurst, jun. Vol. III. Royal 8vo, pp. 760. London: Macmillan & Co.

HOSPITALS, INFIRMARIES, AND DISPENSARIES. (a)

Mr. Ruskin has taken general occasion to deprecate that canon of criticism which would raise the specialist in small fault-finding to the acme of the gay science, but the canon should vary with the end in view. The economist that would dwell on the constructive politics of M. Comte and pass over his profound analysis of social movement, or the resident physician that would snarl at Miss Nightingale's pardonable weakness on the relations of hospital management and nursing, and speak with little enthusiasm of her exhaustive treatment of training, would be alike unworthy of their tasks; but with matters that affect the sanitary construction of collective dwellings it is different. Here, there exists a more positive knowledge on what should be done than on what should not be done. An aggressive consensus of opinion that developed from the foreshadowings of Philibert Delorme into the organised maturity of the Tollet system has gradually swept the cobwebs from the minds of the custodians of public health, if not the hotbeds of pyæmia, erysipelas, and gangrene from our streets, but the recent failures of the Hotel Dieu and St. Thomas's Hospital, testify to the necessity of further strictures. It would thus seem a safer course to indicate the scanty defects than to indulge in a detailed panegyric on at least ninety per cent. of the works before us.

The first of these works suffers from a defect which in the second is removed by the joint names of its authors. The whole hospital question is so entangled with the profession of design as well as that of healing, that a signal success can nowhere be sought, but in their association. The present edition was preceded by two German ones in 1872 and 1875, and one English one in 1868, which was reviewed in the *Medical Press and Circular* of February 26 in the same year. It consists of two parts, the first being devoted to the evolution of principles, and the second to a description of their more or less successful application throughout the civilised world. Were the second part so occupied with the constructive details of those portions of hospitals which minister most directly to its hygienic maintenance, we could overlook the very meagre and often inaccurate notice granted them in the first part, but unfortunately this is not so. The descriptive division, though interesting and valuable, in that it deals with most of the hospitals in existence that are worth notice, is too categorical and confined. Drainage, of all theoretical questions, one of the most important to the hospital architect and engineer, is disposed of in one page. The question of the system to be employed for the removal of excreta, is not even touched upon, and this is the more reprehensible as it is still a matter for discussion, whether the water-carriage system is the best under all circumstances, or even to be employed at all. It is certain that many zymotic epidemics are due alone to this system, which even with the most approved design provides a possible *horizontal* communication from house to house. Admitting with Herr Oppert that this system is alone worthy of consideration, we doubt whether his version is calculated to display it to the best advantage. The following passage is a choice culmination :—

"The latest plan for ventilating drains is by having the vertical drains into which the pipes take the refuse from the water-closets and sinks open at the upper end, where a charcoal box with a perforated bottom is placed, or ventilating pipes are carried to the top of the chimneys."

A more involved tissue of error it would be difficult to select; of all the forms of insanity which have from time to time attacked the sanitarian, that which advocates drain ventilation by means of soil pipes is perhaps the worst. It has been amply proved by Sir Joseph Bazalgette that the drains are an inexhaustible source of foul air, and that even were an universal system of forced ventilation adopted, the amount of fuel required to furnish energy for the City of London alone would be comparable with the revenue. A charcoal ventilator on the top might, if newly charged once every month, be possibly able to filter some few per cent. of the foul blasts occasioned by a sudden shower or the casualties of a tidal outfall. Drain ventilation if permitted at all, should be confined to the central street manholes whose spiral charcoal or sulphurous acid disinfectors should be under some more constant inspection than that of the average householder. The drains are reservoirs of poison whose reducing power, within a considerable radius of an orifice is too enormous to be lightly dealt with. The most that can be done is to place safety valves upon this reservoir in such positions that the necessary and casual escapes may be reduced to a minimum as remote from human habitation as possible. Soil pipes, on the other hand, as presenting a very limited surface for organic decomposition should be continuously ventilated, not merely at one end, but at both ends, for whatever be the value of endosmose and exosmose as a means of draughtless comfort, something more brisk is required for the clearing of a soil pipe. Nor, again, should any ventilating pipe be carried to the top of a chimney; common sense would seem to indicate that the neighbourhood of any opening that may occasionally act as an induct is about the worst position for an educt. The subsequent statement that earthenware baths are the best is open to question as they are very heavy, liable to fracture, and have an inconvenient capacity for heat. Enamelled copper is unquestionably the best material and always brings a good price as old metal. With the exception of these and similar matters, which a comparison of Messrs. Mouat and Snell's volume will correct, Herr Oppert's work is a valuable one, which if a little too condensed is the more comprehensive. The articles on ventilation and the Continental system of hot ley washing are especially worthy of attention.

The second and more valuable work needs but little recommendation. Like Herr Oppert's it is divided into theoretical and practical portions, which are undertaken respectively by Messrs. Mouat and Snell. The first volume only is as yet issued, and in it the theoretical and part of the practical division appear. In the former some of the principles involved are more or less speculative in character, as the problems of life are scarcely as yet brought within the limits of exact science, but once a reasonable basis of certitude is established, the outward expression is reduced to a series of problems in applied science. Mr. Mouat dwells largely on that very little understood atmospheric state, *malaria nosocomiale*, the potent weapon of the anti-hospitalist. The alarming ravages of septicæmia in both the Schleswig-Holstein and the succeeding Austro-Prussian war cannot be overlooked, but so long as hospital air is practically capable of further liberation from putrefactive fermentation and germ development, we cannot yield in favour of either separate cells or out-door relief. Large hospitals under any circumstances are a grave error, and it may be proved both by calculation and experiment that the working expenses per head are not sensibly decreased in hospitals accommodating more than 200 sick. From such an aggregate, if disposed according to the thirteen conclusions of the Surgical Society of Paris, no baneful trace of the "nosocom-aër" need arise. The surgical operations in the hospital of St. Eloi at Montpellier from August, 1879, to June, 1880, though performed in the infancy of the building, were most encouraging, and although, as Mr. Mouat points out, the traumatic cases were very severe, all the operations were successful, there having been only a single death from cardiac embolism, eleven months after the admission of the case. This magnificent hospital, which is virtually a chain of small hospitals, would seem to embody in the author's opinion not only the conclusions of the Surgical Society of Paris, but also a number of practical excellencies which are due alone to its skilful architect and engineer, M. Tollet. Mr. Mouat's careful analysis of the claims of the several systems for the removal of excreta is attested by his adherence to each only so long as it seems the best suited to the conditions; to the water carriage system in cities, and to some one of the dry systems in the open country. His section concludes with a very careful classification of the various species of hospital, whose number, it is to be hoped, may gradually diminish now that their *raisons d'être* are to a great extent eliminated by the subdivision in the Tollet system. Mr. Mouat, though in favour of the complete separation of puerperal fever, and an extension of the proverbial nine days, is yet of opinion that the Rotunda Hospital in Dublin is one of the best-conducted and most efficient in existence.

The second and larger section, which is enriched by a number of clear photolithographic illustrations from the pen of Mr. Snell, contains a detailed examination of the most noted hospitals of various countries which have been erected since the introduction of the Pavilion system, interspersed with criticism and calculation that derive more than ordinary value from the widespread experience of the author. Of the foregoing works, that of Herr Oppert is useful from its compactness; but that of Messrs. Mouat and Snell is not only exhaustive to the smallest detail, but is compiled with that scientific acumen which the names of its authors should abundantly guarantee. No physician, surgeon, architect, engineer, or hospital governor should be without it.

(a) "Hospitals, Infirmaries, and Dispensaries." By F. Oppert, M.D., M.R.C.P.L. London: J. & A. Churchill.

"Hospital Construction and Management." By Frederic J. Mouat, M.D., F.R.B.S., and Saxon Snell, F.R.I.B.A. London: J. & A. Churchill.

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THE POOR-LAW SUPERANNUATION (IRELAND) BILL.

The Committee stage of this Bill will be taken in the course of the present week, and if the measure gets past this step we have no doubt of its passing in the present year, as it is not likely to be modified by the House of Lords. We hear that the Government are disposed—as a compromise with the opposition of those of the Irish members who object to all discretion as to the grant of pensions being taken from the guardians—to amend the Bill so as to fix a minimum superannuation allowance, below which a board of guardians shall not go, but above which it shall have discretion up to a certain limit as to the amount which should be given. This proposition is very distasteful to us, because we are fully aware that there exists a class of guardians who would gladly use their discretion to spite the medical officer because he did not happen to be of their own religion or politics, or personally popular with them. But, considering that the session is dying—that many circumstances might arise before next meeting of the House to prevent the Bill being re-introduced if it were now allowed to drop, and that, in any case, the battle would have to be fought over again with the opposing faction—we see the necessity for accepting the Bill with this compromise rather than risk its being defeated or talked out. The discretion which it is proposed to give to the guardians is of much less importance to the medical officers than may appear at first sight, because the pensions are to be paid, not out of the rates of the union, but out of a general rate levied over the whole of Ireland, and retained by the Local Government Board for this purpose. Thus the guardians who have to vote a pension will not have to pay it out of their own pockets, and it may reasonably be presumed that they will —in most instances—be willing to tax other people in order to superannuate their own officers, and will, therefore, have no inducement to cut the pension down to the minimum.

It will be well for the Poor-law medical officers of Ireland to be able to recognise their friends in the future, especially when a general election is pending; we, therefore, give an abstract of the Irish names in the division list on the second reading of the Bill.

For the Bill—J. A. Blake, R. P. Blennerhassett, Maurice Brooks, G. Errington, W. Findlater, J. T. Hamilton, Col. King-Harman, Dr. Lyons, C. H. Meldon, W. H. O'Sullivan, A. M. Porter, T. D. Sullivan, Col. Tottenham.

Against the Bill—J. Barry, W. J. Corbet, C. Dawson, T. Harrington, T. M. Healy, M. J. Kenny, R. Lalor, J. Leahy, E. Leamy, J. M'Carthy, T. Mayne, B. C. Molloy, W. O'Brien, A. O'Connor, T. P. O'Connor, C. S. Parnell, T. Sexton, E. Sheil, J. F. Small, J. G. Biggar, J. O'Kelly.

KNIGHTHOOD FOR IRISH DOCTORS.

The irritation created by the recent offer of knighthoods to an Irish physician and surgeon, while baronetcies were being liberally dispensed in London, has been kept alive by the reply of Mr. Gladstone to the question put by Col. King-Harman, and by a very unnecessary and injudicious letter published in the Dublin papers by Mr. Wheeler, the President of the Irish College of Surgeons. Mr. Gladstone sought to explain away the transaction by the following extraordinary effort of sophistry:—

Well, I am informed, he said, that there is a separate medical profession in the three countries, and, viewed in that light, there has been recently conferred in England on two distinguished gentlemen baronetcies, and on one no less distinguished gentleman in Ireland there has been conferred a knighthood, and in Scotland there has been conferred no honour at all. A bill is now before the House to make the profession in the three countries one—one in standard and one in authority. We attach great importance to the views embodied in that bill, and acting on that principle we regard the medical profession as one. Of course I am very well aware that in advising the Crown in respect to questions of this kind I am liable to err, but I did not proceed on my own authority alone. I endeavoured to inform myself by a very full consultation with those who are known and regarded as the heads of the medical and surgical professions —not in any formal sense, but as probably leading persons in the profession, both medical and surgical—and it was after full consultation with them that I advised the Crown in its recent action. I am sure the hon. member has no intention to disparage the honour of knighthood, which I deem to be a very high honour. The title is one borne by the judges of the land and by the law officers of the Crown. A gentleman of very high position in the Irish medical profession has written to me stating that they regret very much that any notice indicative apparently of discontent should have been brought under my notice.

A less satisfactory explanation, in our opinion, could hardly have proceeded from the mouth of a minister, for Mr. Gladstone must well know, and he could not expect his audience to believe otherwise, that no matter how many attempts may be made to unify the profession, a distinction of nationality and of locality has always existed, and must always continue to exist, and that it was in recognition of that distinction that the recent decorations have been made to London and Dublin respectively. But it seems to us that the more the profession is regarded as one, the more the slight to Irish physicians and surgeons is intensified. If the knighthoods have not been offered to Ireland for geographical reasons, why has a difference been made between that country and England. Clearly the only other possible reason is that Irish surgeons and physicians are inferior in quality and only worthy of a lower recognition, and it is this inference that the profession in Ireland repudiate with such emphasis. Mr. Gladstone himself says that the Irish recipient of knighthood is "no less distinguished" than the London recipients of baronetcy; and we fail to see why an equality of attainments and position should not produce an equality of honour as indicated by Crown recognition.

Mr. Gladstone throws much of his responsibility upon those whom he consulted, or who amicably volunteered their advice, and he speaks of them as being "known and regarded as the heads of the medical and surgical professions." Being already aware that surgical distinctions in Ireland are usually given away on the sole and unsupported recommendation of a distinguished Court physician in London, we would feel better satisfied as to Mr. Gladstone's reasons for the course which he pursued if we knew whom he indicates as the "known and regarded heads of the profession." In the absence of that information, we must be content with declaring our belief that the "gentleman of very high position in the Irish medical profession" who took upon himself to pronounce that knighthood was quite good enough for Irish surgeons and physicians is certainly not "known or regarded" by any one, except himself, as a head of the profession, or he would have hesitated to obtrude upon the Prime Minister a secret prompting to the discredit of his own order.

A COMPLIMENTARY CRITICISM

Dr. Agnew, of Philadelphia, writes to the *Medical and Surgical Reporter* to state that he had received letters from various sections of the country asking for information in regard to his connection with a volume published by a Dr. Miller, and said to be by Drs. Stillé, Agnew, and Penrose. Dr. Agnew continues: "I have no relation whatever with this miserable piece of literary larceny, published entirely without my knowledge, and only remarkable for inaccuracy, stupidity, and audacity on the part of its author."

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Pass Lists.

University of London.—The following is the Pass List in the Intermediate Examination in Medicine :—

First Division.

Adams, Charles Edward
Alcock, Samuel King
Barendt, Frank Hugh
Barratt, J. O. W., B.Sc.
Braddon, William Leonard
Carless, Albert
Corbin, Eustace Rhodes St. Clair
Dale, William Kelynack
Davenport, Arthur Frederick
De Chazal, Edmond Lucien
Gabriel, Leonard Maurice
Goodall, Edwin
Gow, William John
Gray, John Power William
Halstead, George E., B.A., B.Sc.
Hart-Smith, Frank Chamberlain
Hichens, Frank
Hutton, John Stuart
Johnson, Raymond
Jones, Sydney Harold
Kidd, Hugh Cameron
Larkin, Frederic Charles
Lever, Frederick
Melson, George Hyde
Price, Alfred Edward
Stedman, Frederick Osmund
Stevenson, George
Thane, Edgar Herbert
Washbourn, John Wychenford
Wild, Robert Briggs
Wills, William Alfred

Second Division.

Aikin, William Arthur
Bailey, William Henry
Barwise, Sidney
Bright, Eustace Frederick
Calvert, James, B.A.
Childe, Letterstedt Frederick
Clegg, Joseph
Edge, Frederick
Finley, Frederick Gault
Gardner, Henry Willoughby
Goodall, Edward Wilberforce
Harsant, Joseph George
Heatherley, Francis
Lawson, Robert
Leech, Priestley
Marriott, John
Morison, Frederick William
Mourilyan, Edward Pain
Muspratt, Charles Drummond
Napier, Francis Horatio
O'Brien, Patrick Moriarty
Pailthorpe, Mary Elizabeth
Prall, Samuel Esmond
Sutton, Alfred Martin
Thomas, Benjamin Wilfred
Walker, Alfred William Hinsley
Wethered, Frank Joseph
Williams, Patrick Watson

Excluding Physiology. First Division.—Wynter, Walter Essex. Second Division.—Ackland, Charles Kingsley; Roberts, Edward; Taylor, Charles Henry; Williams, Reginald Muzio.

Physiology only. First Division.—Freeland, Freeland John. Second Division.—Carpenter, George Alfred; Lankester, Alfred Owen; Marriner, William Herbert Lister.

University of Edinburgh.—At the graduation ceremony on Wednesday, August 1st, the degree of Doctor of Medicine was conferred on the following candidates :—

Allan, Francis John, Scotland, M.B. and C.M., 1880.
*Ashdown, George William Wetton, England, M.B. and C.M.
*Bain, David Beattie, Scotland, M.B. and C.M., 1872.
***Balfour, Isaac Bayley (D.Sc. Edin.), Scotland, M.B. and C.M., 1877.
***Barbour, Alexander Hugh F. (M.A. Edin.), Scotland, B.Sc., M.B.
Baxter, William, Scotland, M.B. and C.M., 1877.
*Berry, John Bright, England, M.B. and C.M., 1880.
Blaikie, Robert Henry (M.A. Edin.), Scotland, M.B. and C.M., 1881.
Cameron, John, Scotland, M.B. and C.M., 1877.
*Craig, James, Scotland, M.B. and C.M., 1872.
Firth, Eustace, England, M.B. and C.M., 1880.
**Fraser, Frederick William Dyce (M.A. Edin.), Scotland, M.B. and C.M., 1878.
***Fraser, James William, England, M.B. and C.M., 1880.
Hartley, Alfred, England, M.B. and C.M., 1881.
***Hassall, John, England, M.B. and C.M., 1876.
*Hern, John, England, M.B., 1881.
*Illingworth, Charles Rumney, England, M.B. and C.M., 1877.
Johnston, Robert M'Kenzie, Scotland, M.B. and C.M., 1881.
Kay, Walter Smith, Scotland, M.B. and C.M., 1877.
Lewis, Thomas Preston, England, M.B. and C.M., 1877.
*M'Dowall, John Grieg, Scotland, M.B. and C.M., 1878.
Reid, George More, Scotland (under the Old Statute).
*Retief, Petrus Jacobus, Cape of Good Hope, M.B. and C.M., 1880.
*Robertson, Alexander Milne, Scotland, M.B. and C.M., 1872.
*Robertson, James George, Africa, M.B. and C.M., 1876.
*Rose, Alexander Simpson, M.B. and C.M., 1880.
Smith, Thomas Henry, England, M.B. and C.M., 1880.
*Watkins, Arnold Hirst, England, M.B. and C.M., 1875.
*Waugh, John (M.A. Edin.), Scotland, M.B. and C.M., 1881.
Weight, Rowland Hill, England, M.B. and C.M., 1880.
Wortabet, Henry George Luther, Syria, M.B. and C.M., 1878.

*** Obtained Prizes for their Dissertations.
** Deemed worthy of competing for the Dissertation Prizes.
* Commended for their Dissertations.

At the same ceremonial the degrees of Bachelor of Medicine and Master in Surgery were conferred on the following candidates :—

Addinsell, Augustus W., England
Aikman, Alfred, Scotland
Aitken, Charles, India
* Alexander, George F., Scotland
Baily, Edwin, England
† Baily, Percy John, England
Ballantyne, John W., Scotland
Bancroft, Thomas Lane, England
† Barker, Theodore H., Australia
Barrett, William H., Gibraltar
Barron, Hunter J., England
Bennet, D.G.(B.A. New Brunswick)
Bett, Patrick Hunter, Scotland
Bird, William, England
Bowes, John, Scotland
Broatch, George Thomas, Scotland
Brown, Charles, Scotland
Brown, John Henry, England
Buist, Andrew Crichton, Scotland
Buncle, Thomas M., Scotland
Cardew, George Schuyler, India
Caw, James Matthew, Scotland
Chill, Edwin Albert, India
Clark, Michael, England
Clark, Ronald, Scotland
Clemow, Arthur H. W., England
Cobbett, Charles N., England
Cockburn, Philip, Scotland
Cocks, Horace, England
Comber, Sidney Alfred, England
Connor, Francis Gillies, Australia
Cotton, William (M.A.), Scotland
Craig, James, Scotland
† Cumming, William, Scotland
Dalgleish, James, Scotland
Dalziel, Thomas Kennedy, Scotland
Davies, Daniel Rees, England
Davies, John, Wales
Davies, William Hugo, England
Davison, Thomas H., England
† Dochard, Archibald T., Scotland
† Donald, A. (M.A. Edin.), Scotland
Dring, Herbert Johnson, England
Drummond, Alexander P., Scotland
† Duff, William, Scotland
Duncan, George, Scotland
Dyson, Thos. Edward, England
Evans, David Griffith, Anglesey
Fletcher, Thomas J., England
Fordyce, Boston E., Scotland
Francis, William Henry, Chili
Fraser, A. G. (M.A. Aber.), Scotland
Fraser, William Duncan, Wales
† Fuller, Arthur, England
Gardiner, M. H. (M.A. Glas.), Scotland.
Garman, Walter C., England
Giddings, Robert Ritchie, England
† Godfrey, Frank W. A., Australia
Gordon, Robert, England
Gowans, William Bruce, Scotland
Greenhough, V. J. (B.A. Cantab.), England
† Grierson, Francis W., Scotland
Gutteridge, Matthew W., England
Hall, Francis James, England
Hall, Frederick W. George, India
Handyside, Patrick B., Scotland
Hardie, Robert, Scotland
Heath, James, Ireland
Hector, Edward Bateman, Scotland
Helm, Robert Dundas, Scotland
Henderson, J. (M.A. Q.U. Ireland)
* Hewlett, George, Ireland
Hill, John Stonely, England
Hill, Thomas Knight, England
Hoyle, John, England
Hunter, James, Scotland
* Hunter, William, Scotland
Hutson, J. (B.A. Durh.), Barbados
Inch, Robert, Scotland
Irving, G. (M.A. Edin.), Scotland
Jackson, John Lowthian, England
Jameson, Adam, Scotland
Johnson, Samuel, India
Jones, Charles Hampson, America
Jones, Francis W. B., England
Jordan, John Gregory, Calcutta
Kelso, John Edward Harry, India
Law, John Spence, Scotland
Lawry, Thomas S., New Zealand
Leslie, William Murray, Scotland
Lestrade, Joseph A., St. Lucia
Ley, Henry James, England
Lightfoot, Charles Louis, England
Lloyd, Henry Sanderson, Australia
Lorraine, Robert T. Bell, Scotland
Loudon, John Alfred, England
Lyon, Thos. Malcolm M., Scotland
Macandrew, H., New Zealand
M'Clew, John Cowan, Scotland
Macdonald, John, Scotland
Macdonald, William F., Scotland
Macfadyen, Allan, Scotland
Macgregor, Alexander D., Scotland
M'Intyre, John A., Shetland
Maciver, Francis A., England
† Mackay, George, Madras
Mackay, William A., Scotland
* Mackenzie, Archibald, Natal
Mackenzie, Robert, Scotland
Mackinnon, Frank Irvine, Scotland
M'Lachlan, John, Scotland
Maclagan, C. G., Berwick-on-Tweed
M'Laren, James A., Scotland
M'Laren, J. S. (M.A. Edin.), Scotland
Macpherson, James, New Zealand
Malcolm, William A., Scotland
Matheson, Augustus A., Scotland
Matheson, Farquhar, W., Scotland
Menzies, D. (M.A. St. And.), Scotland
Miller, Alexander C., Scotland
Miller, Ralph Smith, Scotland
Miller, William H., Canary Islands
Milligan, David, Scotland
Milne, James, Australia
Mitchell, Robert Peter, Scotland
Moll, Pieter de Villiers, South Africa
Moody, Arthur Rowley, England
Moore, Robert J. A., Isle of Man
Moorehouse, B. M., New Zealand
Mukerji, Upendra Nath, Calcutta
Munro, Andrew Watson, Scotland
Murdoch, Alexander B., Scotland
Murray, James Adam J., England
Myrtle, Andrew Scott, England
Neale, John Headley, England
Neethling, Andrew Murray, Cape of Good Hope
Nicolet, Gustavus Paul, Belgium.
* Nieuwoudt, Gerrit, B.A. Cape of Good Hope
Nisbet, John Tawse, Scotland
Orr, John, India
Orrock, George Dall, Scotland
† Owen, Owen Richard P., Wales
† Park, G. (M.A. St. And.), America
* Paterson, Andrew M., England
Petter, Walter, England
Porter, William Ernest, England
Price, Alexander W. G., India
Price, William Locking, India
Priestley, J. (B.A. Lond.), England
Roberts, James Black, England
† Robertson, James Stirling (M.A. Edin.), Scotland
† Robertson, Thomas M., India
† Robinson, Arthur, England
Ross, Chisholm, Australia
Rothera, Frank, England
Rowan, Henry Davis, India
Savage, Mark Anthony, Ireland
Scott, Harry, England
Scott, Stanley, England
Scott, W. D. (B. A. Oxon.), Scotland
Smith, Lloyd Grant, England
Spence, Arthur Edward C., India
Spence, William, Scotland
Stables, Alexander, Scotland
Stark, Arthur Cowell, England
Steell, John, India
Stein, Charles, Scotland
Stevenson, James Robert, Scotland
Stiles, Arthur Jallard, England
Sturrock, William M., Scotland
Sym, Allan Cuthbertson, Scotland
Taylor, George Peter, England
Thomson, Andrew, Scotland
Thomson, Daniel G. P., Scotland
Thomson, George, Scotland
Vassie, Richard, Scotland
Walther, John, England
Ward, Allan Ogier, England
Warner, Edward Henry, England
Watson, Alexander O. C., India
Watteville, Walter Frederick Rodolph de, Switzerland
Wilkinson, James Bates, England
Wilson, Henry Arnot, Scotland
† Wilson, James Thomas, Scotland
† Wilson, Theodore S. (B.Sc. Edin.), England
Witchell, Edwin Aubrey, England
Wood, Alexander John, India
Wood, George Benington, England
Wood, Thomas, Scotland
Yates, Peter, England
† Younan, Arthur C., Calcutta

* Passed with First-class Honours. † With Second-class Honours.

Army Medical Service.—The following is the list of the candidates for appointments as Surgeons who were successful at the competitive examination recently held at Netley :—

	Marks.		Marks.
*Bruce, D.	2975	Moore, R. R. H. ..	2000
Gordon, H. C... ..	2320	O Shaughnessy, P. J. B.	1455
Bell, H. L.	2186	Robertson, J. R. S. ..	1965
Riordan, J.	2285	Tate, A. E.	2050
De Lom, H. A... ..	2101	Faunce, C. E... ..	1792
Firth, R. H.	2460	Lendrum, W. H. ..	2200
Nelis, G.	1990	Wyatt, H. J.	1613
Gallwey, P. J... ..	1699		

* Gained the Montefiore Second Prize.

Indian Medical Service.—The following is the list of the candidates for appointments in this Service who were successful at both the London and Netley examinations recently held :—

	Marks.		Marks.
†Young, J. M.	5680	Quicke, W. H. ..	4733
Jameson, G.	5257	Evans, A. O.	4691
Collie, M. A. T. ..	5225		

† Gained the Herbert Prize, Martin Memorial Gold Medal, Montefiore Medal, and Parkes Memorial Bronze Medal.

◆

Notices to Correspondents.

The Students' Number, 1883-84.—The annual educational number of this Journal will be published on Wednesday, September 19th. Deans, Registrars, and others connected with the various medical schools throughout the United Kingdom, will oblige by forwarding the latest prospectus and such other information as will assist the Editors in the compilation of this important number.

THE COST OF PAUPERS.

From a Parliamentary return just issued relating to poor-rates and pauperism, it appears that the total expenditure for relief of the poor, during the half-year ended Lady Day last was, £2,252,286. Of this sum £982,586 was for in-maintenance, and £1,269,700 for out-door relief. The return comprised 647 unions, and a population of 25,972,119.

Mr. A. P. P.—We consider that, assuming your version to be strictly correct, your associate has not acted up to his engagement, and if persisted in, should be a sufficient legal reason for you to cancel the partnership. Probably, however, friendly counsels would bring him to see matters in a different light.

Sclerosis.—Messrs. Krohne & Sesemann, of Duke Street, Manchester Square, W., are the makers of the instrument. Send for their catalogue; we do not know the price of instrument.

Just Passed.—There are no more appointments open; the gentlemen sent to Egypt were specially selected for their fitness and knowledge of the subject. It is true one of the number, Mr. Theodore Acland, only passed the College of Physicians the day before his departure, but this was the only exception, and was probably due to the exercise of a little private influence. Without this we fear you would stand but little chance of being selected, as there were many applications from those who had been long qualified.

Mr. J. A. B.—The father of the person referred to was a notorious quack, *soi-disant* Professor B——. After he had been convicted of falsely styling himself "Doctor," to avoid this *contretemps* happening to his son, he educated him as a surgeon, and he now holds the M.R.C.S. Eng., and practises the arts of quackery with his father under this legal protection.

Mr. R. F. Bennett.—You will find your inquiries fully answered in Dr. von Pettenkofer's work on Cholera, published by Messrs. Baillière, Tindall, & Cox, 20 King William Street, Strand. Treatment by injection of saline fluid was successfully resorted to as long as thirty years ago.

F. F. B.—The official Pharmacopœia does not include a large number of new remedies which have been adopted into general use. The revision it is now undergoing will result, probably, in the more important of these finding a place as officially recognised therapeutical agents.

M.B., M.A.—You should address your application to one of the local secretaries at Liverpool; it will certainly be attended to, but we cannot undertake to say your suggestions will be adopted.

Dr. Carter.—The subject is referred to in our present issue. The information was forwarded by the gentleman who is most interested in the matter, and to whom you might very properly address yourself.

Inquirer.—The publishers of Foster's "Embryology" are Messrs. Macmillan & Co.

WHAT ARE THE PREDISPOSING CAUSES OF CHOLERA?

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—For many years I have been the physician and surgeon of the Ballingarry dispensary district, in the Callan Union. I well recollect conversing with its various inhabitants on the subject of cholera, and was then told by some of its inhabitants residing in the village of Ballingarry, that when the cholera was present there, that one-half of the street was attacked with cholera, and that the remaining half was perfectly free. This I do know for a fact, that one side of the aforesaid street had a sewer running parallel with the aforesaid houses in the rear, and at a very short distance from the said houses. As to the side opposite, I have now no recollection of the matter.

21 Richmond Hill, Rathmines, Dublin,
August 8th, 1883.

Yours, &c.,
Geo. Rowles.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m., and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

Vacancies.

Cashel Union, Cashel Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, September 1st.

General Infirmary, Gloucester.—House Surgeon. Salary, £100, with board. Applications to the Secretary before September 1.

Gloucester County Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to the Medical Superintendent at Wotton, on or before August 20.

London Hospital.—Demonstrator of Practical Chemistry. Salary, £100, and a proportion of fees. Applications to the Warden before September 1.

North Wales Co. Lunatic Asylum, Denbigh.—Assistant Medical Officer. Salary commencing at £100, with board. Applications before August 1ᴴ.

Thomastown Union, Graigue Dispensary.—Medical Officer. Salary £100, and fees. Election, August 23.

Ulverstone Union.—Medical Officer of Health for the Rural Sanitary Authority. Salary, £133. Sealed applications to the Clerk before August 22nd.

Appointments.

Hunter, J., F.R.C.S. Ed., Lecturer on Animal Physiology to the Watt Institution, Edinburgh.

Lane, J. L., Assistant Physician to the Rotunda Hospital, Dublin.

Lyons, A. de C., M.B., M.C. Aber., Public Vaccinator to the Yatton District of the Bedminster Union.

Mellor, T., M.R.C.S., Medical Officer to the Workhouse of the Bury Union.

Moore, E. E., M.B., Resident Medical Assistant to Down District Lunatic Asylum.

Nisbett, R. I., M.R.C.S., Consulting Surgeon to the Gravesend and Milton Infirmary and Dispensary.

Oulton, H. W., Medical Officer to No. 1 North City Dispensary, Dublin.

Stafford, T. J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the No. 1 Dispensary District of the Boyle Union.

Steel, W. D., M.D., Medical Officer of Health to the Abergavenny Union District; also Medical Officer to the Abergavenny Union, and to the Ulanarth District.

Treves, E., M.R.C.S., Assistant Surgeon to the Brighton, Hove, and Sussex Throat and Ear Dispensary.

Births.

Anderson.—August 8, at Spennymoor, Durham, the wife of Robert S. Anderson, M.B., of a son.

Chitty.—August 3, at Crouch End, the wife of A. Goldney Chitty, M.R.C.S., L.R.C.P., of a daughter.

Embleton.—August 8, at 25 Park Crescent, London, the wife of D. C. Embleton, M.R.C.S., L.R.C.P., of a daughter.

Graham.—August 2, in Sumatra, the wife of J. Campbell, M.D., M.A., L.R.C.P. Ed., of a daughter. (By telegram.)

Grimshaw.—August 8, at Priorsland, Carrickmines, co. Dublin, the wife of Thomas W. Grimshaw, M.D., of a daughter.

Deaths.

Axford.—August 8, at Sunnyside, Bath, after a lingering illness, Richard Axford, M.R.C.S., J.P., late of Bridgwater, aged 64.

Carter.—August 9, at his residence, Kilcullen, co. Kildare, Robert Cook Carter, M.D., aged 77.

Martin.—August 1, at Ellangowan, South Norwood, Anne Stuart, wife of Surg.-Major James Martin, A.M.D., aged 54.

Southam.—August 2, at Thorne Road, Peterborough, Thos. Southam, M.R.C.S., L.S.A. Lond., aged 74.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 22, 1883.

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Original Communications.

ON SOME FORMS OF DILATATION OF THE COLON, SPECIALLY IN REFERENCE TO THE DIAGNOSIS OF THE AFFECTION. (a)

By HENRY KENNEDY, A.B. M.B. T.C.D.,

Fellow of the King and Queen's College of Physicians; Physician to Simpson's and the Whitworth, Drumcondra, and formerly attached to the Cork Street Hospital, and Sir P. Dun's.

It will be admitted that, within the last 25 years, great advances have been made in our knowledge of all the organs concerned in the process of digestion. The much greater care which is now bestowed on the minute anatomy of each portion of the intestinal tract, together with the increased knowledge of the morbid anatomy, and above all the advances made by physiology, including the knowledge we now have of the various peptic ferments, these, one and all, have powerfully tended to enlarge our experience, and give us clearer ideas on the subject generally. On the other hand it must be also admitted that a vast deal yet remains to be cleared up before we can be said to have approached to that end so much to be desired. I used the word "approached" advisedly; because, I believe, we can never reach to certainty either in this or any other branch of medicine. The nature of the subject does not allow it. We must, however, do our best to overcome the difficulties which exist, and I do not know any better plan than to take up some special point for discussion, and with this idea, I have, on this occasion, selected the subject of dilatation of the colon as being one worthy of notice. In any remarks I shall make on this subject I shall not speak of the cæcum, as its consideration would far exceed the limits of a paper such as I now have the honour of presenting, neither will it be possible to do more than make a very few general remarks, which will, however, help to introduce the more immediate subject of the paper.

Into the several points connected with the colon which must strike anyone, on the most superficial views of the subject I need not here speak at length. Its size, its relative position, its numerous sympathies, its functions, its peculiar anatomy, relatively to both the arrangement of its muscular fibres, and the minute anatomy of its mucous membrane, are known to all; but should any of my hearers wish to be better informed on the subject, and in a clinical point of view, I would refer them to a brief but admirably written paper by the late Sir Henry Holland, who scarcely touched anything in his valuable essays that he did not adorn. Neither of the diseases of the colon would it be possible to speak here at length. It is certain, however, that they are both numerous and important. My own conviction is that they are both more numerous and more important than those of the ileum, which has had so much attention bestowed on it, owing to its being the chief seat of the lesions of typhoid fever. We must not forget, however, how often the colon shares in this state, and on another occasion I have called attention to this special point, and have shown that the greater amount of disease may be found in the colon. I see too, cases lately given where typhoid fever has led to perforation through the colon, just as occurs in the ileum. There will be occasion to allude to this point further on. But the state of the colon to which I wish now more particularly to ask your attention is that of dilatation of the organ; nor am I aware that, in the aspect in which I would speak of it, has it been described by any author. That the colon acts as a reservoir for the fæces is certain; and that owing to this function it is capable of being dilated beyond its normal size is well known. But I would wish to go further, and to recognise the fact that dilatation of this portion of the intestinal tube may exist without there being any apparently mechanical cause to have led to it. To say that an accumulation of the fæces never existed in such cases at any period would be going further than facts would justify; and the chief function which has just been alluded to, that of a reservoir, must afford a strong presumption, at least, that it was owing to an abnormal accumulation of the fæces dilatation ensued. I may say, however, that I have met cases where there was no history of previous constipation which would account for the dilatation present. (*a*) That this state of the intestine is of more frequent occurrence than is commonly supposed I cannot doubt, and that it gives rise to a number of troubles is certain. We all know what numerous symptoms, serious and otherwise, arise from simple constipation. To attempt to describe them would here be quite out of place. Suffice it to say they may affect the head, chest, or abdomen; or the general health may be most seriously impaired, or melancholia may exist, for I believe one of the main causes of that most distressing and obstinate complaint often has its origin in one or other form of derangement of the colon. As bearing on this point too I need not remind you of the fact that malposition of the colon is by no means unfrequently met with in cases of insanity. You all know that in such cases the transverse colon dips down towards the pelvis, so as to form a concavity upwards. This state I believe I have diagnosed during life, but I would speak with reserve on this point. It seems clear, however, that when it does exist it must necessarily interfere, in a degree, with the natural functions of the part.

(a) Verbatim report as read before the Medical Section, Academy of Medicine in Ireland, May 18, 1883.

If it be assumed then that constipation is the starting point of dilatation of the colon it is easy to understand how this state will become a permanent one; for the over-distension must lead in time to injury, more or less, to the muscular coat, which we know to be so peculiarly developed and, placed in this intestine. The process may be, and indeed necessarily must be slow, and it stands out in this respect, as a contrast to what occurs in the urinary bladder, where a few hours of over-distension is frequently followed by serious injury to the muscular power of the organ. Still, in the colon if the process be slow it is sure, and it is more than probable that the muscular coat must degenerate into the fatty state; in conformity with the well known law that when muscle is not exercised it surely degenerates.

These two causes, then, that is over-distention and change in the muscular texture, seem quite capable of accounting for the state of the colon of which I am speaking. To these some might be inclined to add the peculiar anatomy of the part itself; its puckered appearance, and its division into cells, inviting, as it were, to constipation, and so to dilatation. At any rate whatever be the cause or causes of this state, certain it is that it often exists, and so constitutes a diseased condition. Now the diagnosis of dilatation of the colon, simple though it may appear, is not by any means so easy as might be thought, and indeed, there is no doubt that it is often overlooked, if not quite mistaken. I suppose I address few who have not known instances of this sort; where very serious mistakes have been made, and impacted fæces have been supposed to be other and grave diseases. To accoucheur,s in particular, such cases are of frequent occurrence; nor need I revert to them more than to say tumours formed in the colon are capable of being mistaken for uterine and ovarian tumours. The following case is sufficiently obscure to be introduced here:—

Case I.—A lady close to 60 years, a widow, but without family, has been under my observation for about five years. The patient has four distinct tumours in the abdomen, which when handled convey the idea that they are floating about, for they can each be moved a little. The largest is the size of an orange, and the others a little smaller. One is close to the uterus, but a little to the left side. The curious feature of this case is that these tumours have existed for the long period of twenty-five years, and as far as I can learn little, if any change has taken place in them, nor did they give the patient any annoyance. About two years ago she was seized with a very severe hæmorrhage from the kidneys, and lost so large a quantity of blood as to have been completely blanched. Some of the blood which came away literally coagulated, and it did not seem to affect the tumours in any way. The patient, whilst at the worst, showed a very peculiar state of mind, which I set down to the peculiar loss of blood, and which passed away as she grew better, and she has had no return since. (*a*) Dr. Denham saw the case with me. The diagnosis of this case I leave to others, for I must confess myself unable to make it. The case, however, is I think, worthy of being put on record. It should have been stated there is nothing apparently wrong with the uterus itself, nor has the patient any marked trouble with the bowels. A case of a somewhat different character is the following. (*b*)

Case II.—The patient was a maiden lady of middle age, spare habit, and sedentary life. Her abdomen became gradually and almost imperceptibly swollen, and no inconvenience was experienced, except a tendency to constipation. The bowels, however, yielded to ordinary purgatives, but such evacuations were not followed by any subsidence of the tumefaction. At the post-mortem examination the entire colon was found enormously dilated, and its coats thickened; but only the sigmoid flexure is preserved in the Museum of the College of Surgeons, and it when stuffed and dried is about four feet long, and two in circumference. It is significantly added that the nature of the affection was not guessed at during life, and to this statement is appended the respected name of the late Mr. Cusack.

Case III.—A girl, æt. 17, began to get out of health in December, 1879, but she had no definite symptoms, nor pain. In January, 1880, the bowels became irregular, at times there was constipation, and again diarrhœa, and with this state the abdomen began to change, and when admitted in Guy's Hospital in August, 1880, that is to say, about ten months from the time her health had first failed, the abdomen had attained a great size, and severe diarrhœa existed, the discharges being offensive and dark coloured; but still no pain on pressure or otherwise. When admitted she was so anæmic as to suggest the idea that she had been losing blood. Her expression was anxious and her pulse rapid. It is enough to say of this case that she lived about a week after her admission, having been seized at the last with pain in the abdomen, which rapidly increased in severity, was attended with collapse, and then death. On examination it was found that the colon, commencing at the hepatic flexure, was much dilated, the hepatic flexure measuring eleven inches, the sigmoid thirteen inches, and the rectum seventeen inches. The coats of the bowels were somewhat hypertrophied and hard to the touch, and in the rectum were found some superficial ulcers, two of which were each the size of half-a-crown; whilst in the sigmoid flexure a large one with sinuous margins existed, in the centre of which perforation, leading to a fatal peritonitis, was found. Though a large quantity of black pultaceous fæces was in the colon there were no scybalæ. All the other organs in both abdomen and chest were healthy. Dr. Goodhart, the gentleman who details this very interesting case (Clinical Society's "Transactions," vol. xiv.), might well speak of it being rare. He avows that he considered it to have been a case of tabes mesenterica, nor did anything occur during the life of the patient to alter this view, and it was only the post-mortem examination which showed the real nature of the case. But there is not time to enter here into the special points which this patient exhibited. The three cases which have been just sketched are, I consider, sufficient to illustrate some of the difficulties which belong to the subject brought under notice. They could have been very easily added to, but even in themselves they prove to demonstration the mistakes which may be made in the diagnosis, and, as already stated, it is to this special point, I mean the diagnosis, that I would now ask attention.

Can the diagnosis, then, of dilatation of the colon be

(*a*) Other parts such as the œsophagus, stomach, heart, &c., exhibit dilatation without any very obvious cause, and it is more than probable the colon may take on a similar diseased action.

(*a*) I have seen some cases of mental disturbance exactly similar, which occurred after severe fevers.

(*b*) Some years since Dr. Shannon kindly showed me some very interesting cases like the one given above.

made out during life? I believe it can, and by a series of symptoms which it is scarcely possible to overlook. But then attention must be drawn, in the first instance, to the possibility of making the diagnosis, and I do not find in any of the standard works with which I am acquainted that any such attempt has been made. Hence, the first idea is as to making the diagnosis at all, and, keeping this point in view, to proceed then to detail the symptoms. And here I would wish it to be understood that I am not now about to speak of cases where fæcal accumulations could be felt during life. These may have existed at some former period, as I have already stated, but in what I am now about to describe I do not contemplate such a state of things. What, then, are the symptoms which dilated colon cause? In the first place, the parties are always more or less invalids. They may get through their ordinary business, but few days elapse in which they have not one or other complaint referred either to the head, chest, or abdomen. The appetite is fickle, their food not being enjoyed, but their bowels seem to be quite regular, and in some of the cases I have seen, the parties have two evacuations every twenty-four hours. When such a comparatively rare thing as this occurs it should always attract our attention, for it is certainly exceptional, and has some specific cause. When I first met it I thought it might be accounted for by the parties being very hearty eaters, but a more enlarged experience showed me this could not be the cause, as I found it existed when the appetite was quite moderate, and I am now inclined to think it is most likely due to the state of the bowel, which, from its greatly increased surface, must necessarily pour out far more excretions than it would in a state of health, and so make the bowels act more than ordinarily. This idea will, I think, be borne out more fully as I proceed.

When we come to examine a patient whose colon is dilated as he lies on his back, we are at once struck with the fact that the abdomen is somewhat larger than natural, and percussion elicits a clear sound; and this is the more marked the thinner the patient is, and, speaking generally of them, they are thin. No pain is complained of on pressure, but in some instances pain which seems to arise from the displacement of flatus is felt. But it is in the character of the evacuation from the bowel that the chief characteristic of the disease is seen. It may be said once for all that the fæces are never healthy, and this is a sign which, if looked for, cannot be mistaken. Besides being discoloured, the fæces are always pasty and unformed, and invariably sink to the bottom of the pan. The quantity may be, and often is, large, but it has always the characters mentioned, and no means I have yet tried have altered them. In confirmation of the remarks just made, I shall give a brief sketch of two cases at present under my care.

Case IV.—A gentleman, about 50, has been my patient for several years. He has been an asthmatic, but never to a violent degree. Within the last four years he has begun to complain very much of his head, and has had very severe attacks of giddiness which were twice attended with some vomiting. He always had the habit of coming to my house till the occasion of one of these attacks, when I saw him at his own home, and then for the first time discovered the nature of the discharges from his bowels. They were darkish, pasty, and unformed, and I have never succeeded in rendering them better, though I have tried a good many remedies; amongst the rest, he has visited Harrogate. This patient bears mercury very badly. He now complains so often that he must be considered a confirmed invalid, even though he struggles to carry on his business.

Case V.—A gentleman, close to 60, applied to me for advice about two years since. He described a number of symptoms, referred chiefly to the left side of the body, and which were more like those of hysteria than anything else. The attacks in this instance are described as commencing in the abdomen, and spreading both up to the side of the neck and down the limbs, especially the left one. When he pleases he can, by a particular movement, cause a very peculiar sound in the abdomen, like the gurgling of fluid in a large cavity. Though a thin man, his abdomen is larger than what is natural, and tympanitic, but the closest examination does not detect any tumour. The discharges are precisely similar to those last described, being dark, pasty, and unformed. But there are more signs of irritation of the mucous membrane in this instance than in the last case. Thus, the patient has an inclination to a motion every morning before he gets up, to which he must attend, but if the call be not attended to, or not so urgent as usual, he finds it scarcely possible to get the bowels to act through that day. Since I have been seeing him he has had one rather sharp attack of diarrhœa. This gentlemen has been seen and treated by different medical gentlemen. What views have been held about the case I do not know, but that he has a dilated colon I cannot doubt. Treatment has benefited him, though he is far from being cured.

The cases given are, I think, quite sufficient to prove that not only dilatation of the large bowel exists—a fact long known, but that its diagnosis can be absolutely made out—a point which, as far as I know, has not yet been attempted. Nor let it be supposed that this last point is one of little moment. At first the impression would be that it was of no great importance. But I cannot look upon it in this aspect, for even in the very mildest form of the disease—that is, when the colon is dilated by impacted fæces—it entails a chronic state of broken health; whilst in the form to which I would more particularly ask attention—that is, dilatation without any impaction of fæces, or tumours to be felt through the abdominal walls—I look upon the affection as very serious. Nor, indeed, when we consider the state of the parts, can this seem strange, for the mucous membranes, now so much enlarged, cannot be in a healthy condition, and is constantly pouring out unhealthy secretions which in their turn lead to ulceration, and this again to perforation. I have already alluded to the fact that perforation has occurred in typhoid fever, and in addition I find quite a number of cases—more, indeed, than I had any idea of—detailed in which this accident had occurred. One case I saw myself, but unfortunately I am only able to say of it that it occurred in a shoemaker, 55 years of age, who was suddenly attacked with severe pain in the left side of the abdomen, followed by collapse and death, after about thirty hours' duration. I was asked to assist at the post-mortem examination and we found all the marks of peritonitis, of a limited character, however, in the left side of the abdomen, and this had arisen from perforation of an ulcer of the sigmoid flexure of the colon. Besides this danger, however, the patient is very liable to attacks of diarrhœa, which may run into dysentery, or become chronic, and I have observed that they are subject at times to a sudden deterioration of the general health, which it is hard to relieve, and during which we must not forget that ulceration may occur. The presence, indeed, of ulcers is a point we should ever keep in view in these cases; they may be singularly latent as regards any symptoms to which they give rise, and post-mortem examination may be the first notice we get of their presence.

For these reasons, then, I look upon the affection I have attempted to describe as very serious, and our prognosis should be in keeping with such views.

As to treatment, I wish I could add anything that could be thought worthy of notice. But I am unable to do so, and can only say that every measure, general and medicinal, which can possibly raise the health of the patient is to be carried out. The diet, of course, must be strictly regulated. Of medicine I think I may recommend one or other form of strychnine, or this combined with iron, but astringents, as a class, are to be avoided.

In conclusion, I will throw into propositions the several points which I wish to bring more particularly under notice:—

1. That dilatation of the colon, whether caused by impacted fæces or otherwise, is of frequent occurrence.
2. That this state is always accompanied by impaired health, and may give rise to symptoms referred to the head, chest, abdomen, &c.
3. That it is a state which may be readily overlooked, as some of the cases detailed this evening clearly prove.
4. That, nevertheless, the diagnosis can be made during life.
5. That the diagnosis turns on the presence of chronic tympanitis, usually slight in character, together with fæcal discharges which never are normal, and are one or more in the twenty-four hours.
6. That diarrhœa, acute or chronic, or dysentery, are common attendants on dilated colon.
7. That this state of the colon is frequently attended by ulceration on the mucous surface, which has led in many instances to perforation of the bowel and death.
8. That the prognosis should ever be most guarded.
9. That treatment may afford marked relief, and so prolong life, but that a complete cure can scarcely be expected.

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PEPTONISED FOOD.

By PROSSER JAMES, M.D., M.R.C.P. Lond., &c.,

Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and Chest.

We are constantly liable to meet with cases in which the chief, sometimes the only, difficulty is to introduce nutriment into the system. Even when it is not necessary to resort to rectal alimentation, it is often nearly impossible to induce the patient to take food. All kinds of suitable dishes are successively prepared, tasted and refused. Milk in all forms may be rejected. When peptonised, this fluid is most easily assimilated; but the process needs a little care. If carried too far, the bitter flavour developed is apt to set the patient against it. Beef-tea—the sheet anchor of so many—is very variable in quality. Every cook and every nurse professes to make a perfect article; but too often the fluid presented under the name of beef-tea is anything but appetising. Extract of beef is often added, but its defects are well known. In France the juice of underdone beef is forced out by a powerful process, and considered more nutritious than our beef-tea. I have known one case where nothing else was taken for many weeks. The plan of peptonising food seems to be a distinct advance in dietetic therapeutics.

Lately, as a substitute for beef-tea, I have been trying "Carnrick's Beef Peptonoids," a preparation which possesses the convenience of being always ready. It seems to be a powdered extract of beef, which has been partially peptonised, and then mixed with an equal weight of gluten. The object of this admixture is to overcome the tendency to deliquesce, and so permit the preparation to be kept as a dry powder. Gluten, being itself highly nutritious, seems a suitable substance for the purpose. For rectal alimentation this powder has been largely employed. In the case of the late President Garfield, the peptonised extract was prepared by the same firm in a fluid form, and seems to have given full satisfaction to the physicians in attendance. This led to the attempt to produce a preparation which would keep; and the powder is the result of the experiments made with that view. Mixed with hot water, a nutritious fluid is at once ready, to which may be added such other food or medicine as may seem requisite.

It is, however, chiefly as a substitute for ordinary beef-tea, to take by the stomach, that I would direct attention to it. Firstly, as to taste. Some patients will object to it, but I have found some prefer it to their ordinary beef-tea; and, of course, flavouring ingredients may be added if desirable. The powder may further be employed to strengthen ordinary beef-tea or soups. But when the patient is being fed on milk and beef-tea only, and can take but a little at a time, the convenience of such a preparation is most obvious. I have given it alternately with milk every two or three hours, day and night, and the patient has declared it more supporting than anything. One patient preferred it to the beef-tea made by three different cooks. Others like to use it to strengthen the produce of their kitchen.

In the following case the preparation was in constant use for weeks:—

A. B., a widow, æt. 80, took cold in March last. In a few days loud râles spread all over the chest, back and front; there was great dyspnœa, loss of appetite, and depression. On the 22nd, a new night nurse was installed, and directions given, above everything, to keep up the feeding. The patient could not lie down; the wheezing was loud; the râles universal. Pulse, 120; respiration, 36. She could only speak in a whisper, one syllable at a time. Beef-tea, milk, &c., to be given in small quantities as often as the patient could take them. Ammonia and ether were also given. The same state continued, but more aversion for food was manifested; and on the 26th, peptonised milk and peptonised jellies were began. These were taken for four days, when the patient refused them. Diarrhœa set in the next day, with still greater depression and nausea. On the 30th, she seemed quite exhausted, and scarcely able to bring off the expectorations. We now began beef-peptonoids—a teaspoonful in hot water every two hours. It was retained on the stomach, and patient rather liked it. Milk and lime-water was given alternately with the peptonoids, and retained also. Aromatic confection and bismuth for the diarrhœa, and ether and respiratory stimulants, were also administered. On April 2nd, the diarrhœa abated; there was a shade less depression; the dyspnœa was, however, great. Respiration, 32; pulse, 100. On the 4th, the amendment was evidently maintained; respiration, 30; pulse, 100. By the 6th, the pulse fell to 84, respiration, 28; but the respiratory distress seemed unabated. Still the patient was able to bring up the expectoration more freely; and from this time the clogged tubes began to clear. With this there was a distinct revival from the oppressed condition, and various kinds of food were taken. Convalescence was, however, delayed until June; but, considering the patient's age and the severity of the attack, it is rather a matter of surprise that she survived it. All through April and part of May the "peptonoids" powder was continued, but, of course, less frequently, as other aliments could be taken. Up to the last, however, the patient would take it in the night, and pronounced it "very supporting."

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WIESEN AS A HEALTH RESORT IN EARLY PHTHISIS, WITH DIRECTIONS FOR CLOTHING, DIET, AND EXERCISE IN THE SWISS ALPS DURING WINTER.

By A. T. TUCKER WISE, M.D.,

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(*Continued from page 131.*)

Chapter II.

Site and Elevation of Wiesen. Its Neighbourhood. (5,050 *ft. above sea-level by the Calculations of the Swiss Meteorological Society;* 4,990 *ft. by Dr. Frankland;* and 4,771 *ft. from Dufour's trigonometrical measurements.*)

This small village stands about twenty-four miles from Chûr (Coire), on the picturesque Landwasser route.

About 11 miles further on, after presenting several structural difficulties and passing through the Züge gorge, the road winds into Davos.

The position of Wiesen exhibits many peculiarities and advantages as an Alpine health resort in winter. Situated on the slope of the Wiesener Alp, facing south and protected on the N. and E. by mountain ranges of 8,000 ft. and 10,000 ft. (Sandhubel, Foppa, Alteingrat, Leidbachhorn), it is effectually screened from the cold winds of winter. Sheltered equally on the southern and western aspect by the Buhlenhorn and huge Stulsergrat (8,390 ft.), the Tinzenhorn (10,278 ft.), and Piz St. Michel (10,374 ft.), and continuing the circle, by the Motta Palusa, Piz Toisa and Piz Curver (9,760 ft.), a land-locked region is formed, radiant in winter with dazzling sunbeams. A thousand feet below is the Landwasser chafing through a narrow course to join the Albula, a mile or so beyond.

Covering the slopes are innumerable pine trees. The odour from these is frequently perceived by new comers, and the antiseptic vapours exhaled presumably contribute to cure.

The most noteworthy feature of the vicinity is an extensive plateau partially filling up the N.W. side of the basin, and jutting out towards the centre, forming an excellent and picturesque promenade. The view from the border of this plateau is seldom excelled on a small scale. Far down at one's feet is seen the floor of the gorge, with the rushing of the Landwasser audible. A peep at the Albula Valley is gained, and beyond rises the Curvèr.

On the left lies the little village of Jenisberg; the Stulsergrat towering above. Behind to the east is the Alteingrat, Leidbachhorn, &c., and on the right the two hotels separated from the plateau by a small vale down which the road descends to the Züge, passing the Känzeli Waterfall.

A variety of attractive walks can be had in the neighbourhood. Limiting enumeration to a few within a short distance, the descent to the Jenisberg Brücke far exceeds all others in beauty. After repeated windings through a larch-wood a view is obtained of an undulating ravine densely overspread with dark green firs stretching away to the Albula Valley. The sound of the Landwasser becomes more distinct through the trees, and a few turns bring one abruptly on to the bridge.

The bridge itself is built of pine, and has the sides and roof of the same material. It spans the chasm without any central support, and some rough engineering skill is evident in its construction. The spectator avails himself of a small hole, cut on either side, permitting a sight of the yawning abyss beneath. To project the head and peer down at the Landwasser is most fascinating, and well worth the half-hour spent in making the journey. After leaving the bridge a few turns to the right will afford a fine front view of the Bärentritt. In this direction the return trip can be prolonged through the pines towards Ziegelhütte, returning to Wiesen by the Landwasser Road, occupying about one hour and a quarter.

Another walk which deserves special mention is to the Grosser Wasserfall. Passing through the village of Wiesen, distant about 200 yards from the hotels, and hidden from view by its position, the road makes several turns, and crossing one or two mountain torrents, reaches an open pasture. Traversing this and entering the forest, the waterfall is discovered in a secluded glade, affording a pretty glimpse at the peak of the Tinzenhorn.

The most frequented ramble, and one that has but a slight incline, is the Landwasser Road in Chûr direction, proceeding as far as the Tiefentobel. A commanding view is obtained of the Piz d'Aela (10,894 ft.) and the other lofty peaks on the south side of the valley. After passing over a stone bridge a tunnel cut through the rock is entered, and the road can be continued to Schmitten, about 2 miles.

By the same road in the opposite direction, towards Davos, the Känzeli Waterfall is an attraction. A small gallery jutting out from the roadway has been constructed here as a point of view from which the pedestrian can see the torrent on the right, losing itself amongst the pines of a wild and rugged ravine. A continuation of the walk takes one on to the wonderful Züge gorge.

The Wiesener Alp can be ascended by passing through the village and taking a turn to the left, a directing-post indicating the way. The ascent is easily made at any time except immediately after a heavy snowfall. The pathway is good, and leads into the pine-woods. From a little eminence a pleasant view is obtained of the valley and surrounding mountains.

Other excursions might be named which could be undertaken on foot or by sleigh. In the western division of the village are two hotels, each of which can accommodate from thirty to forty persons. Up to the present time mostly summer guests have frequented the place, but arrangements are now made to receive those whose health compels them to reside at a high altitude during the winter season. The proprietors furnish good *cuisines*, and the quality of food compares very favourably with that at Davos, whilst the cost of living is less.

Chapter III.

The Climate of Wiesen.

Material assistance in describing this will be rendered by a contrast with Davos Platz.

No one has at any time seriously made the attempt to uphold Davos as faultless; nevertheless, in the present instance it will serve a very convenient purpose to recognise in the well-known Alpine station a suitable standard for comparison.

To disarm criticism, as far as observed facts are concerned, nothing has been designedly omitted which would appear prejudicial to Wiesen. The drawbacks, as well as the advantages, are shown, to enable a correct judgment to be formed of the place and the class of cases it is likely to suit.

Distant 11 miles from Davos, 334 ft. lower in altitude, and with a different contour of land, slight modifications in the meteorological details may be anticipated; whilst the general character of a cold, bracing, and stimulating climate is maintained. The chief points of variation from Davos are—its position on the side of a hill; sparser population; slightly higher and more equable temperature, with less wind. Wiesen may be considered to be about 2 or 3 degrees warmer than Davos, and, although an increase of mean temperature might lead to the belief that dangers would arise from thaws recurring, the periods of liability to actual snow melting seldom take place with more frequency than in the latter valley. The intense heat of the sun sometimes renders parts of the main road damp under-foot when the snow is discoloured, but this could be greatly remedied by removing or covering all dirty patches as soon as formed. The plan of cleaning the roads in this manner is adopted at Davos, and would, no doubt, be undertaken at Wiesen if the number of visitors increased.

With a higher mean temperature, of course the winter is shorter compared with Davos: this might be two or three weeks at the commencement of cold weather, and about the same at the termination of the winter. During the worst time of snow-melting in Davos (which happens either in March or April, according to the mildness or severity of the season), Wiesen clears of snow rapidly; and there being no flat and marshy valley below, like at Davos when the snow melts, any injurious consequences proceeding from dampness and evaporation from marshy land are avoided. The hard frosts at night during this period depend much on terrestrial radiation and gravitation of cold air: the larger sky expanse presented to the Davos Valley favours the former, whilst the situation of the village is low. The bad part of the winter season is then much prolonged, as the warmth of mid-day and afternoon causes a thaw. The evening and night change the wet snow into ice, and so delay its speedy disappearance. An early clearance of snow makes Wiesen a desirable locality for a change from Davos towards the end of the season. Or by judiciously-timed transits from one place to the other much of the bad weather can be escaped at either station in the months of October and March. The journey can be made within two hours, and if a tolerably fine day be selected, little risk is incurred, even in an open sleigh. Covered sleighs may be chosen; but with plenty of wraps, in bright weather an open vehicle is much to be preferred. Neither would it be at all a perilous test if the experiment were made of sending cases here when Davos was found to be unsuitable for them. If satisfactory progress were not induced, the patient would be spared the long drive to Chûr or Lanquart. The deplorable results which have taken place after sending people who were seriously ill from Davos on to Thusis and Ragatz in cold weather perhaps supports this suggestion. On the other hand, the advisability of making a rapid descent from a high altitude to the low-lands, even for convalescents is questionable. Many patients, when leaving Davos for the plains, lose much of the ground they have gained, in consequence, it may be, of the fatigues of travelling, exposure to windy or damp weather, neglect of ordinary precautions or care in personal management. Dr. Spengler, of Davos Platz, makes a statement which not only suggests the need of investigation into this matter, but also raises doubts as to whether the "high altitude cure" can be considered a permanent cure or not; in other words, if the advantages gained by breathing this mountain air are lasting, and if persons can return to their old occupations with impunity:

"Un médecin, residant à Davos, a observé, durant une pratique de treize ans, non seulement que l'état sanitaire et les rapports de la mortalité sont des plus favorables parmi les habitants de cette vallée, mais encore que les cas de phthisie pulmonaire, en particulier, y sont complètement inconnus ou tout ou moins extrêmement isolés. Par contre, il a vu des natifs de Davos, tels que pâtissiers, cafetiers, etc., qui, après avoir échangé le séjour de leur vallée contre celui de grandes villes de l'Europe, sont revenus à Davos avec tous les symptômes de la phthisie pulmonaire. Mais lorsqu'ils eurent aspiré pendant quelque temps l'air natal, leur santé s'améliora et finit par se rétablir complètement. L'arrivée de plusieurs malades suivit de près la publicité de ces constatations, et si le succès qui a couronné leur séjour à Davos n'a pas été aussi rapide que pour les natifs mêmes de la vallée, il n'en a été ni moins heureux, ni moins complet."

It would appear from these observations that a prolonged existence in Davos does not carry with it immunity from phthisis, even in presumably healthy persons with little or no hereditary predisposition to the disease. How much more, then, must "cured" patients be liable to a return of pulmonary symptoms?—when are these likely to redevelope themselves?—when does the expanded chest shrink again? These are questions which will be answered, no doubt, by increased experience of Alpine climate.

Chapter IV.

Water Supply and Soil.

The water supply of the hotels appears to be of wholesome and excellent quality, it falls on the extensive surface of the Sandhubel, mostly as snow, and is filtered through the broad summit of the Wiesener Alp, where it makes its appearance in the wood by numerous springs. The springs selected to supply the houses are protected from cattle, &c., and the water brought down in pine-tree tubes to a tank on the hill, and from thence in iron pipes to the hotels; where in winter it is constantly running to prevent the pipes freezing. The likelihood of contamination is then at a minimum, as no storage takes place in the houses, nor are there any habitations above the level or in the vicinity of the mountain streams.

The water itself is without odour or flavour, and has a bright sparkling appearance from the carbonic acid taken up in the interstices of the rocky soil, through which the springs percolate. Although deprived of its oxygen in winter, by freezing when falling as snow, it becomes sufficiently aërated in its course from the springs to the tank.

It is probable that nearly all the springs at these altitudes in the neighbourhood of Davos closely resemble each other in their chemical constituents, therefore a reference to an analysis made by Mr. Philip Holland, of water found in the Davos valley will give some idea of the character of that at Wiesen.

"The general composition of the water shows the saline matter to consist chiefly of the carbonates of lime and magnesia with some sulphate of lime. They failed to yield either 'free' or 'albumenoid' ammonia when examined by the method of Messrs. Wanklyn and Chapman, nor were nitrates found. The chlorides, too, are in very small amount. They cannot therefore, presumably, have received sewage matter. The water used by the inhabitants is collected from small streams rising in the adjacent mountain sides, and is conducted to their doors from the higher to the lower level by iron pipes, and in some places, for the greater distance, by primitive wooden conduits common throughout Switzerland.

"The total solids yielded on evaporation varied from nine to eleven grains per imperial gallon. The following is an analysis of the water used for the table at the Hotel Belvedere. It flows from an iron pipe fixed in the wall on the mainroad, and close to the hotel:—

	Grains per Imperial Gallon
Carbonate of Lime	4·964
Carbonate of Magnesia	4·506
Sulphate of Lime	0·931
Silica with Oxide of Iron	0·232
Chlorine (calculated as chloride of sodium) ...	0·232
	10·815

Solids by evaporation, 11·10

The somewhat considerable proportion of magnesium carbonate will be derived from the Dolomite limestone, which is plentiful in places along the valley.

The other samples of water taken from other sources in the valley, have yielded results so nearly similar to the one mentioned that we have not deemed it necessary to insert the tables here, and the general inference to be drawn is that all the water in the valley is exceptionally pure." (*a*)

The condition and nature of the soil at these high level stations, presents an interesting subject of study, but one which it is impossible to deal with, at any length, in the limits of the present work. One or two of the salient features connected with the temperature, and quality of the land, must not however, be passed over.

The soil of these mountain pastures is thin, of a rich, fertile character, and absorbs roughly 1·4 (*b*) times its weight of water, underneath is the solid rock, mostly dolomite limestone, except in the centre and at the edges of the valleys or ravines, where lie the moraines of ancient glaciers composed of rubbish or deep earth intermixed with smooth blocks of rock and pebbles.

From the steep declivities on which moisture falls no injurious collection of water can take place. The drainage both of the surface and subsoil is rapid and effective. Being also of shallow depth, the danger arising from a heavy rainfall pressing up effluvia from the deeper strata, is obviated; and having also no stagnant underground sheet of water, the evolution af organic emanations, forwarded by constant moisture, is not aided; or if these decompositions do occur, it is probable that absorption of their deleterious properties, is mainly affected by contact with comparatively dry earth. Vegetation also, as short thick grass covering the slopes, speedily absorbs the

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(*a*) Davos Platz as an "Alpine Winter Station," for Consumptive Patients. By J. E. Muddock, with Analytical Notes on the Food, Air Water, and Climate. By Philip Holland, F.C.S.

(*b*) 2 Kilos 500 grms. of soil taken from garden and dried, weighed 1 Kilo, 850 grms. on being wetted again and allowed to drain, weighed 2 Kilos, 600 grms.

products of decomposition. But the condition of the land with which we are principally concerned during the winter season, takes on altogether a changed aspect, and one which until recently has attracted little attention. Uninterruptedly covered with snow for about four months during the year, the ground itself assumes the nature of "sub-soil," whilst the layer of thick snow above the actual service, modifies in a marked degree the effects of telluric influence.

Occasional falls of snow assist to free the atmosphere also, from aërial germs and mechanical irritants, fixing them in a freezing medium; the former being destroyed or absorbed by the soil and vegetation, at the time of thaw; the latter being washed into, and mixed with the earth. Under these circumstances it is apparent that the air above is as pure as nature can possibly produce it—clean, dry, calm, and laden with balsamic vapours from the pines.

The system of drainage, for a scantily populated locality, is safe enough. Cesspools are placed on the sloping land at some distance from the hotels. The form of water-closets, however, is bad, as in most Swiss hotels. Promises are made that these defects will be remedied, and that for the forthcoming winter a skating rink will be constructed with other improvements, if the number of visitors admits of the outlay.

(*To be continued.*)

POSITION IN LABOUR. (a)

By A. DRUMMOND MACDONALD, M.B., C.M.Edin.,
Liverpool.

Mr. President and Gentlemen,—Position in labour is not a matter of routine, but of careful thought and attention, especially during the second stage, and it is to position at the conclusion of this stage that my remarks will be almost entirely restricted.

Defining the position to be assumed by the patient, Dr. Playfair, at page 330, vol. i., second edition of his work, says (and I am not aware that the words have more recently been altered): "In this country it is usual for her to lie on her left side, with her nates parallel to the edge of the bed, and her body lying across it. This is the established obstetric position in England, *and it would be useless to attempt to insist on any other, even if it were advisable.*" The italics are mine.

Gentlemen, however much I may be inclined to bow to those dicta of so eminent an obstetrical authority which are the fruit of ripe experience, I am bound to say that I cannot accept a dictum such as this, shutting out as it does position in labour from a share in the scientific progress of our age. And I am here to argue for—and, if possible, to persuade you to think advisable—a modification of the presently practised British position.

The position above defined is assuredly that in which obstetric operations are most conveniently commenced, but I hope to show that it is not the position in which to terminate either operations, or those cases, the vast majority of all labours, where the natural powers suffice. Previous to the descent of the head upon the perineum, we may determine the amount of permissible flexion of the thighs by observing the amount of apparent reflexion after straightening the limbs, which takes place at the onset of an uterine contraction. This is my guide to position curve during the greater portion of the second stage. But the position which I desire to find applied in terminating all, or nearly all, labours is that which I have termed the Straight-bodied, or (for the lovers of classic expression) the orthodematic position—a right or left-sided position, with the lower extremities adducted and placed as nearly as possible in the line of the body axis.

Dr. Hurt, of St. Louis, first applied the principle to American obstetrics, and in the beginning of December last I advocated its application to the British right or left lateral position, it being a matter of simple convenience whether the patient lies on the right or left side. I was glad to observe, in addition to some favourable private testimony, that a distinguished member of our Association—Dr. Edis—at a meeting of the Obstetrical Society of London, reported in the *Journal* of 6th January last, also confirmed the principle.

What then happens in the curved position? Briefly this: An artificial tension is induced by the dragging of the skin of the nates and posterior aspect of the thighs on the perineal tissues through the skin and subcutaneous tissues over the base of the perineal body and fourchette (abundant adipose tissue is, I think, a contributor—in primiparæ, at least); and also I believe some amount of resistance to distension of the pelvic outlet is produced by the tension or traction of the stretched *glutei maximi* on the coccyx and posterior surface of the great sacro-sciatic ligaments. In this acquired tension the powers of parturition, or the obstetrician's arm, or both, find an additional element to be overcome, which is also met by the presenting part a little nearer the perpendicular, so that increased power is demanded, and the force not only overcomes the resistance, but does so by more or less solution of the continuity of the resisting body—the vulvo-perineal tissues. Whereas in the straight attitude the natural obtuseness of the angle of inclination of the perineal plane is preserved, and whatever laxity of parts is present is not interfered with—thus by diminished resistance expediting labour and helping to maintain the integrity of the pelvic floor.

Now, in endeavouring to prove my averments, I must hold laceration or non-laceration of the perineum to be a practical test by results. Collateral and accessory influences, such as careful guidance and control of the head, delivery of an arm if possible before the shoulders, support while they are passing, suspension of the accessory powers, and so on, have, no doubt, equal sway in each of the two sets of cases I am about to compare, since the efforts of accoucheurs have long been directed towards all perineal-saving points—one excepted—and that one, *the position of the perineum itself.*

The figures relating to the curved position are high. Thus, Dr. Matthews Duncan quotes Shroeder as putting them at 61 per cent. for injury to the "perineum" itself, whilst Dr. Duncan's deputies at the Edinburgh Maternity experienced on the most favourable view 52 per cent. of perineal laceration in a series of twenty-five unaided primiparous cases, delivered presumably more or less in this curved position. He refers slight lacerations of the posterior commissure under half an-inch in linear extent to the fourchette, and this definition of "fourchette" I am willing to adopt for the purposes of comparison. Accordingly in that series we find thirteen instances of laceration of the perineal body, four of the fourchette, and eight in which none of the so-called "inevitable" (lacerations) took place. I may cite as further examples of what that position alone can accomplish two cases of primiparæ coming under my own observation, but where I was not present when the child was born. One had assumed the dorsal decubitus with knees well drawn up; the other was delivered at stool. They were cases of head presentation at full time. The first child was of average size, the second over average, and both perineums were ruptured to the external sphincter ani. Obviously the position might be described as being curved in both instances. This completes that side of the question.

What have I to tell of the straight-bodied lateral position? Firstly, I rely upon the general statement of nearly sixteen months' experience of its beneficial results; and, secondly, I adduce special evidence derived from twenty-five primiparous cases, in which this position was used, as well as mention corroborative cases. Time will not permit of much detail—but, briefly, eleven out of the twenty-five were head presentation forceps cases, and in four there was no laceration, or only the "inevitable;" in four the fourchette was more or less lacerated; and in three the perineal body was in various degrees trenched upon (from slightly to within a quarter of an inch of the arms in a case of rigidity). Fourteen were unaided deliveries, and in ten the fourchette was entire, in three it was lacerated, and in one the perineum was half torn by both shoulders shooting down together. They were full time occipito-anterior presentations save one, a complex premature twin case of cord, footling, and back presentation, where I evulsed the second fœtus. I am free to confess that a desire to avoid the pubic Charybdis only to strike against the perineal Scylla may have partially accounted for the three forceps lacerations, as traction was probaby not made exactly in the axis of the outlet—a fertile source. I believe of lacerations in instrumental cases, and an argument for early removal of the blades, although the conditions of delivery will always produce some contrast between forceps and natural deliveries.

(a) Read at the meeting of the British Medical Association, Liverpool, 1883.

Regarding the children, I may state that one was weighed for me at 9½lbs., while there was the case of small twins already referred to. I weighed eight of the children myself, and the average of five females and three males was 7lbs. 8½ozs., one of these only causing slight rupture. The occipito-frontal diameter, measured shortly after birth, was 4⅞ inches fully in nine instances, and in four the average sub-occipito-frontal circumference was slightly over 12¾ inches. We thus see that the passengers were fully up to the average size, and that the conditions of labour in all the cases were such as to supply a test. Including, then, aided and unaided cases we find a record of only 16 per cent. of laceration of the perineal body, which, even in view of the very favourable figure through care being taken of Olshausen quoted by West (21 per cent. in primiparæ), goes to prove a considerable balance of practical influence to be accorded to an attitude whose benefit we theoretically at first glance perceive. Corroboratively, and as leading up to an universal affirmative proposition, I may mention in multiparæ an occipito-posterior, face becoming occipito-posterior, an occipito-posterior forceps case, a breech, and a case of podalic version, all delivered in the straight-bodied position without laceration.

As to the *method:* In unaided cases it is simply to place the patient longitudinally in bed to commence with (unless an extraordinary vaginal examination be requisite), and then to straighten the limbs as the presenting part descends upon the perineum. In forceps deliveries the patient's shoulders are brought round by the nurse parallel to the edge of the bed, while the operator holds tight his grasp; a little additional assistance places the patient further from the edge, but within convenient reach, a procedure in which there may be theoretical, but no *practical* difficulty.

In conclusion, you will understand the meaning which I wish fully to convey when I say that upon the integrity of the pelvic floor a great measure of the health and happiness of woman depends. What we have to think of is not how to repair, but how to prevent, laceration, both of its pubic and perineal, but chiefly of its perineal, segment. I have shown that a more or less sigmoid position tends to produce these lacerations, whereas a rectilinear position tends to prevent them. Is it not, therefore, advisable that we should abandon the "established" in favour of the straight-bodied position, as being more in accordance with the upright arrangements of Nature?

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A telegram has been received at the India Office from the Viceroy, dated Simla, August 14th, calling attention to the rapid increase of deaths from cholera at Bombay. During the fortnight ending July 7th the mortality was 32, and in the next fortnight 106, whereas for the last fortnight the deaths from cholera numbered 202.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Reported by JOHN W. MARTIN, M.D.,

Sheffield.

Gastro-enteric Symptoms, closely resembling those of Typhoid—No Rash—Tumour in the Right Iliac Fossa, over the Ileo-cæcal Valve—Persistently Furred Tongue—Great and long-continued Loss of Strength—Relapse after Partial Recovery—Constipation for some days: when Relieved, Stools Slaty-blue Colour, unstained by Bile—Reappearance of the Tumour in Iliac Fossa—Treatment—Recovery—History of Defective Sewage.

Was called in to see Mr. B. C., æt. 34, of Sheffield, on Saturday, the 31st of March, 1883. Found him rather feverish, and complaining of having been out of sorts for the preceding ten or twelve days with what he thought was indigestion, as he had loss of appetite, discomfort after meals, and irregularity of the bowels. When seen, the temperature was 101·4. This might be looked upon as the temperature of the fourth day of illness, as he was compelled to give up work on the preceding Wednesday, March 28. The tongue was heavily furred, with a triangular red patch at the tip, and prominent papillæ. The bowels had been moved on Thursday, the motion being thin, light coloured, and very offensive. They had not been moved since. Pulse 100, temperature 96. There was decided garguillment in the right iliac fossa and some tenderness, especially to deep pressure. The abdomen was tympanitic and slightly distended. The patient was very thirsty. He passed a fair quantity of clear, straw-coloured urine. He was restless, and had not slept comfortably for several nights. When asleep he dreamt heavily, and awoke tired and unrefreshed. On Wednesday, March 28, when first seized, he felt intense langour and pain in the small of the back and in the bowels. On inquiry, I found that for some time his wife and children were out of sorts, languid, and troubled with thirst, anorexia, irregular action of the bowels, and general malaise. Their tongues were dirty-looking, furred, red at tips, and presenting prominent papillæ. They had never, however, to be confined to bed. Further inquiries elicited the fact that there had been for some time something wrong with the house drain, accompanied by leakage, and fouling of the air of the cellar and of the passage leading to the entrance-door and back yard. This pipe was carried from the back of the premises, through the covered passage that gave entrance to the two neighbouring houses. Half-way through the passage, and opposite the entrance-doors of both houses, the pipe was broken, and allowed free escape of the drain contents. The effect was perceived in the passage, and strongly so in the cellar. For treatment, I placed him on effervescent citrate of potash mixture, with tr. of aconite and sweet spirits of nitre, and gave a composing draught of chloral hydrate, bromide of potassium, and morphia. I also applied turpentine stupes and hot linseed poultices over the abdomen, and directed his diet to be exclusively confined to slops.

April 1st (Sunday).—Condition much the same as on the previous day. Pulse, 102; resp., 24; temp., 101·4. No motion from the bowels since Thursday. Abdominal symptoms unchanged. Treatment continued.

2nd.—No motion from the bowels. Abdomen rather distended; tympanitis more marked; and the pain and tenderness in the right illiac fossa decidedly increased. Tongue presented a heavily furred and foul appearance. Passed a restless night. Ordered half-an-ounce of castor oil, to be given in some warm milk; other treatment to be continued.

3rd (supposed seventh day of illness! ?).—Pulse 92, dicrotous; resp., 24; temp., 100·6. No motion of the bowels on the 3rd, but they had been well moved after the oil the preceding day. First noticed a hard lump, about the size of a turkey's egg, but a little longer, in the right iliac fossa, just over the ileo-cæcal valve, extending downwards towards the inguinal canal, and lying parallel to the crest of the ileum. This tumour was dense, and resistant to the touch, and was not in itself painful. There was no fluctuation felt. Condition of the tongue unchanged. Felt very low and weak, and had not the smallest desire for food. I directed turpentine stupes and hot linseed poultices to be applied over the tumour, and continued the other treatment. In the evening the pulse was down to 88 beats in the minute; respiration, 24, as in the morning;

and the temperature, 101·6. Complained of great thirst. Dozed a good deal during the day. The face pale, with the exception of a flush over the cheek bones. Pupils of the eyes dilated. Other symptoms unchanged.

4th (eighth day of illness).—Pulse, 80, stronger and steadier; resp., 16; temp., 99. Not so thirsty. Bowels unmoved since the 2nd. The abdominal tenderness diminished. Slept well. No change in the size of the swelling observed. Gargouillement difficult to get. Ordered another dose of castor oil. In the evening the pulse was 72; resp., 20; temp., 99·6. Had three motions since morning—thin, and light yellow in colour, and very offensive. Felt restless and somewhat excitable. Passing water freely.

5th (ninth day).—The pulse, 72; resp., 20; temp., 98. No motion. Passed a restless night. Tongue unchanged. Treatment continued. *Evening visit.*—Tongue less furred. Dozed a little during the day. Pulse and respiration same as in the morning; temp, 99·8. There was less pain and tenderness over the ileo-cæcal valve. Tumour was slightly diminished in bulk. The pain in the back was much better.

6th.—Slept well. Pulse, 76. resp., 20; temp., 98·4. Bowels moved once since last evening's visit. Slight headache. Tongue cleaner. Appetite returning; feels a desire for food. Thirst less. No change in the tenderness felt over the right iliac fossa. I ordered the turpentine stupes to be continued. *Evening visit.*—The edges of the tongue moist and clean. Passed a good night. No motions from the bowels. Passing water well. The condition of the lump in the right iliac fossa remains unchanged; tenderness not quite so marked. Pulse, 64; resp., 26; temp., 99.

8th.—Condition of the tongue continues to improve from the edges towards the centre. Slept well. Free from headache. Pulse, 72; resp., 20; temp., 99·2. No change in the tumour. No motion from the bowels. Ordered treatment to be continued, and half an ounce of castor oil to be given.

9th.—Tongue improved, cleaning, and the papillæ not so red or prominent. Slept well. Had two motions after the oil. Pulse, 60; resp., 14; temp., 98. A very slight diminution in the size of the tumour.

10th.—Tumour decidedly smaller. Slept well. Appetite improving. Pulse, 68; resp., 16; temp., 98·6. No motion.

11th.—No motion. Very little tenderness in the right iliac fossa. Pulse, 80; resp., 16; temp. 99.

12th.—Complains a good deal of flatulence. Had two dark bilious looking motions. Tumour larger than it has been the last two days, and return of tenderness. Complains of a sharp pain about the umbilicus. Tongue the same as before. Pulse, 84; resp., 20; temp. 100. Ordered turpentine stupes and poultices. Patient begged me not to put a blister on. I also ordered the following mixture:—

℞ Sodæ bicarb., ʒj.;
Bismuthi trisnit, ℈ij.;
Tr. nucis vom., ʒss.;
Sp. amm. aromat., ℥ss.;
Tr. zingeberis, ʒj.;
Syrupi, ℥j.;
Aquæ chloroformi, ad ℥xiii;

M. ℥j. every 4 hours.

April 13th.—Flatulence relieved: tumour less tender, diminished in size; no motion. Pulse, 76; resp., 16; temp. 99.

14th.—No change in general condition. One motion, dark, and loose. Pulse, 64; resp., 16; temp., 99·2.

Changed the mixture for

℞ Acid. nit. mur. dil., ʒij.;
Tr. nucis vom., ♏ix.;
Succi taraxaci, ʒvj.;
Syrupi zingiberis, ℥j.;
Aquæ chloroformi, ad ℥viij.

M; ℥j. four times a day.

15th.—Tumour smaller, and less tender. No motion. Pulse, 72; resp., 20; temp., 99. Tongue cleaning towards the centre.

16th.—Tumour scarcely to be felt. Tongue almost clean, but still presents a central patch, which is coated with fur. No motion from the bowels; ordered an enema to be given instead of medicine. Pulse, 72; resp., 16; temp., 98.

18th.—The enema acted freely and comfortably. Pulse, 68; resp., 16; temp., 98.

20th.—Tumour seems to have disappeared. No pain or tenderness in the right iliac fossa. Sleeping well; appetite good; better than the supply of food. Tongue somewhat more furred and dirty, without any apparent cause for it. Pulse, 68; resp., 16; temp., 98. The general condition of affairs was so much improved that regular attendance and notes of the case were discontinued.

I was again asked to see Mr. C.

May 8th.—Had not been feeling so well for the past few days. On the preceding day had felt a violent desire to empty the rectum, but though he made many efforts to do so, he could get nothing to pass. He tried several enemas, but they failed to influence the obstructing mass; finally, he had to remove it by direct means. After overcoming the obstruction, he passed a large, slaty-blue, clayish motion, very offensive, and apparently wanting in the bile elements. I have never seen quite such a coloured stool before. Tongue furred, and bilious coating; the first being bright yellow as if covered with bile. Pulse, 120, weak, and compressible; temp., 101·3. The surface of the abdomen was very tender, especially in the old weak spot—the right iliac fossa. No lump to be felt there after the most careful examination. The ascending and transverse colon very tympanitic (drummy). Complained of severe headache. Urine sufficient, normal in apperance. I directed a light nutritious diet, and ordered

℞ Sodæ sulph., ℥ss.;
Lucci taraxaci, ℥j.;
Sp. eth. nit., ʒij.;
Tr. aconiti, ʒj.;
Gycerine, ℥j.;
Aquæ chloroformi, ad, ℥viij.

M. ℥j. four times a day.

Not having had any sleep the preceding night I ordered a sleeping draught as follows:—

℞ Potass. bromidi, ℈ij.;
Chloral hyd., ℈ijss.;
Syrupi, ℥j.;
Aquæ ad ℥iv.

M.. Half to be taken at bed time; the rest in two hours, if necessary.

May 9th.—Tongue furred heavily. Pulse, 88; temp., 99·2. Had one motion since morning, of the same curious character as before, slaty-blue in colour. Had slept well, and had only to take half the draught. Felt thirsty. Less tenderness in the abdomen; the lower half very tympanitic. Passing a sufficiency of water, but darker in colour. Treatment continued.

10th.—The tongue continues heavily furred. Pulse, 88; temp., 100·2. Had two good motions, semi-solid, bile-stained, and more natural looking. Ordered a dozen calomel powders, 1-12th of a grain each; one to be taken every two hours until finished. Mixture continued.

12th.—Slight improvement in the condition of the tongue. It shows a tendency to clean in patches. Pulse, 72; temp., 98·4. Appetite returning. Had four motions since my last visit, still light coloured, and very offensive. The urine not so dark. A small lump again to be felt over the ileo-cæcal valve. No pain or tenderness complained of when handling it. Treatment continued.

15th.—Tongue decidedly improved. General symptoms improved. Pulse, 68; temp., 98·4. Motions regular; fairly natural. Feels very weak. Continued treatment.

18th.—Improvement slow, but steady. Recommended a change to the seaside. No change in the size or character of the lump.

21st.—Went to Bridlington. Was feeling better. Tongue cleaner. Bowels regular. Slight diminution in the size of the lump. To take whilst away—

℞ Potass. bicarb., ʒj.;
Tr. nucis vom., ♏xl.;
Sp. am. aromat., ʒiij.;
Infusi gent. co., ℥iv.;
Aqua, ad ℥viij.

M. ℥j. three times a day between meals. Also to take warm salt-water baths.

June 3rd.—Mr. C. called to see me upon his return from the seaside. Feels much stronger and better. Tongue remains slightly furred. Bowels regular. Motions of a proper colour and consistence. Has to be careful with his diet. Appears to be convalescing satisfactorily. The lump in the iliac fossa could no longer be felt. Was able to resume his duties as a book-keeper.

This case appears to me interesting from several points of view, and serves to illustrate the difficulty which I think everyone will allow to exist in clinical work, of securing those unmixed typical symptoms which enable us to classify our cases under some one or other of the various clearly-defined diseases rejoicing in a special nomenclature.

In the first place, I am convinced that there can be but little doubt that defective drainage was one of the chief factors in producing the train of symptoms from which Mr. C. suffered. This idea is well supported by the coincident derangement of the digestive system in the cases of Mrs. C. and of the two children. The question presents itself, Was the case one of typhoid fever of a mild type, and seen only towards its close? The facial expression, flushed cheeks, and bright eyes, with dilated pupils; the condition of the tongue; the presence of tenderness in right iliac fossa, and of garguillment; the dicrotous pulse, and the character of the stools, were all strongly suggestive of a case of this nature, but still were not sufficiently characteristic to allow of certainty. Additional evidence, I think, is to be found in the great prostration felt by the patient, which seemed to me to be disproportionate to the severity of the attack, and also in the slow tedious convalescence.

As to the nature of the tumour, I do not think that there can be much doubt as to its being due to plugging of the cæcum. There were no *acute symptoms*, which are usually associated with active inflammation of that portion of the bowel. The tumour was only detected on the 3rd of April, the supposed seventh day of illness, although the region of the right iliac fossa had been subjected to repeated examination before that date. There were no symptoms of perityphlitis. This tumour was certainly the cause of no little anxiety to me during the progress of the case, and its disappearance was a source of considerable satisfaction.

Against the idea of the case being typhoid may be advanced the absence of rash and the remarkable tendency to constipation rather than to diarrhœa that existed.

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The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Halifax, Wolverhampton 11; Birkenhead, 12; Blackburn 13; Bradford, Derby, Portsmouth, Huddersfield, Oldham, Edinburgh, 14; Bristol, Norwich, Bolton 16; London, Cardiff, Leeds 17; Nottingham, Birmingham, Hull, Brighton 18; Leicester, 19; Dublin, 20; Sunderland, Plymouth 21; Newcastle-on-Tyne, Preston 22; Sheffield, Salford, Manchester 23; Glasgow 24; Liverpool 26.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 22, Bombay 25, Madras 35, Paris 22, Geneva 18, Brussels 28, Amsterdam 20, Rotterdam 15, The Hague 24, Copenhagen 23, Stockholm 25, Christiania 19, St. Petersburg 28, Berlin 52, Hamburg (State) 24, Dresden 29, Breslau 34, Munich 37, Vienna 26, Prague 31, Buda-Pesth 31, Trieste 30, Rome 27, Turin 29, Venice 22, New York 41, Brooklyn 39, Philadelphia 27, Baltimore 28.

The principal zymotic diseases caused no death last week either in Norwich or in Wolverhampton. The death-rates from measles were 1·4 in Salford and 1·7 in Liverpool; from scarlet fever, 1·6 in Leeds, and 1·9 in Sheffield; from whooping-cough, 1·1 in Salford and 1·2 in Derby; and from diarrhœa, 3·0 in Salford, 3·5 in Plymouth, and 6·4 in Preston. The death-rate from diarrhœa, which was equal to 1·2 in London, averaged 1·8 in the twenty-seven provincial towns. The 31 deaths from diphtheria in the large towns included 21 in London, 2 in Glasgow, and 2 in Manchester. Small-pox caused 2 deaths in London, 2 in Birmingham, 2 in Leeds, and 2 in Newcastle-upon-Tyne.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 22, 1883.

AN INCIDENT IN ANTI-VACCINATIONIST TACTICS.

The progress of anti-vaccination tendencies is not making pace to the satisfaction of the band of agitators who have assumed the responsibility of instigating opposition to the law. They are consequently continually on the *qui vive* to seize any opportunity that may present of advertising the cause to which their energies are devoted, and of compelling the adhesion of the ignorant to anti-scientific principles. We have had occasion to refer to a good many of the manœuvres of the party in the past, but in no instance that has come under our notice has the thoroughly unreasonable nature of the anti-vaccinationists been so clearly demonstrated as in proceedings which characterised a meeting held on Wednesday last at Deptford. This gathering was, according to the chairman's opening statement, "called under pressing and peculiar circumstances. He held in his hand a certificate, duly signed by Dr. F. Fisher, of Deptford, to the effect that he had during last week examined five children in the locality, whom he found to be suffering from syphilitic eruption, which appeared shortly after vaccination by the public officer." The report from whence this interesting statement of professional candour is extracted goes on to say that "the certificate was read amid groans and hisses;" but that these marks of public opinion were not directed against the medical certificate itself is sufficiently shown by the fact that the meeting was induced by the eloquent utterances of a lady orator to unanimously attest how "This meeting of inhabitants of Deptford, having had laid before them a statement that there are good grounds for believing that disease has been communicated to five children in this district by vaccination, urgently requests the Local Government Board to grant an official inquiry."

As a mere ebullition of popular feeling, excited by an appeal to the ignorance in which the public is steeped on this question of communicated disease, the whole occurrence would be too contemptible to deserve notice. It does, however, derive importance from the association of Mr. Fisher's name with the affair, inasmuch as this gentleman has virtually endorsed a nonsensical conclusion, in the name of the profession of medicine. It may be, of course, that he was unaware of the use that would be made of his "certificate;" but, in any case, his knowledge of disease and its inheritance should have been sufficient to guard him against committing so grave an error as that for which his name is urged in authority. Every practitioner of experience among the lower classes of town populations, and especially of such localities as Deptford and the East-end of London generally, is, or should be, familiar with the fact that it is safer to expect a syphilitic taint in certain children than to ignore its possibility; and also it ought scarcely to be necessary to infer that medical men in actual practice are acquainted with the variations in respect to time observed in the development of the signs of syphilis among children.

The number of infants, offspring of parents from the lower ranks of life, born with inherited tendency to specific disease, is in all probability vastly greater than is even yet appreciated, or can be understood by those who are unfamiliar with the wide diffusion of such taint among less cleanly and careful inhabitants of cities. The children that result from marriage of such more or less diseased individuals must naturally be physically unable to resist many forces that would react harmlessly on more inherently healthy infants; and any interference with their constitutional state, vaccination for instance, will immediately develope the special tendency transmitted from the parents. In this way is it that the act of vaccination is so frequently credited with occupying the position of *auctor mali*, whereas it is in reality nothing more than the fan which excites a smouldering fire to blaze forth. The acceptance of this truth is it must be admitted, consequent on modern demonstrations of the meaning of disease, and could not be entertained with the theory which describes all kinds and degrees of illness as a material and specialised entity. But even the most conservative practitioner, adhering obstinately to the dogmas that found acceptance in the ancient time when supposition and fact were held to be synonymous terms, must be credited with common sense enough to enable him to grasp the reality of demonstrations which do not admit of dispute; or, failing this, such a one must feel no surprise if his defence of exploded ideas compels him to occupy a minority position in his professional relations.

Mr. Fisher is in this unfortunate position just now. If his "certificate" is a *bonâ-fide* testimonial of belief, then he is curiously out of accord with modern scientific discovery. Against the assertion he advances must be arrayed the probability of pre-existing tendency to disease which becomes apparent on the application of the stimulus afforded by vaccination. Unless he can uncontestably prove this is not a tenable proposition he cannot ask to have his own belief, however strong, accepted against the the teaching of long experience and of scientific investigation.

From a purely humanitarian point of view, the frequency with which syphilitic eruptions follow vaccination is a subject for congratulation. In the vast majority of cases the disease is inherited, and excited to evidence itself by the irritating influence of vaccination; and in this way early treatment is resorted to with prospects of success which could never be entertained if the infection lurked unrecognised for years in the system of the child. This aspect of the subject is never dwelt on by the fanatical band of opponents to the Vaccination Acts. They know too well how much truth it veils, and that the possession of it by the masses to whom they address their wild appeals would assuredly result in their own immediate downfall. But, while the low motive of personal interest may be held to excuse their actions, nothing can lessen the grave responsibilities of a member of the medical profession, however obscure and insignificant, who so far forgets the dignity of his calling, and the allegiance he owes to its traditions, as to pander to a demagogic hatred of that law which compels the preservation of health and a rigid observance of hygiene.

PETTENKOFER'S THEORY OF CHOLERA INFECTION.

Amongst the most recent contributions to medical literature in Germany is Dr. Pettenkofer's article in the *Neusten Nachrichten*, on the situation of Munich with respect to cholera. He asserts that in its epidemic diffusion, cholera is not only dependent upon an infection capable of being spread (or a cholera-germ) but is further aggravated or modified by the susceptibility of various localities. Some cities have always enjoyed a practical immunity from cholera, as for instance, Stuttgart, Salzburg, Lyons, and Versailles. The susceptibility of places not enjoying this local immunity, however, is not always alike. Thus, Munich has since 1831 only had three outbreaks of cholera, while Berlin has been subjected to the visitation more than twice as often during the same period; thus, the predisposition of a city for cholera arises from a combination of circumstances of place and time. Dr. Pettenkofer quotes several instances from the medical history of India in proof of his theory, as to the localisation of cholera infection in certain *places*, in contra-distinction to its emanating from cholera patients.

The arguments deduced from the fact of cholera being met with in ships, which move from place to place, are met with the assertion that ships have a right to be included amongst the localities enjoying that practical immunity to which reference has been made. It is remarked that according to the usual custom, if a ship is in an infected harbour and cholera makes its appearance on board, all intercourse with the shore is interrupted, and the vessel removes to the open sea, where the cholera usually becomes extinct. Statistics of an interesting character are quoted, with a view of showing that the cholera at sea (though attracting, when it occurs, an important share of public attention) really bear an extremely small proportion to the vast number of cases in which no such attacks take place. During the year 1873 there arrived at New York 152,135 persons from the continent of Europe, and the total number of deaths from cholera, on the way or during quarantine, is said to have been 8, of which 4 occurred on board one ship amongst the members of two families, who seem to have been already infected when going on board. The whole of the 11 persons were attacked, but the remaining 7 recovered after reaching land.

It is admitted that vessels have sometimes been obliged to turn back on account of the disease having attacked relatively large numbers on board, but it is pointed out that in such cases the common local origin of the disease has been clearly demonstrated; having been traced to certain lodging-houses with respect to emigrant ships, and to certain garrison towns where the outbreak has occurred on board war-transports. An instance is quoted of six companies of English soldiers having been sent by one steamer—three of them from a barrack, and three from a camp. Cholera broke out some days after the steamer was at sea, and numerous fatal cases occurred, but only amongst the men from the camp—those from the barrack as well as the crew, not having been attacked. A cholera germ may, it is asserted, be brought on board a ship; but in order to multiply and become infectious it requires to be brought on land again. Thus, when a certain time has elapsed, the germ usually dies; and it is to this circumstance that Dr. Pettenkofer attributes the fact that cholera has never been brought to England from India (notwithstanding the enormous shipping trade between the two countries) but has always reached England from the Continent of Europe.

With special reference to the history of the disease in Germany, account is taken of the fact that the epidemic development of cholera requires a certain time; the statistics referring to Saxony illustrating this principle by considerable mortality in any given year having been preceded by a much smaller number of deaths in the previous year. It is likewise asserted that the germ of cholera, when once sown in a place, does not in all cases manifest itself at once—the epidemic of 1854 at Munich having appeared during the autumn in certain portions of the city which had been free from it during the summer outbreak; the simultaneous nature of the original infection of the city being assumed.

The practical inferences which Dr. Pettenkofer deduces from the above facts differ to some extent from certain generally received opinions. While admitting that the keeping out of cholera germs or their disinfection and annihilation are radical measures of undoubted efficacy, he questions the possibility of these objects being carried out in their entirety. He disapproves of the systems of quarantine and of military cordons as being inefficient and as only resembling—even in their most perfect form—the means adopted by governments to prevent smuggling. The fact is, however, that smuggling does take place (though even on a small scale) in most countries. The evil to be guarded against is, however, very different in the instance of cholera infection, by reason of the rapid multiplication of the germs; and Dr. Pettenkofer argues that were dutiable articles endowed with this property of multiplication, fiscal suspension of the nature alluded to would never have been established, or would have been long since abandoned as useless. Details of the outbreak at Malta in 1865 are cited to illustrate these arguments.

It is further remarked that the present epidemic in Egypt is fully two weeks later than that of 1865, and the assertion is made that if the cholera localities in Egypt, and on the Mediteranean Sea have the necessary predisposition of season (as previously explained) the disease will again manifest itself in spite of all quarantine regulations; while if this predisposition does not exist, they will remain free from it, even if cholera patients arrive there. At the same time, reference is made to the fact that neither in Egypt nor in Malta has a winter epidemic ever been recorded.

THE SOUTHALL CATASTROPHE.

On Tuesday, August 14, Southall, near Ealing, was the scene of a most terrible fire, than which there are few calamities more calculated to impress the imagination with a feeling of horror. The building in which the fire occurred was a well-known private lunatic asylum licensed to Dr. Robert Boyd, and situated in a beautiful enclosure of some thirty acres, called Southall Park. The house was an old one, of historical interest, and was at the time of the accident occupied by Dr. Boyd and his family, and about twenty patients, with servants, attendants, &c. Fortunately a third of the full number of patients were away at the seaside and elsewhere, so that the possible fatalities were reduced to this extent. It is, however, with a feeling of extreme regret that we have to chronicle the fact that Dr. Boyd himself, one of his sons, two patients, and a domestic servant—five in all—fell victims to the flames. In the case of the chief sufferer, it is only too clear that he might have been saved had he been less solicitous to ensure the safety of all the patients under his care, for it was while essaying to reach those still in the house that he was overcome, his son being engaged with him at the time in the dangerous work of mercy.

Such a calamity must of necessity produce a very painful feeling of concern in many quarters. The only conditions under which asylum buildings can be constructed, if they are to serve the purpose to which they are applied, preclude the substitution of any passable barriers for the bolts and bars which are employed to secure doors and windows under existing arrangements. Locked doors and impeded exit are essential details in every institution of the kind; and so long as they are prominent features of a building, it can never follow that speedy evacuation by terrified inmates will be a feasible performance. But ingenuity is incompetent to suggest any improvement on the plan that finds adoption in every asylum, both at home and abroad, and hence reliance must be placed on precautionary measures alone for averting the recurrence of an accident like that reported from Southall. This will have the effect of exciting renewed inquiry as to the means provided for overcoming an outbreak of fire in asylums, should one by any means occur; and we may take it that no pains will be spared in any instance to make the appliances available in such emergencies as perfect as possible. In ordinary hospitals there are no less liabilities to fire than in asylums for the insane; and in the former the number of absolutely helpless patients is always in excess; but they nevertheless enjoy an immunity the latter cannot command, because of the absence of free communications between different parts of the buildings they occupy.

If any testimony were needed to show the entire devotion of asylum proprietors to the interest and safety of their charges, Dr. Boyd has rendered it in a fashion that has advanced him to the rank of truest heroism. Though seventy-five years of age, he steadfastly returned to the assistance of those he knew to remain behind in the burning house from which he had himself at first escaped in safety. By thus doing he sacrificed his life, and with him died also his eldest son. He had done a great amount of original work in the study of insanity, and was universally esteemed as an authority on the subject. His mode of death adds additional lustre to a name already associated with the achievement of good and useful work.

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Notes on Current Topics.

A Product of Sentimental Legislation.

In his twenty-sixth annual Report, the medical officer of health for the Holborn district, Dr. Septimus Gibbon, adverts to the mischievous effects that must necessarily flow from the success achieved by Mr. Stansfeld in his crusade against the prevention of disease. Dr. Gibbon has to announce an increase in the number of cases of venereal disease in the district under his own control. The numbers given are—syphilis 73, congenital syphilis 27, as against 52 and 24 respectively in 1882. Even this statement, however, he regards as very much underrating the frequency of the disease, and attributes the higher returns to increased courage of doctors in recording its true nature. The deaths from syphilis in the whole metropolis, which in 1881 were 551 in number, fell in 1882 to 517, or at the rate of 6·1 per cent. While commenting on the insignificance of this rate of decrease to the ordinary reader, Dr. Gibbon remarks that it is a fact of vast and far-reaching importance to the physician, who knows that syphilis is the prime cause or parent, as it were, of a legion of other diseases that are classified as still-births, premature births, snuffles, thrush, bronchitis, pneumonia, marasmus, water on the brain, consumption, paralysis, insanity, and diseases of the throat, skin, brain, and liver, as well as various forms of blindness and deafness. A practical opinion of this kind is well worth recording; and few will be found to disagree with Dr. Gibbon's verdict, that "it is a matter of the deepest regret that these Acts, which have done more for the public health than all other sanitary legislation put together, have been unconditionally repealed and abandoned by the Government, because, on a chance vote of considerably less than half the members of the House of Commons the following foolish and sentimental resolution was carried:—'That this House disapproves of the compulsory examination of women under the Contagious Diseases Acts.'"

The Jerrybuilder.

"A South Londoner" writes in incredulous amazement at the alleged discovery by the local authorities that they have the power to prevent the use of garden mould as mortar. He says:—"I have hitherto understood that London builders may use whatever they like, so long as they cover it up decently from public view. I am a tenant of a speculative builder who openly uses garden mould as mortar. The best part of the mould in my denuded garden I bought from my landlord from a heap which was being converted into mortar. District surveyors know perfectly well that not only garden mould, but even the contents of dust-carts, go to make up what in London openly does duty as mortar in the construction of human habitations, but which in a decently-governed little provincial town would scarcely be allowed in the building of a pigsty. The houses to which I refer are rented at £50 a year, and are not considered to be 'jerry' built. The garden mould is principally used as mortar for plastering the walls of the rooms inside. It is considered much too good for use as ordinary mortar, as it costs 3s. per yard. Ashes—that is, dust-cart refuse—and ballast are used as ordinary mortar." Nearer home we know a suburb in which a field was much lower than the public road beside it. For years its owner considerately informed the public that "rubbish may be thrown here," an invitation which was responded to by the deposit of thousands of tons of ash-pit refuse, numerous dead cats *et alia talea*. The ground having been thus raised to the required height, a row of Queen Anne's cottages have been built, the elegance of whose fronts is in the inverse ratio of the sanitary abomination of their foundation. Hereafter the inmates and their medical advisers will wonder at the advent of diphtheria, typhoid, &c., &c.

Tricycle Accidents.

There are few more remarkable developments of athletics than the rapidity with which bicycling sprung into favour and kept its position. It was, however, soon found that this admirable mode of progression was only suitable to the young, and that even to them there was a great liability to accident. There were, moreover, serious evils attendant on its continued use, not the least of which was the anxiety felt in any crowded place from the practical impossibility of standing still upon a bicycle. For females, of course, this mode of progression was out of the question.

The more recent introduction of the tricycle was welcomed on all hands, and it was used by middle-aged persons, and by ladies of all ranks, from Royalty downwards. It did not require the labour of learning to ride it experienced in its two-wheeled congener, and the rider could stop abruptly and rest at his or her ease as long as desired. Still it was objected that the legs were used at a disadvantage in progression, and that movement was accomplished by pure muscular strain, and not partly by muscle and partly by weight of body, as in the bicycle. All these arguments were met by the assertion, "Well, at all events, the tricycle is perfectly safe." Many recent occurrences would, however, show that it is nothing of the kind; and the most remarkable is the sad accident which occurred in London last week, and by which Captain Mayer sustained injuries which are likely to result fatally. Captain Mayer was proceeding along Aldersgate Street on his tricycle, and when near the Metropolitan Railway he attempted to go up Barbican. In turning round his machine, however, which he did too quickly, one of the wheels caught in the grating of a vent-hole, and the tricycle was overturned, Captain Mayer being violently thrown to the ground on his head. He was picked up in an insensible condition, and conveyed to a chemist's shop, where restoratives were administered and medical aid procured. In about a quarter of an hour he partially recovered consciousness, and seemed to be suffering intense pain, when it was also discovered that his left arm was fractured above the elbow. His arm was put up in splints, and he was removed to his residence in Piccadilly, where he now lies in a semi-unconscious condition, owing, the medical men say, to concussion of the brain.

The Health of Ireland.

THE quarterly return just published by authority of the registrar-general for Ireland, reports that during the quarter ended 30th June, there was registered in Ireland a birth-rate of 25·5 in every 1,000 of the population, representing an annual death-rate of 21·8. In England the birth-rate represented was 34·2, and the death-rate 20·0. The birth-rate in Ireland is slightly under the corresponding quarter of 1882, and also under the average of five years 1878-82. The deaths are above the corresponding quarter of 1882 by 3·8 per 1,000, and 1·8 over the average for the second quarter of the five years 1878-82. Compared with those for the corresponding quarter of 1882, pauperism shows a small decrease in the average number of inmates, and an increase of 3,726 in out-door relief. The deaths during the quarter amounted to 27,288 or 21·8 per 1,000, being 1·8 over the average for the corresponding quarter of the five years 1878-82. The death rate in Leinster was 24·6, in Munster 19·3, in Ulster 21·3, and in Connaught 18·1. In Leinster the total deaths are 787 above average. The deaths are above the average in all the counties except Louth and Westmeath. In Munster the deaths are 219 over average, there has been an increase in each of the counties except Waterford. In Ulster the deaths are 606 over average, there having been an increase in each of the counties. In Connaught the deaths are 613 over average, there has been an increase in each of the counties. The increase in the death-rate of the last five years is due to the excessive mortality amongst the old, the excess at all ages, being 1,260, and the increase in deaths at 60 years and upwards 1,289. Measles was prevalent, but, except in a few districts, not very fatal; the mortality from whooping-cough, exceptionally heavy in the preceding quarter, shows but a slight decrease, as, although the disease declined in many parts of the country, it was prevalent in portions of the province of Connaught. The annual rate per 1,000 of the population, represented by the deaths from the principal zymotics is 1·6 against 1·7 in the preceding quarter, and 1·4 in the second quarter of 1882. Ten deaths from small-pox were registered in Belfast, and 2 in Glennamaddy Union, but none in any other locality. Measles was prevalent throughout the greater part of the country, but, on the whole, the mortality was comparatively light, the total number of deaths recorded being 225, of which 60 occurred in the province of Leinster, 28 in Munster, 109 in Ulster, and 28 in Connaught. There were 337 deaths from scarlatina, viz: 39 in Leinster, 98 in Munster, 175 in Ulster, and 25 in Connaught. The total number of deaths from typhus last quarter shows no appreciable variation from that for the preceding three months or from the number for the second quarter of last year; it is 282, composed of 81 in Leinster, 102 in Munster, 57 in Ulster, and 42 in Connaught. In the first quarter of this year 501 deaths from whooping-cough were registered, and, owing to an increase of the disease in Connaught, the returns for the quarter now ended show but little diminution in the mortality, the deaths amounting to 491, viz.: 184 in Leinster, 27 in Munster, 140 in Ulster, and 140 in Connaught. The number for Connaught is 51 in excess of the number for that province in the preceding quarter, and this increase almost counterbalances the decline in the other provinces. The number of deaths ascribed to diphtheria is 58, which is considerably below average. Two hundred and five deaths from enteric fever were registered, being 21 under the number for the preceding quarter, and 15 under second quarter of last year. The Registrars in their notes report the prevalence of the following diseases:—Measles in 52 districts, scarlatina in 22, whooping-cough in 37, and fever in 23 (typhus in 9, typhoid or enteric in 9, and fever in 5). One death from hydrophobia was returned as having been registered during the quarter.

Diseases of Pre-Historic Men.

THIS subject has received some attention in a paper read by M. Le Baron before the Anthropological Society of Paris. Dr. Knapp, of New York, has also (*Archives of Otology*) studied the mound-builders from the standpoint of otology. As the result of an examination of two hundred and fifty skulls of the mound-builders, he found exostosis in forty-four cases. The condition was due to the habit of carrying foreign bodies in the meatus auditorius. Neither of these papers, however, compared in scope with that of Dr. Jackson, read before the West Kent Medico-Chirurgical Society. He (*Athenæum*) cited a case of exostosis in a femur found at Lozère; evidence of toothache and abscesses in the jaw found there and in the Belgian bone caves; of rheumatic ulceration of the joint in a jaw-bone and an astragalus from Furfooz, Belgium, and in other instances; a case of very extensive inflammation from the Caverne de l'Homme Mort, Lozère; a case of hydrocephaly from the Trou Rosette, Belgium, and one from the Canary Isles, observed by M. Verneau; hemiplegia in the skeleton found at Cissbury, Sussex; hip-joint disease in four cases recorded by M. Le Baron; synostosis of the sutures in the Neanderthal skull; and numerous cases of surgical and posthumous trepanation. He also expressed the opinion that syphilis is a pre-historic disease, citing examples of it from Bray-sur-Seine, in France, from Patagonia, and from Peru, and hazarded the suggestion that circumcision, which prevails in every division of the globe, and is almost universally performed with a stone implement, is a practice which has descended from pre-historic times. Flattening of the skull is known to have been practised, and fractures of bones and wounds of the skull are, of course, very frequent. Upon the whole it may be concluded that the diseases of neolithic pre-historic man did not differ much from those of the present day.

Duration of Cholera.

In a recently delivered lecture, M. Fauvel, Inspector-General of Sanitation in Paris, expressed his opinion that the more violently a cholera outbreak develops itself, the shorter is the duration of the epidemic. He also remarked that there was no danger of cholera being introduced into England by means of ships coming from India, and referred to the fact (also quoted by Dr. Pettenkofer) that the disease had always reached England in the past through the continent of Europe.

Muscular Contractions.

At a recent meeting of the Hamburg Society of Natural Science, Dr. Kotelmann read a paper upon the immediate causes of muscular contractions, which he classified as natural and artificial. To the former he referred impulses of the will and reflex motions. The latter only occur on the side of the body where the sensitive nerve is irritated, a transmission to the opposite side only rarely occurring, and then in a weak form. Artificial means of producing muscular contractions he divided into electrical, chemical, thermal, and mechanical methods. With respect to the first named kind, he remarked that constant currents produce effects different from those which are induced, while descending currents act differently from descending ones. Of chemical agents fixed alkalies, concentrated inorganic acids, and absolute alcohol are the most energetic. Alkaline salts and heavy metals are less powerful, and fatty oils are quite devoid of effect.

Physiological Research and Pigeon-Shooting.

By a majority of nearly two to one our hereditary legislators have given another year of impunity to the cruel slaughterers of the dove. Our legislation decrees that physiological research promoted for the protection of human life is a crime to be put down by law; and most effectually have they put it down, except in the case of a few favoured individuals, who work under licence, and under serious restrictions. When it becomes a matter of interfering with the "noble sportsman," however, it is quite another affair; and the peers, headed by Lord Redesdale, have declared, as far as in them lies, that the noble sportsman is to be let alone. The current number of a fashionable contemporary records that last week a member of our nobility won three pigeon-match cups; but no record is given of the number of pigeons massacred, nor could any record be made of the mutilation and dying agonies of the hapless creatures smashed with shot as they hovered dazed above the traps in which they had been confined. Probably there was more pain and suffering to the brute creation on that occasion than would occur in the physiological laboratories of the Empire in a year, and yet the law says to the investigator "Cease," and to the pigeon-match competitors "Go on."

The Cholera.

In addition to the various Commissions that have been despatched to Egypt for the purpose of studying the cholera, the German Imperial Health Office is also sending out one, at the head of which is R. Koch. If not already on its way, it will be in a few days.

A Heat Regulator.

Amongst the exhibits at the Sanitary Exhibition now being held in Berlin is an ingenious warmth regulator, exhibited by Herr Josef Leiter, of Vienna. By means of this contrivance, a water-bed, or douche, or bath, can always be kept at the same temperature, so that the necessity for disturbing the patient or intermitting treatment is avoided. It may not only be employed in regulating the heat of hot douches, &c., but also in the treatment of typhoid fever, when it is desired to reduce the temperature, in place of the ordinary and somewhat clumsy cold douches and baths. Such an apparatus will do much towards popularising the employment of cold in affections accompanied by dangerous pyrexia.

Epidemic Suicide.

Within the twenty-four hours of Thursday last no less than four young women resorted to suicide, two of them with fatal success. In three of the instances death by drowning was the mode selected for terminating existence, and the river Thames the medium chosen by each intending suicide. The fourth victim was a young woman, nineteen years old, who was so affected by the circulation of malicious stories reflecting on her character that she sought self-destruction by swallowing phosphorus paste. The other successful suicide was a barmaid, aged 21, who had been much depressed owing to being out of employment. She drowned herself. Each of the two remaining girls were rescued from death by the activity of bystanders, who took them from the water. One was nineteen, the other twenty-one years old; and unredeemed promises seem to have led to the act they were charged with. Such a batch of attempted suicides on the same day may be properly regarded as a fitting subject for reflection whether the verdict in fatal cases of "temporary insanity" is not something more than a kindly fraud. Although nothing in the manner or appearance of these four unfortunate young women would probably have led one to suspect that they were mentally astray, yet there can be but little doubt that they were actually *non compos mentis* at the time of making the rash attempt; and whether there was any connection between the period o the year and this demonstration of insanity may perhaps be speculated on with justice.

The late Professor Parrot.

There recently died in Paris, at the somewhat early age of 54, a physician whose solid contributions to practical medicine have rendered his name familiar to a large proportion of his professional brethren throughout the world. Parrot was born in 1829, at Excideuil, his father having been also a medical practitioner. He took the doctorate in 1857, and was appointed to the professorship of the history of medicine in 1876. In 1878 he was elected member of the Academy of Medicine, and principal physician to the Hospital of the Legion of Honour in 1879. The views which Parrot entertained as to rickets, which he regarded as a final stage of inherited syphilis, have served to render him a well-known authority in diseases of children; and the use of the terms "Parrot's bumps" and "natiform skull," for which we are indebted to him and his work, have assisted in perpetuating the name of a physician who laboured assiduously and successfully to assist the advancement of medical science, among whose leader she was least neither in importance nor in brilliance.

The Society of Naturalists and Physicians.

One of the most interesting gatherings of the year in Germany is that of the naturalists and physicians, last year held at Eisenach. The Society of Naturalists and Physicians, of somewhat older foundation than that of the British Medical Association, commences its fifty-sixth congress on the 18th of September, in the city of Freiburg in Breisgau. The city is not large, only possessing some 30,000 inhabitants, but it is not, however, lacking in interest. It boasts of a superb Gothic minster of the twelfth and thirteenth centuries with a magnificent tower 378 feet high (118 mètres), and a Catholic University founded in the fifteenth century. Visitors to Germany about the date mentioned will be well repaid by a visit to the congress. Tickets entitling the holder and lady to participation in all meetings, &c., cost 12s., and can be procured by application to the Secretary, Dr. Ad. Claus, Freiburg i. B.

Typhoid at Torpoint.

A very serious outbreak of typhoid fever has occurred at Torpoint in Cornwall, where, within a fortnight, nearly two hundred persons have been attacked by the disease. This has probably been introduced from some place in the district, the water supply of the town being most unfavourably reported on by the medical officer of health. A number of the cases have been traced to the influence of water obtained from a public well in the place; but the whole supply is so inferior that importation of the fluid for drinking purposes, in carts, is advocated. In respect to drainage, also, the town comes under official condemnation—no arrangements for flushing those drains recently constructed having been made, nor any precautions adopted for clearing the older pipes of the colonies of rats which infest them. Any continuance of such an undesirable state of things will, it may be assumed, be made no longer possible; and that immediate steps will be taken for remedying existing abuses may be taken for granted, as a consequence of the medical officer's report referred to. There is abundant need, in presence of the facts already stated, for searching and far-reaching hygienic reforms in and about Torpoint.

A Result of the Guiteau Trial.

The following instructive incident in connection with the trial of the late assassin, Guiteau, has been communicated to the *Boston Advertiser*:—P. J. Sheahy, who served as one of the jurors in the Guiteau trial, has become insane, and will be conveyed to an asylum. His insanity has been gradually developing ever since the hanging of Guiteau, which event seemed to have a powerful effect on a mind that before that time never showed the slightest symptom of weakness. Before the trial he frequently expressed the greatest repugnance to serving on a jury that was to try a man for his life, and after the trial he became morbid on the subject of being in part responsible for a hanging.

Dr. Wickham Legge delivered the second Bradshawe Lecture at the Royal College of Physicians on Saturday last, the subject of the lecture was "Cardiac Aneurysms."

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Fever Epidemic at Kilbarchan.—The scarlatina fever epidemic which has prevailed in this village for more than six months now shows some signs of abatement. No fatal cases were reported during the week ending with Saturday, the 11th inst., nor were there any new ones, while in New Street, where the fever is most prevalent, almost all are showing signs of recovery. The public schools have not been re-opened yet. The sanitary authorities have been making inquiries and investigations with a view to improve the drainage and the present sanitary arrangements.

Health of Edinburgh and Leith.—For the week ending with Saturday, the 11th inst., the mortality in Edinburgh was 66, and the death-rate 15 per 1,000. There were 15 deaths under one year, and 11 above 60 years. Diseases of the chest accounted for 24 deaths, and zymotic causes for 6, of which 2 were due to scarlatina, and 3 to measles; the intimations for these diseases being 15 and 44. According to the public health return, 17 deaths had occurred in Leith during the same period, equivalent to an annual mortality of 14 per 1,000. Two of the deaths were cased by zymotic, and 13 by other diseases.

Public Baths in Edinburgh.—It is an extraordinary fact that in Edinburgh, where there is so much talk about public sanitation, there is not a single bath where the poor may indulge in the luxury of personal cleanliness. Edinburgh, we believe, boasts of possessing the oldest medical officer of health in the Kingdom, and yet, beyond the frantic efforts made with regard to the somewhat equivocal benefits derived from the notification of disease, there is really very little practical sanitation in the town. The water supply in many parts is deficient, the inhabitants of lofty flats having to go down to the street for their supply. The water-closet accommodation is of the worst description; the angles of the common stairs or the corners of the wynds and closes appear to be the chief resort of the poor people. Yet we hear of a death-rate of 15 per 1,000 amid all these surroundings. Surely with such a low mortality sanitary science may quietly be allowed to die a natural death. But we may be permitted to suggest an explanation for this low death-rate. During August nearly everybody who can afford to be out of town is absent, so that the death-rate is really that of the poor residents of the town. Certainly Edinburgh is a great sanitary success. It would be absurd, in the face of such favourable reports, to suggest that, if the money spent for the doubtful benefit derived from the notification of disease, as practised in Edinburgh, were spent in public baths and decent water-closets a better state of things would be the result.

Glasgow Death-Rate.—The death-rate in Glasgow for the week ending with Saturday, the 11th inst., was 25 per 1,000 per annum, as compared with 25 in the preceding week, and 21 in the corresponding week last year.

Forthcoming Sanitary Exhibition in Glasgow.—Professor G. M. Humphry, M.D., has been appointed to the presidentship of the Congress to be held in Glasgow at the end of September next. The inaugural address by the president will be delivered on Tuesday evening, 25th September, and the Congress will be brought to a close on the evening of Saturday, 29th, when a popular address will be delivered by Dr. Carpenter to the working men in St. Andrew's Hall.

Death of Dr. Arrott, of Dundee.—The death, at an advanced age, is announced of Dr. Arrott, long the leading physician in Dundee. Dr. Arrott graduated M.D. Edin. in 1829, and took the L.R.C.S. Edin. in 1872. He long occupied the position of physician to the Dundee Infirmary.

Dundee.—Royal Lunatic Asylum.—A special meeting of the directors of the Dundee Royal Lunatic Asylum, for the purpose of considering the present embarrassed state of the finances of the Board, was recently held in the Town Hall, Sir John Ogilvy, Bart., presiding. Ex-Provost Robertson, as convener of the new Building Committee, explained in detail the finances of the institution. It appeared that a debt of £50,000 was secured over the properties of the old Asylum and over the new Asylum, and that, in addition, there were floating debts unsecured of fully £10,000. The Provost explained the two modes which had been suggested for meeting the difficulty. The first was to promote a land company for the purpose of utilising the properties of the old Asylum, and thereby reducing the debt; whilst the second was to appeal to the generosity of the public to provide funds for paying off the floating debt, and thereby leave the Asylum with only its secured debt to work out in a gradual way ultimate relief. After a good deal of conversation and discussion, the meeting unanimously approved of an appeal being made to the public; but, as it was considered by some members that there might be a reversion on the properties, it was also suggested that the appeal should not simply be for donations, but for applications for debentures, to be secured by way of second bond over all the Asylum properties.

The Medical Bill.—A deputation of Scotch medical men had an interview with a number of members of Parliament on Friday last, to urge the amendment of the Medical Bill with respect to the representation of the Medical Corporations on the Boards which the measure proposes to establish.

"Tramps" and Fever in Glasgow—Dr. Russell, in his fortnightly report, says that the increase of enteric fever is always seen at this season of the year, but the increase of typhus is quite unusual. We have not for many years had 29 cases in one fortnight—not even in mid-winter. I have noticed for some time that cases in tramps were occasional, and probably the collection of all sorts of wanderers in the city during the Fair time may have something to do with this increase of typhus. At any rate, taken in conjunction with the fact that it has been epidemic in Liverpool for some months, and still prevails, the activity of this disease at this time is ominous for the winter. The Reception House has been unable to receive all the infected families into quarantine. It contains only 30 beds, and there are at present 35 inmates, and several families who are willing to go, and whom I wish to send, cannot be received. It is evident that the Reception House is too small for our requirements, and if another similar house could be obtained on the South-side it would be well. Reception houses must be near the various localities, otherwise adults object, very naturally, to live far from their work-places. It very seriously influences the efficiency of our operations against typhus not to be able to accommodate infected families while their clothing and homes are being cleaned and disinfected.

Vaccination in Glasgow.—At a meeting of the Health Committee a memorandum by the medical officer regarding defaulters under the Vaccination Act was read, and the committee agreed to recommend that the sum charged by the registrars for furnishing the information desired should be paid. He says:—The vaccination defaulters wholly belong to the class of the population who require special care and guidance in sanitary as in all their social relationships. I at present wish merely to satisfy you of the substantial advantages of this new branch of our work, so that it may be recognised and provided for permanently. The first lists of defaulters for the whole city referred to children born in the latter half of 1880. The last test of the results is to be had from the Registrar-General's annual reports on the Vaccination Act. The last published is for 1881. Previous to 1876 the proportion of the children born in Glasgow, who were not accounted for either by vaccination, death before vaccination, or postponement on medical certificate, was from 3 to 4 per cent. In 1876, and the three years following, when I confined our inquiries to the children born in the City Parish, this proportion was reduced to 2·81, 2·87, 2·97, and 2·88 per cent. In 1880, when for half the year the births in the whole city were operated upon, the proportion fell to 2·29 per cent., and in 1881, when the whole city was included, for the whole year, it fell to 2 per cent., *i.e.*, out of 19,076 born in that year 382 escaped the operation of the Act, instead of from 600 to 750 at the proportion which prevailed previous to our interference. If further proof were wanted that this improvement is the result of the special effort made in Glasgow, we have it in the fact that in the rest of Scotland, exclusive of Glasgow, the proportion of children not accounted for under the Vaccination Act has increased *pari passu* with our diminution. In 1877 it was 1·62, and has risen each year, until in 1881 it was 2·06 per cent. higher than in any one of the last ten years. Dr. Russell concludes by asking a small payment to the registrars for the increased labour entailed upon them.

The Registrar-General's Returns.—During the month of July there were registered in the eight principal towns of Scotland the births of 3,735 children, of whom 1,944 were males and 1,791 females. Of these, 3,431 were legitimate and 304 illegitimate, being in the proportion of one illegitimate in every 12·3 births; or the illegitimate births constituted 8·1 per cent. of the whole. 1,289 marriages were registered in the eight towns during the month. This number is 83 above the average for the month during the last ten years, allowing for increase of population. A comparison of the deaths registered in the eight towns shows that during July the mortality was at the annual rate of 13 deaths per thousand persons in Perth, 14 in Aberdeen, 17 in Edinburgh, 18 in Leith, 20 in Dundee, 22 in Paisley, 23 in Greenock, and 25 in Glasgow. Of the 2,179 deaths, 895, or 41 per cent., were those of children under five years of age. The miasmatic order of the zymotic (epidemic and contagious) class of diseases proved fatal to 386 persons, and constituted 17·7 per cent. of the mortality. This rate was exceeded in Glasgow, Greenock, and Paisley. Fever caused 27 deaths: of these 8 were tabulated as typhus, 18 as enteric, and 1 as simple continued. Six deaths from typhus were registered in Glasgow, 1 in Edinburgh, and 1 in Leith. Whooping-cough was the most fatal epidemic, having caused 97 deaths, or 4·5 per cent. of the whole. In Glasgow and Dundee 5·3, and in Greenock 6·4 per cent. of the deaths were ascribed to whooping-cough. Measles caused 92 deaths; diarrhœa, 82; scarlet fever, 34; croup, 19; diphtheria, 18; dysentery, 4; British cholera, 1; and metria, 1. In Glasgow, 5·7; and in Greenock, 6·4 per cent. of the deaths were attributed to measles. 43 deaths were ascribed to apoplexy, 59 to paralysis, 136 to diseases of the heart, 54 to hydrocephalus, and 63 to premature birth debility. The deaths from inflammatory affections of the respiratory organs (not including consumption, whooping-cough, or croup) amounted to 398, or 18·3 per cent. Those from consumption alone numbered 298, or 13·7 per cent. 88 deaths resulted from violent causes, of which 7 were suicidal. Nine deaths were attributed to the direct effects of intemperance, and two to delirium tremens. Three males and five females were aged 90 years and upwards, the oldest of whom was a retired farmer 98 years of age.

Medico-Parliamentary.

HOUSE OF COMMONS.—THURSDAY.

THE ANTI-VACCINATORS' MARES' NESTS.

IN the House of Commons on Thursday last, Mr. Hopwood asked the President of the Local Government Board whether his attention had been called to to the cases of five children now suffering severely at Deptford from syphilis communicated by vaccination from one other child; and whether a public inquiry into those and any other cases in the neighbourhood would be directed.

Mr. G. RUSSELL said the facts were not as stated in the question. There were four children, not five, and they were suffering from eczema. They lived in a state of squalor, which was favourable to the production of that disease. Under these circumstances, the Local Government Board did not think there was any ground for a public inquiry.

Mr. HOPWOOD asked the President of the Local Government Board whether he was aware of the deaths of two children in Shoreditch, as their parents alleged, from vaccination, viz., Charles James Kerridge, aged five months, vaccinated June 27th, became ill with eruptions over his body, and died July 13th; and Florence Edith Howden, vaccinated on 15th April, became ill in a few days with sores and abscesses, from which she never recovered, but died on July 13th; and whether he would direct a thorough inquiry into those cases.

Mr. G. RUSSELL said the Board had caused inquiry to be made into the cases of the two children referred to, and it was found that they both died from diarrhœa. The mother of the child Kerridge had no idea of attributing its death to vaccination, and the child had no eruption.

THE INDIA MEDICAL SERVICE.

Mr. GIBSON asked the Under Secretary of State for India whether the Secretary of State for India intended to direct an inquiry into the grievances of the India Medical Service with a view to meet some of the expectations with which candidates were induced to enter it, and to restore some contentment to its ranks.

Mr. CROSS, in reply, stated that it was not probable that any inquiry could add to the Secretary of State's information on the subject; and it was not proposed to make any change in the existing system by which officers succeed to substantive medical charges in India.

Mr. GIBSON said that, unless a remedy was applied in the meantime, he would at the earliest possible opportunity next Session call attention to the grievances of the India Medical Service and move a resolution.

THE CHOLERA.

ON Friday last, Lord E. FITZMAURICE informed Mr. D. Grant that Dr. Hunter had instructions to report on the whole subject of the cholera outbreak, and his reports would be presented to Parliament. One report had already been made, and it would be laid at once on the table.

THE EGYPTIAN MEDICAL SERVICE.

Mr. GIBSON gave notice that, owing to the lateness of the Session, he would postpone until next year his motion with respect to the evidence given by Lord Morley's Committee on the Medical Service in Egypt.

Literature.

DISEASES OF THE LIVER. (a)

OF an Italian historian and antiquary of the last century it was observed that his works contained "something that was new, much that was useful, and everything that was superfluous;" and the same judgment may be passed upon the present volume, which might have been advantageously contracted to one-half its present size. The author begins with a chapter on spelling reform, in which he enthusiastically advocates the phonetic system. He states that he would have had his work so printed but for the fear of troubling foreigners, by whom his books are so much read. We regret that we cannot fall in with Dr. Harley's view of a product so essentially evolutional as language and spelling. Some little changes our Transatlantic cousins have introduced, such as "center" for "centre," and "honor" for "honour," but these were the ordinary English spellings before the time of Dr. Samuel Johnson, who has much to answer for in this respect. If the English or any other language were remodelled phonetically it would make matters worse even than at present. Dr. Harley's chapter on champagne is truly remarkable. He says (p. 251): "All my champagne I import myself, and, as my personal friends know, it is A 1." Although not having the honour of being one of this favoured circle, we heartily endorse the statement. Dr. Harley, however, runs full tilt at the "très sec" champagne, so much favoured in these countries, asserting that it is merely vinegar disguised, and that it is most unwholesome. This opinion has made us positively unhappy, and, since we read it, has haunted us like the skeleton of the Egyptian feast. We like our two glasses of "très sec" at dinner, and they agree with us. We now take them with a guilty conscience, and have been afraid to try them with litmus paper, as Dr. Harley says he did with an unhappy patient, who, he adds, passed a sleepless night in consequence. As for the 40s. brut champagne, our author says he would add the letter *e* to the word brut to describe it. We agree with him, and regret that this particular product was not included in the second schedule of the Sale of Poisons Act. It does not appear whether Dr. Harley approves of the sweet champagne used in Russia. We do not: acid may be bad, but acid muffled up with sugar is worse. Generally speaking, Dr. Harley's book is a good, conscientious record of close and extended clinical work. It is diffuse, but full of valuable matter. It is the production of a man who has worked hard himself and read up the work of others. In his title-page he quotes the wise maxim that "true science is the key of wise practice;" and it is therefore to be regretted that some of his physiology is that of his youth, and scarcely up to the modern standard. He speaks of blood corpuscles escaping from their coverings. He gives a list of germicides; and while mentioning salicylic acid, omits salicin. In the spectroscopic examination of icteric urine (p. 700) he follows the method of Stokvis, of Amsterdam, who treats the urine with a little zinc chloride, and then with an excess of ammonia. This mixture shows a characteristic appearance, but is, however, open to the same objection as the spectroscopic examination of Gmelin's test, recommended by MacMunn, of Wolverhampton, in his admirable treatise, "The Spectroscope in Medicine," a second edition of which is so much called for. A much simpler qualitative and (to a certain extent) quantitative test of icteric urine is given in the "Proceedings of the Royal Irish Academy," 2nd Series, vol. iii. (Science); and this is not even mentioned by Dr. Harley. He can, however, hardly be blamed for not having noticed a test published in the proceedings of a scientific and non-medical society, in doing which we think its author did not exercise a wise discretion. All these points are very slight drawbacks in a really valuable book. It is diffuse; but this very diffuseness renders it chatty and amusing, and it teems with anecdotes and *bonhomie*. The reader having taken the volume up, does not care to lay it down; and there is no one who will not have his knowledge improved by perusing it. It is beautifully got up, has many fine illustrations, including chromolithographs, and an exhaustive index.

(a) "Diseases of the Liver." George Harley, F.R.S. Medium 8vo, pp. 1186. London: J. & A. Churchill.

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DR. GRAILY HEWITT'S DISEASES OF WOMEN. (a)

We are much pleased to welcome a fourth edition of Dr. Graily Hewitt's well-known work on Diseases of Women. As the title page tells us it is revised, enlarged, and in great part re-written. Ten years is a long period of time in this rapid age, and it does not fall to the lot of many authors to review their ten-year-old works and find occasion merely to amplify and accentuate, and not to overturn in order to begin anew. It is now ten years since the last edition of our author's book appeared, and during the whole of this long interval Dr. Hewitt has been an attentive observer, and if he has generalised, it cannot be said that he has done so without reason. In the introduction he says, "The conclusions expressed ten years ago have been tested and verified by subsequent experience."

The part that is peculiarly our author's own is the extensive and widely ramifying subject of uterine flexions. On this subject he states, also in the introduction, "I have explained (in the present edition), to my own satisfaction at all events, how and why it is that changes in the shape and position of the uterus are so liable to occur; what, in short, are their predisposing causes." "Alterations in the shape and position of the uterus are rarely witnessed, except in individuals whose general health has become seriously impaired by a systematic, and often a lengthened, practice of taking little food. The term 'chronic starvation' appropriately designates this condition; and a long course of observations has convinced me that it is a most important factor in the production of the class of diseases above alluded to."

Every one acquainted with Dr. Hewitt's writings will expect that flexion and displacement of the uterus will be the most prominent subjects of the work, and they will not be disappointed, whilst the last quoted sentences will show the direction in which his observations have led him to look for their causes. He leads us one step further back towards their prime cause; but has he really named the prime cause itself? Every student of gynæcology will know that numbers of patients suffering from these affections cannot be made to eat, and more will have made the observation for themselves, that the patient who has the best healthy appetite is the quickest out of their hands. But which is the first cause, the uterine affection or the starvation? We should be inclined to conclude from other parts of the work before us that if starvation originates flexions and displacements, these latter themselves are no less powerful factors in producing the anorexia that leads to the starvation.

Dr. Hewitt plainly attaches immense importance to these two conditions, to him they play a not inconsiderable part in a surprising number of ailments. We have already made our readers acquainted with his views on the relationship between these conditions, and the persistent vomiting of pregnancy (*Medical Press and Circular*, pages 510, 535; 1882).

With regard to their relationship to uterine pathology generally, he laid down the following three propositions in his edition of 1872:—

1. Patients suffering from symptoms [of uterine inflammation] (or more properly from symptoms referable to the uterus) are almost universally found to be affected with flexion or alteration of the shape of the uterus, of easy recognised character, but varying in degree.

2. The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness [or what may be often designated as chronic inflammation].

3. The flexion once produced, is not liable to perpetuate itself, so to speak, but continues to act incessantly as the cause of chronic inflammation present. Pp 62 and 63.

Since that time nothing has occurred to shake my confidence in the substantial truth of the conclusions just stated; I have had, on the contrary, more reason than ever to be satisfied of their accuracy. The parts enclosed in brackets, and which refer to "inflammation" alone, require to be altered, as I have now a more complete and satisfactory explanation to give of that condition alluded to as "softness."

He then goes on to explain what he means by the term "inflammation," as mentioned above, and to point out what appears to him to be its cause. He says: "The uterus is very liable to fall into a state of passive congestion when it has become distorted and bent upon itself, though it may become congested from other causes.

"2. The uterus is very much more liable to become distorted when its tissues are in a soft, flaccid condition.

"3. Softness and flaccidity of the uterus generally indicate mal-nutrition of the organ.

"4. The so-called chronic inflammation is generally chronic congestion the result of flexion of the uterus" (p. 64).

The remark of Scanzoni that "the so-called chronic inflammatory changes in the uterus should be more correctly looked upon as chronic nutrition-disturbances," was the hint, as he acknowledges, that led him, after careful examination, to the above-mentioned conclusions.

Our author's theory, then, is briefly this—that semi-starvation leads to softness and flaccidity of the uterus (and appendages), that these lead to form- and position-changes in the uterus, and that these in turn lead to "the large majority of the discomforts, pains, and inconveniences complained of by patients and referred by them to the generative organs." Amongst the ailments mentioned by our author as directly caused or influenced for evil by these alterations of form and position are congestive hypertrophy—acute congestion he claims to be identical with the irritable uterus of Gooch (p. 79)—subinvolution (p. 87), local atrophy (p. 89), endometritis (p. 110), fungous condition of lining membrane of uterus (p. 115)—exemplified in a most interesting case reported on p. 113, nausea and vomiting in non-pregnant as well as pregnant women (p. 354), pain over sacrum, by the side of umbilicus, or in the groin (p. 223), dyskinesia (*ibid.*), dyspareunia (p. 224), dysmenorrhœa, leucorrhœa, menorrhagia, amenorrhœa, sterility, abortions, disturbances of function of bladder and rectum, reflex nervous (hysterical) symptoms (pp. 224-5), eversion of cervix (p. 220), erosion of mucous membrane of os (p. 381).

From the preceding we see the immense importance attached to these conditions by Dr. Hewitt, and although doubtless many able gynæcologists will dissent from some or even many of his conclusions, we would venture to assert that they will in the main be accepted as correct the more readily, as the affections in question are studied at the bedside, without prejudice, in the light thrown upon them by our author. It is quite true that he has not succeeded in demonstrating pathologically the accuracy of his views, and in many instances clinches the diagnosis, so to speak, by the results of treatment, but it is equally true that pathological demonstrations *post mortem* are almost impossible, for the sufferers do not often die of these diseases. Under the circumstances, then, when the best light in which to study the etiology of the great mass of uterine diseases that can be obtained comes from treatment, a physician is perfectly justified in making use of it. Neither can it be said that such light is very imperfect and insufficient, when the treatment is always successful, or only fails in a few instances, in which the failure can be satisfactorily accounted for, without damage to the theory.

(a) "The Pathology, Diagnosis and Treatment of the Diseases of Women." By Graily Hewitt, M.D. Lond., F.R.C.P. Fourth Edition; revised, enlarged, and in great part re-written. London: Longmans, Green, & Co.

Dr. Hewitt is a firm believer in the uterine origin of the so-called hystero-neuroses. He says (p. 549): "In these cases the uterus is in a condition of what may be termed traumatic congestion—the blood current is forcibly arrested in the tissues of the uterus. The common cause of such arrest in these cases is compression of the organ at its centre, by the bending or flexion of the uterus." In support of these views he adduces a series of eighteen cases arranged in chronological order observed by him in the ten years from 1870 to 1880. In six of the cases the uterus was retroflexed, and in twelve it was anteflexed. In all the cases cure or great relief was brought about by redression of the displacement. The records do not tell us what (if any) other treatment was adopted in these cases.

When he acknowledges that the phenomena denominated hysteria are sometimes met with in males, he would probably also agree with Landau (*Deutsche Med. Zeitung*) when he says, "In vain have people sought for the causes of the hydra-headed hysteria in disease of one organ, first, as the name indicates, in the uterus, then in the ovaries, especially in the left." Freidreich, of Heidelberg, drew attention to the part the clitoris and the pubic nerve play in the originations of so-called hysterical manifestations, and succeeded in curing eight cases of the affection by vigorous cauterization of the much-abused appendage. We would say with Landau, that those who look upon disease of any one organ as even the main cause of hysteria look upon the affection with too narrow a view. Legrand du Saulle, the most recent writer on the subject, expresses views that will meet with acceptance from most physicians, when he styles hysteria a general neurosis, that may be called into play by almost any physical or psychi-excitant. Dr. Hewitt would be the last to claim for flexions of the uterus an exclusive part in the origination of the phenomena under discussion, or even a near approach to it; at the same time, however, we think that the book before us places too low a value upon, or passes over altogether, many other of the factors that may be concerned in the manifestations of hysteria.

The chapter on the natural history of the uterus and ovaries, if not so full as that of some authors, is nevertheless clear and concise. That on lacerations of the cervix uteri, and the method of treatment to be adopted in such cases is in no way behind the times.

The distinction between prolapsus uteri and supra-vaginal elongation of the cervix is accurately pointed out, as first drawn attention to by Huguier. He does not allude to the part played by the muscular structures of the vagina, by grasping and dragging down the lower segment of the uterus, whilst the fundus remains fixed, in the production of this form of disease.

In the chapter on diseases of the Fallopian tubes a slip of the pen occurs. He says: "Tumours constituted by distension of one or both tubes are . . . . accompanied by closure of *one* or *both* extremities of the tube" (p. 681). If both ends of the tube were not closed, it would be difficult to comprehend how a closed cavity could be formed, and if the cavity were not a closed one it could scarcely form a tumour "constituted by distension," as if the fluid did not flow out at one end it would at the other.

In the excellent chapter on fibroid tumours of the uterus the remark occurs, "they are found equally in the single and the married." This may be true strictly speaking, but we would add that as a rule the large fibroids occur in women who have not borne children. This statement seems borne out by the author's own tables. Thus, an analysis of the one on pages 624 and 625 shows us that fourteen women suffering from polypi had borne a total of 52 children, whilst of thirty-two women the possessors of fibroids as large as a small orange but six had borne children, viz., three had had one each, one had had two, one three, and one four; so that the whole of the thirty-two had had but a total of twelve.

In the chapter on cancer of the uterus we are pleased to observe that even in cases that are hopeless Dr. Hewitt is not in favour of doing the patient harm by telling her of the hopelessness of her condition, for scarcely anything is more calculated to shorten life than to destroy all a sufferer's hopes of living.

The remaining chapters are well written and thoroughly trustworthy, and we can safely say of the whole work that it is eminently calculated to be of service to every student of gynæcology, whether already practising or about to practise.

An appendix of seventy pages goes thoroughly into the differential diagnosis—A, of pains referable to the internal generative organs; B, of pelvic tumours and enlargement of the uterus, including pregnancy; C, of abdominal tumours; and D, a discussion of the subject of virility in man and of sterility in the female.

The work is well got up, singularly free from errors, and reflects great credit on the publishers, Longmans & Co.

The illustrations, many of which are new, are excellent. Most of those representing flexions and displacements of the uterus are life size, and the various mechanical appliances for their relief "are drawn the actual size of the instruments, with a view of rendering the descriptions and directions for treatment more explicit and less liable to misinterpretation."

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CHOLERA. (a)

This *brochure*, so opportunely appearing at the present moment, is a reprint of a paper read before the meeting of the British Medical Association held in this city in 1867. At that time we had passed through an outbreak of cholera, and the author gives carefully and well-taken notes of 20 typical cases selected from a large number of patients treated during that epidemic. Mr. Little wisely expresses his belief that drinking-water is a great source of infection; and gives a very interesting instance, occurring in Kingstown, where the cholera went from one house to a second, and from that to a third, these three houses being situated on a slope, and the first being the highest. Kingstown is now supplied with Vartry water, but then depended on pump-wells, which were shallow, the town being built upon granite rock with a thin covering of earth. The disinfecting substances used with the evacuations were recognised in the three wells, evidently showing that the disease was thus propagated among houses which had no other means of communication. Mr. Little is, of course, a believer in the communicability of the pestilence—as, indeed, every one is now in regard of a malady which always runs along the beaten paths of commerce. The cases are very briefly but clearly put together, and the treatment is good, the author making extensive use of mustard—a most useful drug for cholera. Of course, the ordinary table mustard is not reliable, and we are recommended a strong tincture of mustard, a uniform and dependable article. There is no feature in cholera more formidable than the agonising cramps of the abdomen and of the limbs; and it is to be regretted that the author does not notice the complete relief obtainable by strong and repeated doses of hypodermic morphia pushed until the pupils begin to contract. In addition to completely subduing the cramps, it was noticed in the last cholera epidemic in Constantinople that this treatment exercised a very mitigating influence upon the nervous and vaso-motor symptoms, and was not without effect on the diarrhœa. We believe, also, that there is a future before the intravenous injection of warm water, or of salt and water. A retrospect of the cases is given in five tables, which regard them in different points of view. These tables show that the drunkard, or the man of irregular habits, has but little chance in a cholera epidemic; and equally so he who lives in a dwelling with bad hygienic conditions. On the other hand, those who live soberly and regularly, in proper dwellings, and who eat, drink, and avoid what they ought, are practically safe. If, in addition, they provide themselves with simple preventive remedies, so that they can at once grapple with the early symptoms of the disease, this immunity becomes complete. Mr. Little's essay is an interesting and valuable one, and gives an amount of practical information not always found in more pretentious volumes. Any one who wishes to quickly make up the subject could not do better than read it.

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DUNCAN'S CLINICAL LECTURES ON DISEASES OF WOMEN. (b)

The author tell us in the preface that the present edition contains sixteen new lectures "not including appendices which are additional matter, differing from the lectures chiefly in form. . . . The lectures are called clinical, not because they are strictly speaking such, but because they are so to some extent, and because they are not systematic. . . . The lectures do not aspire to completeness, being clinical, not systematic."

(a) "Cholera." By P. C. Little, F.R.C.S.I., L.M. Medium 8vo., pp. 37. London: John Churchill & Sons. Dublin: Fannin & Co.

(b) "Clinical Lectures on the Diseases of Women." By J. Matthews Duncan, M.D., LL.D., &c., President of the Obstetrical Society. Second Edition, much Enlarged, with Appendices. London: J. and A. Churchill. 1883.

The title page gives us no indication of what is told us in the above extract. The lectures are really "Lectures on *some* of the Diseases of Women." Without taking this explanation into consideration the work before us is an anomaly. It is addressed to students, yet contains but little of the fundamentals of the subject it treats on, and scarcely anything in a systematic form. Looked at as a collection of clinical lectures to students, the volume will prove disappointing, but if each lecture be looked upon as a unit all cause for disappointment will vanish. Everyone acquainted with Dr. Matthews Duncan's writings expects to find in whatever he presents to the public, new points of view offered, new subjects for thought, even although the subject treated of may be trite, well worked, and, to all appearance, exhausted. He expects to find everything laid down in vigorous, concise language, the meaning of which will be unmistakable. He expects to find, moreover, an appreciable quantity of humour, lending piquancy here and there, humour often of a somewhat grim kind it is true, but for this very reason characteristic of its author. The expectations of such an one will not be disappointed in the work before us. It is entertaining as well as instructive, so that the perusal of it has been not a task but a pleasure. The language, as we have hinted it would be, is vigorous, and never more so than when the author is attacking the theories of some who think differently from himself. His language has indeed, occasionally too much vigour, as for instance in the following passages. Speaking on some of those forms of uterine disease that occupy an exceedingly large space in some gynæcological text books he says, page 418: "The whole of this special uterine pathology I reject as being meantime at least, unworthy of any place in medical writing."

In the chapter on "Remote or Indirect Symptoms," he says in the same strain: "Looking into popular gynæcological manuals you will find this protean group" (of symptoms) "around split cervix, displacement, ulceration," &c. A great author and practitioner describes retroflexion of the uterus as producing, or as having for symptoms, dysmenorrhœa, menorrhagia, leucorrhœa, abortion, sterility, obstruction of rectum, ribbon stools, pain in defæcation, intestinal paralysis, disturbance of digestion, flatulence, pyrosis, nausea, disorder of liver, disordered secretions, hysteria, intellectual disturbance, and many, many, more. All these may accompany retroflexion, no doubt, but they are in no sense symptoms. You will utterly reject all this kind of pathology as worse than useless, and examine the matter more narrowly."

We think such language as this is unnecessarily strong. These theories upon which Dr. Matthews Duncan pours out the vials of his wrath may not be altogether reliable; very few we suspect will accord to them the importance they claim from their originators, but that is far from saying that they are to be utterly rejected as being "unworthy of any place in medical writing." Some views again so contemptuously cast aside by our author still hold a place in the estimation of all the leading gynæcologists of Great Britain, the Continent, and America, and will perhaps continue to do so notwithstanding the denunciations hurled at them in these pages. As we have already intimated, the lectures as units will meet with approbation. The chapters on Missed Abortion, Abnormal Pelvis, Retention of Mucus, Hydroperitonæum, Spasmodic Dysmenorrhœa, being specially worthy of mention. Whilst those on Open Fallopian Tube and Cervix Uteri, on Spontaneous Dilatation of the Virgin Uterus, Intra Uterine Menstrual Coagula, &c., being work on newer ground will not fail for this reason to claim their share of attention.

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THE MEDICAL BILL.

We regret to understand that, as we write, the Bill is in extreme peril, and, before this reaches our readers, it may probably have been withdrawn for this Session. For the last week a very strong opposing deputation from the Edinburgh and Glasgow medical Corporations has been in London seeking to increase the corporate representation on the Scotch Medical Board. The delegates are Dr. Haldane, Dr. Scott Orr, Dr. Patrick Heron Watson, Dr. George W. Balfour, Dr. MacVail, and Dr. Peddie, and they have, we believe, secured the support of Mr. Waddy, M.P., Mr. Dick Peddie, M.P., and other leading Scotch members. From Ireland the Colleges are represented by the President of the Royal College of Physicians, Dr. W. Moore, and Dr. J. W. Moore; Mr. Wheeler, President of the College of Surgeons; Mr. MacNamara, Dr. Hamilton, and Dr. Jacob. The Bill is blocked by Col. King-Harman on behalf of the Irish Colleges, and Mr. Waddy for the Scotch bodies, and, unless these blocks be taken off, the second reading cannot, according to the rules of the House, be taken after 12.30 at night. The Bill is down third on the notice-paper for Tuesday, but, as the first order is the Appropriation Bill—upon which it is expected that the leader of the Opposition will have something to say—and the second and third orders the Agricultural Holdings Bills, which will give rise to debate, it is almost certain that the Medical Bill, which stands fourth, will have no chance of coming on at all. On Wednesday (to-day) the Indian Budget will occupy the entire sitting; and save the slender chance of a second reading on Thursday and Committee on Friday, all hope of the Bill is gone for this year.

We must express our extreme regret at this condition of affairs, and our belief that the Bill would undoubtedly have passed before this if Mr. Mundella, when he received the measure from Lord Carlingford, nearly three months ago, had dealt with it in a different way. If he had insisted, as he might have done, on its being put at the top of the notice paper for any one evening of that period, it would not have been in the power of any opposition to stop it, and if he had consented to listen with good temper and in a conciliatory spirit to the reasonable remonstrances of opposing bodies, there would have been no serious opposition.

While we have supported the Bill in principle and in its purpose with all our power, we have been quite unable to see that it was anything but a very defective method of dealing with a great subject, tolerable only as a step in the right direction, and as establishing a principle. The measure would seem to have been dictated by one mind, and that mind inexperienced in medical politics and incapable of looking beyond its own area of feelings and prejudices, and, consequently, the Bill bristled with matter which clearly the Scotch and Irish Corporations could not permit to pass. The salient fault of the Bill was that it sacrificed those bodies which, if they were not worthy of admiration, were at least to be feared as opponents to the University interest and—without any justification whatever on educational grounds—put the whole medico-educational world under the feet of the Univesities. The Bill was radically vicious in that it was constructed upon the assumption that a *soi-disant* University must necessarily be something altogether superior to a medical corporation, a theorem for which there is not a shadow of basis. There are Universities and Universities, as there are Corporations and Corporations, and we do not hesitate to assert that sundry of the Universities exalted by this Bill are, in all respects, educational, academic, and medico-political, beneath several of the Corporations.

These faults of the Bill might have been remedied without sacrifice of principle, or of the public interest, by a minister who was willing to listen to reason, and to give a polite answer to fair remonstrances, but, unfortunately, when the Bill left Lord Carlingford's hands, it passed into those of a minister who was not prepared to descend to this method of treating a legislative difficulty. Mr. Mundella seems to have decided either to force the Bill forward without material change or lose it, and, as was inevitable under such a policy, he hast lost it. We repeat that we deeply regret that it is so, because it will necessitate the re-opening of the reform agitation, and of the contest through which medical opinion has passed. Next year, and every year, we shall have a Bill constructed on the same excellent principles as this measure, but, let us hope, less open to objections of detail and less unjust to the medico-educational institutions of our country. We believe we know the feelings of these institutions sufficiently well to be able to say that they will not resist a reasonable reform which does not altogether sacrifice them to other not more meritorious institutions; and when we get a Bill which effects such a reform, it will certainly pass without serious resistance.

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THE IRISH UNION OFFICERS' SUPERANNUATION BILL.

We cannot help expressing our disappointment and even disgust in announcing the fact that this Bill has probably been lost for the present. The Irish Medical Association has been represented in London for the past week by Dr. Jacob its President, and the Union Officers' Association by Messrs. Cope, Atkinson, and Molloy. The Bill, having got through its second reading last week after severe opposition by a section of the Irish Party, was down for the Committee state on Saturday night. It would have had the combined support of the Government and every section of the House save three or four Irish Members, but these members blocked it, and, in order to prevent its being considered, they obstructed the Committee of Supply until Lord Richard Grosvenor—the Government whip—was obliged to postpone the Bill until Monday. On that evening the same tactics were adopted until the hour of 12.30 midnight, when the measure, being a blocked order, had to be again postponed. On Tuesday it stood far down on the list, and was practically postponed for the Session.

For this catastrophe our poor-law medical brethren have to thank Messrs. Biggar, O'Kelly, Leamy, and Lalor, and also the state of public business which caused the measure to be delayed until the end of the Session.

We deeply regret the matter, but are not in the least discouraged. The ultimate success of the measure is only a question of time and steady persistence by its promoters.

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Notices to Correspondents.

The Students' Number, 1883-84.—The annual educational number of this Journal will be published on Wednesday, September 19th. Deans, Registrars, and others connected with the various medical schools throughout the United Kingdom, will oblige by forwarding the latest prospectus and such other information as will assist the Editors in the compilation of this important number.

Mr. Robertson.—White agaric has been introduced as a reliable purgative; to obtain successful results by its use it must be given in considerable quantity, about twenty grains of the powder being a moderately large dose. In small doses it is astringent, and has been found of service to check the night sweats of phthisical patients, and diarrhœa. The dose of the extract is three to six grains; of the alkaloid agaricin, one-twelfth to one-sixth grain.

K. E. F.—The most noteworthy points were mentioned in the diagnosis, but the treatment recommended did not succeed in controlling the paroxysm, which gradually subsided as attention was diverted from the prominent symptoms. It can hardly be regarded as an altogether successful experiment.

Dr. Andrews.—The status of practitioners possessing other than English diplomas, in so far as it remains to be yet more distinctly defined, will probably depend in a great measure on the impression created by the deputation of foreign graduates which recently urged its grievances before the notice of the Vice-President. We do not endorse your representation of the matter.

Dr. Storey.—Except under a warrant issued by the coroner, you cannot compel the friends to grant a post-mortem examination. The law fails to recognise any legitimate scientific curiosity in this respect, and is indeed emphatically obstructive.

Dr. Connell. — There is every reason to expect that when this reaches you the fate of the Bill will be decided, the second reading of the measure being arranged for on this day (Tuesday). As far as we are able to discover, no such amendment as that you name is to be introduced.

Dr. Rawson.—Free use of the exploring needle as an aid to diagnosis is now a very generally recognised proceeding, but a good many physicians still hesitate to adopt it in many cases where, by the reasoning of others, it might be advantageously introduced. In chest affections it may be appropriately and safely utilised.

Mr. Farnleigh.—It should be pushed to a considerable degree to be successful. Twenty-grain doses at intervals such that two or two and a-half drachms are taken each twenty-four hours is not too much.

Mr. Greenwood.—Thanks for the information.

Mr. J. Aston.—The evidence of collusion, although suspicious, was not sufficiently conclusive to warrant his removal from the Register. The person referred to was called before the Council and admonished as to his future conduct, and there the matter ended. You will see an account of the proceedings on reference to our numbers for May last.

L.R.C.P.—Your case, which as a young practitioner you consider unique, is another illustration of the adge that "there is nothing new under the sun," in fact, the complication is one common to the disease in its acute form. The treatment pursued, after reference to "Naphey's Modern Medical Therapeutics," was the only rational proceeding, and must have convinced you of the propriety of relying upon the experience of your seniors in cases of serious moment.

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Vacancies.

Cashel Union, Cashel Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, September 1.

Central London Ophthalmic Hospital.—Assistant Surgeon. Applications to the Secretary on or before September 8.

General Infirmary, Gloucester.—House Surgeon. Salary, £100, with board. Applications to the Secretary before September 1.

Hospital for Consumption and Diseases of the Chest, Brompton.—Resident Clinical Assistant. Applications to the Secretary on or before September 1.

Jersey Public Lunatic Asylum.—Superintendent Medical Officer. Salary, £250. Applications to the President of the Committee before September 1.

Liverpool Royal Southern Hospital.—Senior House Surgeon. Salary, 100 guineas, with board. Applications to the Chairman of the Medical Board before August 27.

London Hospital.—Demonstrator of Practical Chemistry. Salary, £100, and a proportion of fees. Applications to the Warden before September 1.

Sheffield.—Medical Officer of Health. Salary, £500. Applications to the Chairman of the Health Committee before September 6.

St. Bartholomew's Hospital.—Assistant Physician. Applications to the Clerk before September 11.

Thomastown Union, Graigue Dispensary.—Medical Officer. Salary, £100, and fees. Election, August 23.

Births.

Fletcher.—August 14, at Soham House, Highgate, the wife of Geo. Fletcher, M.D., M.A., of a daughter.

Flint. — August 14, at Westgate-on-Sea, the wife of A. Flint, L R.C.P. Lond., of a son.

Green.—August 8, at 116 Stricklandgate, Kendal, the wife of T. Beaufoy Green, M.R.C.S. Eng., of a son.

Hill.—August 11, at Oak House, Tufnell Place, Holloway, the wife of J. R. Hill, L R.C.P., of a daughter.

Hockin.—August 14, at Southport, Queensland, the wife of C. Treverne Hockin, M.R.C.S., L.R.C.P., of a son.

Smith.—August 9, at 1 Bertie Terrace, Leamington, the wife of Francis William Smith, M.D., of a daughter.

Tweedy.—August 16, at 2 Gardiner's Row, Dublin, the wife of H. C. Tweedy, M.D., of a daughter.

Marriages.

Cheesewright—Snelling.—August 15, at St. John's, Lewisham, John Francis Cheesewright, M.R.C.S. Eng., of Rawmarsh, Yorks, to Louisa Georgiana, second daughter of the late Joseph Snelling, of St. Mary's Cray, Kent.

Ferguson—Irvine.—August 8, at Mossley Hill Church, Liverpool, Thomas Leslie, only son of the late James Chambers Ferguson, M.D., to Eleanor Jane, daughter of the late George Irvine, Brucklay House, Mossley Hill, Liverpool.

Lory—Alford.—August 14, at Mangotsfield, William Manley Lory, Surgeon R.N., eldest son of Charles Marsh Lory, of Staple Hill Lodge, near Bristol, to Florence Bertha, younger daughter of the Rev. George Alford, Vicar of Mangotsfield, Gloucestershire.

Peck—Owen.—August 11, at the Church in Gordon Square, Awdry Peck, B.A. Oxon., L.R.C.P. Lond , M.R.C.S. Eng , of 37 Torrington Square, W.C., to Ethel, eldest daughter of David Henry Owen.

Thorpe - Marsh.—August 8, at St. George's, Sheffield, George E. Knight Thorpe, M.R.C.S., Sheffield, son of the late G. B. Thorpe, F.R.C.S., of Staveley, Derbyshire, to Edith Anne, younger daughter of the late Theophilus Marsh, of Sheffield.

Wagstaffe—Tetley.—August 8, at All Saints', Branksome Park, Bournemouth, William Warwick Wagstaffe, B.A., F.R.C.S., late of St. Thomas's Hospital, to Helen Mary, daughter of the late Francis William Tetley, Esq., of Fox Hill, Weetwood, near Leeds.

Deaths.

Arrott.—August 13, at Almond Bank, Perthshire, James Arrott, M.D., late of Dundee, aged 76.

Burrows.—August 6, at his residence, Riverstown, co. Sligo, Thomas Burrows, M.D., aged 73.

Harrisson.—August 11, at Gunnersbury, Henry Harrisson, M.R.C.S., late of Upper Montagu Street, W., aged 72.

McOscar.—August 8, at Argyll Street, Regent Street, John McOscar, M.D , aged 56.

Price.—August 12, at Lower Pembroke Street, Dublin, John Robert Price, M.D., aged 94.

Southby.—August 10, at Bulford House, Wilts, Anthony Southby, M.D., aged 83.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 29, 1883.

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WIESEN AS A HEALTH RESORT IN EARLY PHTHISIS, WITH DIRECTIONS FOR CLOTHING, DIET, AND EXERCISE IN THE SWISS ALPS DURING WINTER.

By A. T. TUCKER WISE, M.D.,

Formerly Visiting Physician to the Infirmary for Consumption, Margaret Street, Cavendish Square.

(*Continued from page* 155.)

Chapter V.

Winter Clothing.

The selection of suitable clothing for an Alpine climate will contribute greatly to health as well as to comfort.

The first advice tendered to ladies who seek restoration to health from lung disease is :—Abandon corsets absolutely, and wear the loosest cincture on the waist. This injunction cannot be emphasised too strongly. One prominent sign of what may be termed "cure" of phthisis, at high altitudes, is the almost invariable expansion of the whole or portions of the chest walls. To impede such a beneficial result is to limit the advantages of breathing mountain air. No one could wittingly be guilty of such an irrational procedure as to curtail the actual physical improvement they travel many miles to secure. Yet usually whilst the upper regions of the chest are allowed free play, the most mobile section, the diaphragm, is fettered and confined in its movements by an unyielding investment pressing on the abdominal viscera. In this way an opposite conformation is maintained against what physiology and common sense would indicate ; for in many instances where damage exists in the superior thoracic regions, limitation of movement is desirable in *these* situations, rather than in the lower and sounder parts of the lung.

The substitute for corsets should be a thick flannel waistcoat or jersey. Flannel should also be worn next the skin over the trunk and extremities. Chamois leather may be substituted when over-sensitiveness of the skin renders the use of flannel unbearable ; generally, however, a fine texture can be procured which is not too irritating. A good stock should be taken as frequent changes are beneficial.

The coverings for the feet and legs require attention. In all cases woollen socks or stockings are indispensable. Flannel pants should be made long enough for socks to be drawn over them. By enveloping the whole body in flannel the patient is spared the necessity of loading the exterior with thick weighty dresses or heavy overcoats, which fatigue the wearer and confine the act of respiration. Those who are liable to suffer from cold feet or are susceptible to chilblains will find thick worsted socks and cloth gaiters a necessity. As a prophylactic against chilblains, bathing the feet in salt and water, avoiding tight boots, and changing the socks whenever the feet are damp from perspiration, &c., will carry many through the winter of a cold climate, who might otherwise suffer much inconvenience and pain from these minor but troublesome ailments. Boots should not be over thick and heavy, which renders them inelastic. There is no utility in having clump soles, as leather gets saturated quickly with moisture and takes a long time to become thoroughly dry. Ordinary stout skating boots with broad toes, low heels, and plenty of room inside them, which may be filled up with a cork sock, are suitable both for ladies and gentlemen ; they should be well greased every day and always changed immediately after a long walk. Goloshes are useful for short journeys, but cannot be recommended for constant use on account of confining the prespiration. All clothes should be light in colour, as near grey as the taste will allow. A light colour does not absorb nor radiate heat so much as black, therefore a wearer of grey will be comfortably free from the heat of solar radiation and warmer in the shade. Waistcoats should be lined in the back with flannel, as with modern garments all the protection is in front of the body. With double-breasted apparel a man may have from ten to thirteen thicknesses of woollen clothing in front of him, whilst his back is covered with three layers of wool only. If men endeavoured to dispense with the use of braces greater play would be given to the muscles of inspiration. Hats may be of straw for the sunny weather, but light-coloured thin felt answers very well. Furs should not be worn when taking exercise. The ladies' fur tippet can be discarded as dangerous at any time, from the fact of its covering the shoulders only, causing that part of the body to become overheated, and therefore liable to chill. A short list is appended of articles found to be serviceable for these climates :—

One fur or railway rug. One warm ulster with hood or fur-lined coat for travelling or sleighing. One thin overcoat, a Shetland shawl. Two suits of clothes (waistcoats lined). Thick flannel vests and flannel shirts. Flannel night-shirts. Half-a-dozen or more worsted socks. Flannel pants. Cloth or fur gloves with gauntlets. Cork socks. A pair of dark neutral tint spectacles. A few rough bath towels and a flesh glove. One woollen muffler. Two pairs of stout boots (one pair smooth for skating, the other with a few spikes in the soles, not thickly studded with nails, or the snow will ball on them). A pair of leggings are required for "coasting" unless long boots are taken. One pair of shoes or thick slippers with heels, can be worn indoors with spats over them. Bootlaces, dubbin, and skates may be added, and for ladies, a sunshade and goloshes with or without cloth tops. A fur foot-warmer or large fur-lined boots are also very useful.

Chapter VI.

Diet in the Swiss Alps.

The food at St. Moritz, Davos, and Wiesen, as almost every where in Swiss hotels, consists largely of azotized or nitrogenous matter. Many who have visited Davos, for example, will recollect that much lean meat is eaten, whilst the proportion of animal fats is very small.

It is essential to the health and well-being of individuals that a proper proportion of nitrogenous and non-nitrogenous food should be consumed. The latter consists chiefly of starch, fats, sugar, saline substances, and water, which in the ordinary way with meats, form the mixed dietary most suitable for man; as the structure of his teeth and past experience indicate. But whilst an almost exact estimate can be formed of the elements necessary for the system to ingest, it must not be forgotten that the quantity and kind of food taken will depend very much on the condition or idiosyncrasy of the consumer. As a general rule, few delicate persons would be capable of effectually digesting the quantity of bread, pastry, milk, and root vegetables, &c., which would be requisite to constitute with the meat eaten, a fair combination of nitrogenous and non-nitrogenous matter, and as there is a marked absence of palatable fat at these places, a little consideration of the means for balancing the needful combination, will conduce to the recovery of health and avert many ill-effects arising from perverted nutrition—as dyspepsia, troubled sleep, a loaded tongue, vitiated secretions, &c.

"Many people," Dr. Pavy remarks, "seem to look upon meat almost as though it formed the only food that really nourished and supplied what is wanted for work. The physician is constantly coming across an expression of this view."

The greatest importance must be attached to the use of fats during winter in the Alps; for it is well-known that the inhabitants of Siberia, Greenland, &c., and all cold countries, eat enormous quantities of these heat-producing materials, without which they would be unable to resist the intense cold of their frigid climate. Sir John Ross observes—"It would be very desirable, indeed, if the men could acquire the taste for Greenland food, since all experience has shown that the large use of oil and fat meats is the true secret of life in these frozen countries."

Dr. Cheadle also lays much stress on the value of fats in cold climates. "One effect of the cold was to give a most ravenous appetite for fat. It is the most valuable part of food in winter, and horses and dogs will not stand work in the cold unless fat." (*a*)

Besides forming the chief articles of diet which are required for a calorifacient or heat-producing agent, they may almost certainly supply a pabulum for the oxidising process of fever in phthisis, to act upon, thereby, not only restricting the waste of tissue in that process, but perhaps in some way diverting its occurrence, as is witnessed when cod-liver oil is taken. With an increase in animal food, which can be readily eaten at high cold levels, the appetite being sharpened by exercise and low temperature, the necessity for fats is by no means abated, on the contrary, a physiological demand is created for additional food capable of undergoing the process of oxidation, which cannot be wholly supplied by the lean meat or by starchy and saccharine bodies.

"It appears from the experiments of Pettenkofer and Voit that increasing the proportion of nitrogenous matter in the food determines an increased absorption of oxygen by the lungs. Nitrogenous matter it is which starts the changes occurring in the system, and the suggestion presents itself that upon the amount of nitrogenous matter may, to some extent, depend the application of oxygen to the oxidation of fatty matter. Under this view the success of Mr. Banting's system may be due, not exclusively to the restriction of the principles that tend to produce fat, but in part, also, to an increased oxidising action promoted by the large amount of nitrogenous matter consumed." (Pavy).

Let us draw atrention to the substances at these health resorts that furnish the calorifacient group of alimentary principles. Disregarding the fat produced by a complicated metamorphosis of the carbo-hydrates and a small part of the nitrogenous food ingested, (*b*) the main articles of diet from which fat is derived, would be butter and milk. About 1 oz. of the former at breakfast, and 2 pints of milk during the twenty-four hours together furnish at the most 2·6 ozs. of fat, allowing from ½ oz. to 1 oz. for that contained in the lean meat with gravies, &c. 3 to 3½ ozs. are obtained. It is doubtful if this is sufficient with exercise and low temperature, nor is it to be recommended that those with poor appetites should drink more milk. Persons should eat plentifully of butter at breakfast, especially as that meal is not a substantial one.

It would also be very advantageous to continue taking cod-liver oil if it had been found to agree in England, for reasons that are plainly apparent. Should the stomach have been unable to digest it hitherto, trial should again be made in a cold climate, as it might be then more easily assimilated, its oxidation being assisted by the increased proportion of nitrogenous material ingested. A good time for taking it is immediately after lunch or dinner in a glass of marsala, or in milk half an hour after a meal, commencing with one tea-spoonful, and gradually increasing the dose.

Pancreatine and pancreatic emulsion are sometimes valuable in assisting the digestion, and malt extracts also. All these substances can be looked upon as supplementary to diet, and not as medicines. If cod-liver oil is objectionable, butter should be eaten at every meal, or cream be made use of.

To further demonstrate the virtue in cod liver oil, fat, and butter, the following table taken from Frankland will give a clear idea of their force-producing value:—

(*a*) "The North West Passage By Land." Viscount Milton and Dr. Cheadle.

(*b*) It is questionable, if with the low temperature in the Alps, phthisical persons should be physiologically compelled to maintain much of the body-heat by the carbo-hydrates, as the changes in their principles previous to their becoming calorifacient take place in the liver; and the function of that organ is often impaired in phthisis.

Name of Food.	Per cent of water present.	Force-producing value.		
		In units of heat.	In kilogrammétres of Force.	
			When burnt in oxygen.	When oxidised in the body.
Cod-liver oil		9107	3857	3857
Beef fat		9069	3841	3841
Butter		7264	3077	3077
Cocoa-nibs		6873	2911	2902
Cheese (Cheshire)	24	4647	1969	1846
Isinglass		4520	1914	1550
Bread-crust		4459	1888	——
Oatmeal		4004	1696	1665
Flour		3936	1669	1627
Pea-meal		3936	1667	1598
Arrowroot		3912	1657	1657
Ground rice		3813	1615	1591
Yolk of egg...	47·0	3423	1449	1400
Lump sugar		3348	1418	1418
Grape sugar (commercial)...		3277	1388	1388
Hard-boiled egg	62·3	2383	1009	966
Bread-crumb	44·0	2231	945	910
Ham, lean (boiled)... ...	54·4	1980	839	711
Mackerel	70·5	1789	758	683
Beef (lean)	70 5	1567	664	604
Veal (lean)	70·9	1314	556	496
Guinness's stout	88·4	1076	455	455
Potatoes	73·0	1013	429	422
Whiting	80·0	904	383	335
Bass's ale (alcohol reckoned)	88·4	775	328	328
White of egg	86·3	671	284	244
Milk...	87·0	662	280	266
Apples	82·0	660	280	273
Carrots	86·0	527	223	220
Cabbage	88·5	434	184	178

In the event of high temperature supervening, the digestion of meats is greatly interfered with, and the usual diet stands in need of modification, as the nitrogenous matter will, if excessive, embarrass the digestive powers, and prove an encumbrance to the stomach, leading to further complications, which may be avoided by substituting food of a different nature that has not to undergo such a complicated process of absorption and elimination. For this purpose, milk and raw eggs are to be chiefly relied on, with beef-tea, soups, jellies, light puddings, toast, biscuits, and farinaceous substances, as arrowroot, or one of the numerous "foods." By this regimen, bearing in mind that the system requires much less nourishment when the body is at rest, an ample dietary is furnished. During bad weather, also, when but little exercise can be undertaken, and confinement indoors is called for, diminished diet proves of some service, not only to the comfort of the patient, but to his general condition, and, consequently, the local state of disease.

On the cold, dry days, with outdoor exercise, the appetite can be wholly satisfied, with safety and advantage, for it is on these occasions that the "push" is given to nutrition, and any excess in nourishment is more likely to be burnt up or assimilated in the system, to maintain heat, produce force, or counterbalance waste and change.

As the breakfast is not a substantial meal, it will be perceived that the latter part of the day, between noon and 8 p.m., is the period principally occupied by the digestive process, the remaining sixteen hours, therefore, will, in the case of delicate persons, prove to be a great tax on the force and heat-producing powers unless sustained in some way or other. Although it is impossible to lay down rules to apply to every one, a short dietary table for an ordinary case of loss of flesh can be modified to suit the temperament or capacity of any individual, bearing in mind that in many instances "suitable diet" is a matter of experiment.

Regimen at the Swiss Health Resorts.

7 or 7.30 a.m.—Warm milk, ½ litre.

8 or 8.30 a.m.—Breakfast: Tea, coffee, or chocolate, ½ litre; bread, butter, honey. Extras not provided *en pension*. Eggs, cold meat, bacon, omelette, &c.

Noon or 1 p.m.—Lunch: Soup, meats, sweets, cheese, 2 glasses of red wine, or wine and water (½ pint).

4 or 4.30 p.m.—Warm milk, ½ pint, with a biscuit, or other light refreshment, as tea, coffee, with bread and butter.

5.30 or 6 p.m.—Dinner: Soup, fish, or *entrées*, meats, sweets, cheese, red wine or wine and water (½ litre).

9 p.m.—Supper not provided *en pension*. Milk, ½ pint, with biscuit, &c., or beef-tea, or some "food" prepared with milk.

A glass of milk, with a biscuit, may also be taken sometimes at 11 a.m. if it is found to agree.

If night-sweats occur, nourishment should be taken at frequent intervals, especially during the night. Stimulants are efficacious at these times—whisky, rum, or cognac; but spirits should always be mixed with milk or egg, or both combined. Their efficiency seems to be increased in this way. Neat spirits as a "*petit verre*" cannot be recommended with much benefit unless there is food in the stomach. Brand's extract of meat, and Liebig's, are suitable also. These can be mixed together, when they form a better and more natural beef-tea than when taken separately. The Veltliner wine drunk with meals will act as a good astringent. A frequent cause of perspiration at night is an excessive quantity of clothes on the bed. The usual eiderdown quilt should not cover the patient if night-sweats are frequent. A flannel night-shirt is of great service on these occasions, and the temperature of the bedroom ought never to rise over fifty degrees. Fifty to fifty-five degrees is generally found to be a comfortable temperature in winter.

CHAPTER VII.

Exercise, Meals, Sleep, &c.

It is unnecessary to point out the need for individual management in this matter. Much will depend on the state of health and capability for exertion. One rule can, however, be laid down—viz., keep in the open air as much as possible. This will of itself entail a fair amount of movement, but if the state of the lungs do not preclude skating, tobogganing, or walking ascents—care must, of course, be taken in beginning exercise gradually. A state of breathlessness or fatigue must never be permitted, nor must the body be allowed to cool rapidly if perspiring.

The time available at these altitudes in the depth of winter is somewhat limited for delicate persons, as the sun at this time of the year remains but a short time in the valleys (five to six hours). It is therefore incumbent on those seeking health to make the most of this time, and when in-doors to breathe as much fresh air as can be admitted with comfort. Bedroom windows can be left a little open if the nights are clear, and the heat of the stoves regulated accordingly. In giving an outline of personal hygienic management a description of how the day may be passed will be of some assistance.

At 6.30 or 7 a.m. the stove should be lighted, and a half-litre of milk, warm from the cow, be brought to the bedside of the patient. After drinking this, an hour's sleep may be had. If a cold bath be prohibited, a rapid sponging of the chest and back, followed by friction, is of great service in keeping the skin in a healthy condition. A fairly vigorous patient may have a cold bath, or the chill may be taken off; but precaution must be observed in having the air of the bedroom at this time fresh and warm (not below 55 degs. F.), so that the deep inspirations caused by the shock of cold to the skin shall not take in the used-up bedroom air. A bath or sponging may be tolerated in many cases, provided it takes place *immediately on rising*, while the body is hot. If the skin be allowed to cool down by tardiness in preparing for the bath the water will feel intensely cold. Slight dumb-bell movements may be executed when dressed, throwing the shoulders back and taking deep inspirations. Soon after breakfast, which is taken at 8.30 or 9 a.m., the patient should get out for a walk, making a slight ascent if not too short of breath; and returning at 11 a.m. for a glass of warm milk. The afternoons are mostly spent in sitting out of doors, skating, coasting, walking, or sleighing—the latter is not to be recommended in very cold weather. Another half-pint of milk can be drunk in the afternoon, or a little light refreshment such as tea or coffee will do no harm, the patient being generally able to determine if it can be taken with benefit. If he finds it too much fluid, a less quantity of thin cream might be substituted. Symes Thompson gives a short piece of advice free from mysticism on the subject of exercise in the Alps (*a*) :—"Those in health need few restraints, but for those with active lung disease sudden exertion on arrival should be discouraged lest it lead to hæmorrhage. If there is active disease or hæmorrhagic tendency or moist sound in the lung, the patient should sit out in the sun till dry sounds replace moist ones. He may then walk on the level, or skate, or gently stroll up and down hill, thus causing deep inspiration. Quiet skating can be indulged in by almost all. 'Tobogganing' is more severe, as patients are apt to talk and laugh when walking up hill. This is very good for the vigorous, as it expands the chest. Lawn tennis is suited only for the strongest, in whom lung disease is quiescent."

The dinner hour varies in different hotels. At St. Moritz 7 p.m., Davos and Wiesen from 5 to 7 o'clock. Food should be taken leisurely, and masticated well. Half an hour's rest before and after meals facilitates digestion. The evenings are spent in various ways. Davos possesses a theatre and concert-room (*b*) and amateur theatricals are got up at the hotels, with concerts, tableaux vivants, &c. It would be a great boon if, on the occasions of such gatherings, artificial means were provided for the purification of contaminated air. With the intense external cold, air cannot be plentifully admitted to dilute the effete products of respiration, &c., therefore, although entertainments in crowded rooms generally conduce to a healthy frame of mind, and tend to banish despondency, evils may originate if sanitary precautions are neglected.

With respect to the length of time for sleep, the temperament and habits of the individual will have to be considered. The old dictum of 6 hours for a man, and 7 hours for a woman will scarcely commend itself to most people, nor does experience teach us that any definite duration of time for mental and physical rest can be determined with exactitude. The intensity of muscular, mental, or nervous exhaustion during the day will in all cases influence the desire for repose. Cold also predisposes to sleep, as may be witnessed in hybernating animals. Some human beings also hybernate. It will not be too much to say that 8 or 9 hours slumber in winter, at these cold stations, is near the mark; remembering that nothing is to be gained by remaining in bed in a semi-state of wakefulness after this time is past.

If smoking cannot be entirely given up, the quantity of tobacco used should be cut down as low as possible. Cigarette smoking should certainly be discontinued by those whose lungs are affected, as the habit generally acquired of inhaling the smoke or passing it through the nasal passages, proves very irritating to the mucous membrane, and is more injurious to the throat and lungs than the same portion of tobacco smoked in a pipe.

(*To be continued.*)

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The death is announced of Dr. Jachimovicz, of Jaroszinka, in the Government of Kiew, Russia, at the ripe age of 106. It is said of him that he was able to superintend his extensive and successful practice till near the end of his life.

(*a*) "On the Winter Health Resorts of the Alps;" E. Symes Thompson, M.D.

(*b*) This handsome salon at the Kurhaus is very well ventilated by a calorifère.

MELANOTIC ROUND AND FUSIFORM CELL SARCOMA OF ANTRUM—EXCISION OF SUPERIOR MAXILLA—RECOVERY. (*a*)

By ARTHUR TREHERN NORTON.

The patient came under my care for polypus of the nose, which he said he had recognised only three weeks. It presented itself to him as polyps of the nose usually do—a slight obstruction to respiration on one side of the nose, gradually increasing, or rather rapidly increasing in his case, for, as I have said, he had only discovered it three weeks before entering hospital. When he came to the hospital I found a black mass plainly visible on looking into right nostril, and on passing my finger behind the soft palate could feel the posterior extremity of the growth, not projecting into pharynx, but terminating in the nose a short distance from the posterior nares. On withdrawing my finger it was stained with blood, and patient then said that he frequently spat blood from the back of the throat. On examining it with the probe I found it unattached on the inner side, and I could limit it above, but on the outside part of the inferior turbinated bone was absorbed, and it was attached by a broad base in the region of that bone and above it: the right ala nasi was very prominent, from the pressure of the tumour within. I concluded from the position of the tumour, and knowing the nature of such growths, that it had arisen in the antrum, and grown inwards into the nose. I had no hesitation in stating it to be melanotic sarcoma, but, as one of the staff suggested, there might be effusion of blood in an ordinary fibro-myxomatous polyp, I caught a small particle in an artery forceps and excised it with curved scissors. Under the microscope it presented cells, some round and a few fusiform, all pigmented: there was no loose pigment such as would have been seen from the effusion of blood, but all the pigment was in the cells. I decided upon the immediate removal of the growth with all its attachments; and as it was not yet certain whether or not it had arisen in the antrum or only in the outer wall of the nose, I determined to investigate this point during the operation, and to be directed in the operation accordingly.

Operation.—I made the incision from the inner angle of the eye downwards along the side of the nose, then turned inwards below the ala and down the central line of the upper lip; with the scissors I next cut through the mucous membrane so to join lip and cheek to the upper jaw, and, using a lever instead of a knife, separated all soft tissues from the upper maxilla as far outwards as the malar bone; so that up to this stage of the operation there was absolutely no bleeding except from the first incision, which had been arrested by ligaturing the angular branch of the facial artery, and by the aid of cotton-wool I now ascertained that the antrum was full of the growth, so that nothing short of complete removal of maxilla would have been of any use. With the bone forceps I then severed the nasal process of the superior maxilla, together with the chief portion of the inner wall of the orbit; then, with one blade of the forceps in the orbit and the other beneath the zygomatic process of malar bone, the bone was separated from the outer wall of the orbit; next, an incisor tooth was drawn, and the hard palate cut through immediately along the side of the septum nasi, the bone being now separated with the exception of the palatine attachment to the pterygoid process. The mass was seized with the lion forceps and twisted from this attachment and drawn forwards and outwards, in order to separate with the scissors all the soft tissue attachments at the back of the mouth and palate, and thus completely freed. The skin was carefully re-adapted in the line of incision and attached by small sutures and united in such a manner that it is quite impossible to see where the incision was in its chief part. A subcutaneous injection of morphia

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(*a*) Read at the British Medical Association, Liverpool.

was administered, and the diet was milk, small pieces of ice, &c.

The temperature never rose above 99 deg., nor the pulse above 80. The wound was continually syringed with a solution of Condy's fluid, and as the wound was naturally drained of all secretion, none could be retained and none absorbed; hence the complete absence of all symptomatic fever or constitutional symptoms. On the Wednesday following, that is, one week from the date of the operation, the patient was walking about the ward, and in twelve days after the operation he left the hospital.

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INFANT MORTALITY. (a)

By T. M. DOLAN, L.R.C.P., F.R.C.S.Ed.,

Medical Officer to the Halifax Union Infirmary.

In discussing the question of Infant Mortality in its relation to the employment of women in factories there are a few general principles influencing infant mortality which should be kept in view.

It will be almost generally admitted that during the first months of infant life warm and breast milk are two of the great requisites for the sustentation and development of the tender little human organism, and that when the infant, through any cause, is deprived of those two great requisites, it must suffer, unless it is provided artificially with substitutes.

The woman, factory operative, or fashionable mother, who fails to supply either the natural requisites above indicated, or artificial substitutes, must add to the infant mortality of the country. If we admit these principles, we shall, I consider, be in a better position to discuss the subject.

One great argument used by those who are opposed to any legislative or philanthropic interference through the agency of individual manufacturers, with the employment of women in factories, is derived from a comparison of the statistics of different towns. Thus, one writer (b) who has paid considerable attention to the subject, and whose words are consequently entitled to consideration, furnishes us with a table of the deaths of children under one year of age in a certain number of towns; and as the death-rate in such towns as Liverpool and Sunderland, where there are few manufactures, is high, he assumes that the theory of a high death-rate of infants, owing to the employment of women in factories, is disposed of by this fact.

But may there not be certain factors in existence in Sunderland and Liverpool which are not to such an extent in existence in manufacturing towns to account for this high death-rate, or may not the very same causes be in operation there—viz., neglect of infants during the first days of infant life, owing to dissipation, carelessness, poverty, intemperance, ignorance, &c.

The statistical method is not always the best for the elucidation of truth. Fonssagrives (c) says:—

"La statistique bien faite est bonne, la statistique mal faite est mauvaise; c'est un levier qui soulève la pierre sous laquelle est la verité, ou qui, la laissant retomber, l'emprisonne plus étroitement." ("The statistical method, according to its application, may be good or bad. It is a lever which may raise the stone under which truth lies, or may imprison it more closely by mal-application.")

It is the interpretation put upon *figures* which vivifies them. Unfortunately, the interpretation is too frequently coloured by individual prejudices. Some economists look upon figures alone as the sole means of testing the accuracy of any question. Economists of this class say, "Produce figures that will show that the death-rate of infants under one year of age in manufacturing towns is greater than that of towns where there are no manufactures. Without such figures you fail to prove your case, and your reports of special commissioners, factory inspectors, medical officers of health, are worthless."

We can produce statistics which prove that the death-rate of infants, the offspring of women who are engaged as operatives, is so high as to require some special explanation to account for it; and still more, we can furnish evidence which seems to connect this high death-rate with the employment of women in factories.

Though the death-rate in non-manufacturing towns may be equally high, we can also give a reason for this, by a consideration of the factors which are always concerned in the production of infant mortality. The sole evidence of figures is not sufficient; we must interpret the figures.

The question will at once suggest itself, what evidence can we bring to support the theory that the employment of child-bearing women, before and too soon after confinement, favours infant mortality?

We must fall back upon the general principles I have previously alluded to in reference to the requirements of infant life during the first days of existence; and if we can show that the conditions of operative life, and the customs which are connected with it, lead to not a wilful, but a routine neglect of infants during a period critical in the extreme to the well-being of the infants —if we can prove from observation and medical experience that infantile diseases follow as the result of the deprivation of the natural food of infants, we may fairly claim to have substantiated our position.

If, after the birth of a child, through any exigencies, a woman resumes work within fourteen days of her confinement, and leaves her child to the care of a hireling, thus depriving the child of that food which was intended by Nature for its sustenance, does she not potentially contribute to some of the causes admitted by all as predisposing to infantile disease and death?

My answer must be in the affirmative.

Have we any evidence to prove that mothers of the factory operative class resume work at an early date, or that their children suffer in consequence of this custom?

In 1872 I published a small pamphlet on "Infant Mortality," in its relation to the employment of women in factories. The facts which induced me to write this paper may be thus briefly stated:—

Up to that date I had attended 768 confinements, chiefly amongst factory operatives. I observed that the mothers rested but a very short time after confinement, and I calculated that the majority resumed work within a fortnight.

Independently of the personal danger to the woman from resumption of work at such an early date, I had practical experience of its results on the children. I saw infants thriving during the first fortnight. I saw the same infants at the end of a month or six weeks. During the time they were receiving a mother's personal care they thrived; when deprived of this they pined. The mother who went to work left the child in the care of some old woman, or if she had children over seven, in the charge of one of them. The infant received breast-milk during the night, in the morning, and at meal times, at other times receiving food by the bottle. I need not attempt to paint a fancy picture of the tired mother, only a fortnight confined, nursing her child during the night and in the hurried intervals of meal-time, or point out how unfit she must be, however willing, under such circumstances, to nurse her child.

Without doubt the general ignorance prevailing on the principles of infant feeding intensify the evils arising from the separation of a mother from her infant, but this does not in any way lessen the culpability of the practice. It is a reproach to our civilisation that such ignorance should prevail, and it is no excuse to say that it is in consequence of this ignorance, and not on account of the employment of women in factories that the high death-rate of infants in large centres of population is due.

(a) Read before the Social Science Congress.

(b) Whately Cooke Taylor, *Fortnightly, Contemporary Review.*

(c) "Hygiene."

I also observed that infants confined in the workhouse at the end of a month were stronger and healthier than those of the operative class. Mothers who were admitted into the maternity at the workhouse had a full month's rest after their confinement, during which time they were able to give their infants their personal care. Thus the recipient of Poor-law relief was in a better position than her hard-working sister.

I was farther able to test the relative mortality of infants in the workhouse and infants of the general factory population, and I found that whilst taking into account the number of births, the infant mortality of the workhouse was proportionately lower.

Believing, then, that the infant mortality of the district was to some extent favoured by the employment of women, I consulted the register of deaths of the town, in order to ascertain the mortality, and found that the total number of deaths for the year 1872 was 1,770, out of which number 447 were infants under twelve months, and 261 over twelve months, but under five years, so that out of a total number of deaths of 1,770, we have 708 of children under five years of age. To whatever cause this may be attributable, such a proportion of deaths in children under five years was appalling, and called for a remedy.

Another observation made by me was that many mothers worked in the mill up to the very day of their confinement. As a consequence of this practice, I attributed for various medical reasons the bringing forth of stillborn children, though there is another factor to be allowed for in connection with stillborn infants, viz., the employment of midwives unacquainted with the methods of restoring asphyxiated infants.

For the sake of argument I shall take a very low estimate of the number of children whose premature death I assigned to the deprivation of a mother's care during the early days of infancy, and up to the year 1872 I fix it at the low rate of 15 per year.

As there are nearly thirty practitioners in the town, I fairly presumed that their experience would be somewhat similar to mine; in fact, every medical practitioner I have spoken to on the subject agreed with me in my general deductions, and said that their experience furnished them with frequent illustrations of the evil results arising from the practice in question.

I pushed my inquiries further, and asked several practitioners whom I knew, and who attended a large number of operatives, "Could you fix the annual number of infantile deaths during the last five years attributable in your opinion, to the employment of the mothers in factories before or too soon after labour."

Five replied fixing the mortality at 15 to 20 per annum, two were of opinion that 20 per cent. of infantile deaths should be assigned to this cause.

My own personal convictions were thus strengthened by the testimony of other observers, so that I considered myself justified in drawing the attention of the public to this factor in the production of infantile mortality.

Since 1872 I have had more extended experience among the operative class, having attended over 2,000 cases of midwifery amongst that class. My increased experience convinces me of the correctness of the views I took in 1872.

It is singular how unanimous nearly all medical officers of health are in assigning the employment of women in factories as a cause of infant mortality. Thus, from many instances, Dr. Harris Butterfield, medical officer of health for Bradford, in his report on the health of that town for the last quarter of the year 1874 (*Lancet*, vol. i., p. 423, 1874) comments on the excessive mortality of infants in our large towns. This mortality he attributes in a great measure to the too early weaning of infants by mothers employed in factories, and to the ignorance of mothers on the subject of feeding and clothing.

Dr. Dudley, medical officer of health, Staleybridge (*Lancet*, vol. i., 1874, p. 849), in his report, also calls the attention of the sanitary authorities to the excessive infant mortality of the district. This he attributes to the same causes.

I feel some satisfaction that the same subject has been deemed worthy of discussion in the Health Section of the Social Science Congress.

One good result will, I trust, follow. We shall have some light thrown upon the causes of our high infantile mortality, and still more, whether the factors be ignorance, carelessness, bad and improper feeding, "Godfrey's" cordial, intemperance, improvidence, illegitimacy, or the employment of women in factories, we shall have a remedy suggested. We cannot now be satisfied by such explanations as the dispensation of Providence or the survival of the fittest; but in view of what has been done in our large maternities, workhouses, and hospitals, we must endeavour to diminish the infantile mortality, which, from whatever cause, is a disgrace to our civilisation.

During the ten years 1870 to 1879 the rate of infant mortality in twenty of the largest English towns, measured by the proportion of deaths under one year, to births registered, averaged 171 per thousand. The lowest rate was 141 in Portsmouth, London and Brighton coming next, with 158; the rates ranged upwards in other towns to 187 in Bradford, 188 in Manchester, 197 in Leeds, 216 in Liverpool and Leicester.

When we remember that a rate of 103 to 110 per 1,000 represents the death-rate of healthy districts, we can form an idea from the preceding statistics of how much infantile life is annually wasted in our large centres of population.

In view of my data and conviction that the employment of women in factories conduces to infant mortality by taking away the mother from her infant at a period when the natural sustenance, breast-milk, is of the greatest value, what remedy do I propose?

Those who are familiar with the literature of the subject will be aware that several schemes have been put forward.

The Legislature has been asked to interfere. The mother should be required to absent herself for six weeks, three months, six months, &c.

One writer, the late Professor Jevons—whose premature death we all must deplore as almost a national loss—went so far as to formulate that the child-bearing woman or mother should not be employed in factories until her children were three years of age. It is a matter of regret he was not spared to attend this Congress to explain and defend the propositions set forth in the January number of the *Contemporary Review*, and to reply to Mr. Whately Cooke Taylor's article in the September number.

The economical aspects of this question are very important, and cannot be overlooked. The child-bearing factory operative by her wages contributes very materially to the family income, and thereby to the well-being of the family. Any interference with the wage-earning power of this class would in many cases inflict a hardship. It is true that in view of the general happiness and good of the community individual interests must be sacrificed.

May it not be possible, without any excess of individual sacrifice, and without any legislative interference, to bring about a reduction of infant mortality? I think so. We have a precedent to guide us.

M. Jean Dolphus, one of the largest manufacturers in Alsatia, found that the women employed in his factory lost 40 per cent of their children in the first year, the average mortality at that age being there 18. He concluded that the main cause of loss was the necessity of the mothers to resume work too soon after their confinement, thus neglecting their offspring, and with the true grandeur of a merchant prince determined to pay every woman in his service, who was confined, six weeks' wages without requiring any work for it. The result was that after three years the infant mortality decreased from 40 to 25 per cent. Six other manufacturers have followed his example, but with a modification. They have not given six weeks' wages, but recommend their *employées* to make themselves participants by a subscription of three sous a fortnight, from all women in their factories between the ages of 18 and 45. The premium is not sufficient to cover the risk, but the firms have themselves contributed the balance.

The experiment of M. Dolphus and the modifications introduced by his imitators indicate the lines on which I should like to see reform proceed. It should not be difficult to secure the aid of employer and *employé*. As a tentative measure its adoption would enable us to feel our way. In this case we would be wise in adopting the motto, "Festina lente." I would advocate, then, a system under which each woman should absent herself for six weeks, a fortnight before and one month after confinement. The fourteen days will enable the woman to attend to her personal hygiene, and to leisurely prepare for an event which is always fraught with danger. The month's rest will benefit the mother and put the child in a fair way towards a subsequent healthy development.

I am well aware that many objections will be raised against such a scheme. What better will the infant be when the mother resumes work and the infant is handed over once more to the care of the ignorant old woman with her "Godfrey's" cordial and her improper system of feeding?

There are supplementary agencies which we must employ to correct the prevailing ignorance in reference to infant feeding, and no scheme of reform will be perfect which does not take into account the other factors which are concerned in the production of infant mortality.

We must endeavour to diffuse amongst the masses a knowledge of the general principles of infant diet and nursing; we must instruct the potential mothers, the young girls who will be the future mothers of the country. This we can do in many ways—by popular lectures, like those given by the St. John Ambulance and other kindred associations, and we can utilise our Board schools for the purpose.

Young girls nurse their little brothers and sisters at a very early age; we must teach them how to nurse rationally. Thus we shall get rid of the evils of the foul fungus-bearing bottle.

At the birth of each child each householder is supplied by the registrar of the district with a vaccination paper. I would suggest that a short code of rules on infant feeding and nursing should be drawn up by some competent authority and printed on the vaccination paper; thus we shall secure a free and general distribution of these rules. Crèches should also be established. Without these supplementary agencies all schemes—such as six weeks', three months', six months' abstention from work will be imperfect.

Another objection will be raised as to the method of registering the fact of a woman's pregnancy—the date of her confinement, so that we may provide for a six weeks' absence from labour.

If the mother will not lose any wage by her absence, there need not be any difficulty on this point.

The question we shall next consider is, how shall we provide for the payment of the woman during the time she is absent from work?

The plan devised by M. Dolphus was a very noble and generous one. Manufacturers in this country would be quite capable of raising to a similar level if required.

Is such a course expedient?

In my opinion there should not be any eleemosynary elements in this scheme, unless in exceptional cases. I therefore prefer the plan adopted by the manufacturers who followed the initiative of M. Dolphus.

It should not be difficult to devise a plan or system by means of which the operatives might contribute to a fund from which they could draw at the time of their confinement.

At Mulhouse such a fund already exists; so that on the Continent the employment of women in factories has been recognised as a cause of infant mortality, and measures taken to prevent it.

It would be no hardship to expect the operatives to contribute to a fund from which they would derive so much personal advantage. The steady, industrious operative can well afford to put something by for the benefit of his wife.

For the completion of a scheme of this kind we shall have to obtain the sympathy of employer and *employé*.

If we should fail in securing a loyal and intelligent co-operation—if we found after a short trial that this plan did not act, then I would say we must have compulsory legislation with pains and penalties to enforce the prohibitory regulations.

I may illustrate another and frequent cause of infant mortality by the following case:—

On Aug. 15 I attended Mrs. D. I went to her at half-past 6. She was confined at half-past 8. She had worked all day at one of the largest and best mills in Halifax, and worked although she had pain. The child, when born, was asphyxiated. It took over ten minutes to restore animation. Had an ordinary midwife been in attendance a stillborn child would have been registered.

Here I may observe that the employment of midwives is very common, and may lead to an increase in our infantile death-rate. A good midwife may be, and is, a boon; an ignorant midwife is a danger to society.

In the present aspect of the question one great step towards reform might be secured by the appointment of a committee of this Congress. This committee might collect statistics — as, for instance, the number of women employed in factories, their average earnings, &c. They might sound employers and employed, and ascertain their opinions on proposed measures of reform.

There is one agency which should be enlisted in this social question—the agency of women of education. Here is a field for the great suppressed energy of our sisters, an energy which is now seeking to develop itself and to find vent in other directions. Ladies should interest themselves in the cause of the hard-working, industrious, factory female operative. This is the character I give them from my personal experience. The stern laws of fashion bind the female operative in customs which are detrimental to her own and infant's health.

The female operative is affectionate, and loves her child according to the light which is in her. It is a large question as to whose fault it is that her light is not a bright one.

In conclusion, I have no doubt that, though we may differ on the causes of infantile mortality, we shall agree, however, that an infantile death-rate of *two hundred and sixteen* per thousand in Leicester and Liverpool imperatively demands remedial measures. Here is a waste of human life which should be, at some time, of some value to the country. The shibboleth that population increases faster than the means of subsistence is disposed of by our power of increasing by scientific means our food supply.

The Social Science Association has done much in the past to promote the general health, happiness, and well-being of the country by the discussion of those great social problems affecting modern life. How much it has achieved may be seen by consulting the little work published by the energetic secretary, Mr. Clifford Smith. It will gain an additional title to support if it should be the means of throwing light on the causes of our high infantile mortality, and still more, if it should lead to the adoption of remedial measures, it will merit the thanks of succeeding generations.

Clinical Records.

DELIVERY PREVENTED BY AN ENLARGED SPLEEN IN THE CHILD.

Under the care of Mr. J. WEBBER, of Dinagepore, India.

[We are indebted to Surgeon-General Chas. R. Francis for the Report.]

A well-formed native female, æt. 20, was delivered of her first child, under the care of the Civil Surgeon of Dinagepore (India). Throughout the entire period of gestation she had suffered a good deal from malarious fever, the attacks recurring three or four times in each month until the seventh, when severe hæmorrhage came on. This prostrated her very much, and she remained weak until delivery at the usual period. Dinagepore is considered, amongst the servants of Government, as one of the three penal settlements of Bengal, owing to their malarious climate, Rungpore and Purneah being the other two. Considerable difficulty was experienced in the delivery. The patient had been in labour several hours when the Civil Surgeon saw her. The head was then protruding much beyond the external outlet. The labour pains had ceased, and the child was evidently dead. The face was livid and partly decomposed. The Civil Surgeon rectified the position with facility, brought the shoulders round, and hooked down the arms with his fingers. Steady traction was then made for two or more hours without any advance. At this time the head became detached. The woman was then placed under chloroform, and podalic version was performed. Still no delivery. On examination the abdomen was found to be distended with, apparently, an enormous and hard tumour. It was decided to, if possible, break it up. This was done. Two fingers of the left hand were introduced, and a guarded scalpel, held in the right, was passed in, and made to perforate the child's abdomen. The finger completed the operation of breaking the tumour up into several pieces, which were extracted separately, and with some little difficulty. When this obstruction was removed, the further delivery was readily accomplished. In eight hours the placenta came away. There was no flooding, and the patient made a complete, though slow, recovery. *The tumour was an enormously enlarged spleen.*

France.

[FROM OUR SPECIAL CORRESPONDENT.]

Cholera.—The recent circular which the English Government has sent abroad on the charge brought against it in reference to the epidemic of cholera was published *in extenso* in the *Gazette des Hôpitaux*, and followed by reflections, which plainly indicate that the explanations furnished by Lord Granville were in no wise sufficient to convince the editor of the *Lancette Francaise*. It is quite amusing to read the charges brought against the Minister as to his motives in publishing the circular, but the most ludicrous one, and that which excites the choler of the journal is, that throughout the whole length of the letter the Government seemed to ignore, or in any case took no notice of the accusations brought against it by M. Fauvel a few days ago, before the Académie de Médecine. It reproaches Lord Granville with only having read political journals, an unfortunate circumstance it is true, which might have been avoided if a copy of the *Gazette des Hôpitaux* had been forwarded to him. However, the journal consoles itself with the fact that the official letter appeared a week *posterior* to the remarkable feat of M. Fauvel, and consequently it is not impossible that our *confrére* may have exercised some influence on the British Government. In any case the precautions taken by England to stamp out the epidemic has shown their fruit, and in a few days we will speak of the cholera as the *recent* epidemic. However, there are certain parties in France who would experience a sort of inward satisfaction if the half of London were attacked to-morrow with the disease.

Strangulated Congenital Hernia.—At the Société de Chirurgié M. Trélat communicated a case of congenital strangulated hernia operated on, and the patient died the following day from congestion of the lungs. It was the case of a man aged thirty, who was admitted into the hospital for strangulated hernia. Taxis, baths, and every other means were tried in vain, and M. Trélat determined to operate, although the symptoms were not of a nature to make the operation imperative. The result was as had been indicated. M. Berges remarked on the case, and said that pulmonary complications were very frequent in this accident, he considered that renewed attempts at taxis were dangerous, and in his opinion if, after the first trial, no success followed, the operation should be made without delay. M. Chámponniére was of the same opinion, and he attributed the fatal issue to the repeated attempts at reduction. M. Desprès followed in the same line. The patient should be placed in a bath for an hour, and if the taxis did not then succeed the operation is necessary at once.

M. de St. Germain, of the Hôpital des Enfants Malades, treats erectile tumours by the liquor Piazza, of which the following is the conposition :—Perchloride of iron ʒj., chloride of sodium 45 grs., water ʒiij. A few drops are injected into the middle of the tumour with a Pravaz syringe, coagulation of the blood soon follows. No after dressing is necessary. M. St. Germain is not favourable to the vaccination of the tumour, as it often leaves an ugly cicatrix, the thermo-cautery neither is not preferred, as if it is at a bright red it is likely to cause hæmorrhage, and of a sombre hue it only burns the skin. Vienna paste is also objectionable, as when employed on thin skin it is liable to cause hæmorrhage.

WOOD-WOOL, A NEW SURGICAL DRESSING.

Notwithstanding the great success that attends wound treatment in modern times, thanks to Listerism, it has still been felt that there was room for improvement. Although it may not be possible to improve much on Listerian dressings in the matter of results, all are agreed that if we can get as good results with a simpler and cheaper form of dressing, a great step in advance will have been made. As we heard remarked the other day by a busy surgeon "although I adopt the Listerian treatment when possible, I have to do an enormous amount of surgical work in the alleys and back streets of the town, and if I practised strict Listerism I could not possibly do the half I am called upon to do." What has been wanted is a dressing that can be applied in as short a time as any other, but which will at the same time assure, as much as is possible, an aseptic course of repair in the wound.

In Germany, at any rate, the reign of carbolic acid is over, and corrosive sublimate, or sublimate as it is there called, reigns in its stead. Many substances impregnated with sublimate, such as glass-wool, ashes, sand, &c., have been employed as attempts at permanent dressings with greater or less success. Something has still been wanting, something that will absorb a large quantity of discharges, and at the same time remain aseptic.

With efforts directed towards the discovery of such a material Professor Bruns, of Tübingen, has hit upon something to which he has given the name of wood-wool (Holzwolla). It is finely ground wood, such as is extensively used in the manufacture of paper. It is a clean looking, delicate fibred, soft, yellowish-white substance, having an odour of fresh wood, and it has the characteristic of being able to absorb an immense quantity of liquid.

The best wood-wool, *i.e.*, that possessing the highest absorbent properties, was found to be that which was obtained from the *Pinus picea*. The wood-wool thus procured was first pressed, passed through a sieve, then dried and impregnated with a solution containing half per cent. of sublimate and 10 per cent of glycerine. The processes were first carried out under the personal supervision of Dr. Bruns, but it was soon found desirable to put the preparation of the dressing into the hands of a regular manufacturer. It was accordingly put into the hands of P. Hartmann, of Heidenheim (Würtemberg), whose preparation gave every satisfaction. The wood-wool, impregnated with 5 per cent. of glycerine or not, may be now procured from him.

The advantages claimed for this dressing are numerous. It is cleanly, fresh, and of a whitish colour, it is at the same time soft and delicate in texture as cotton, and "extraordinarily cheap." The actual price is, however, not stated. It possesses some antiseptic properties naturally, has an agreeable odour, and is exceedingly elastic even in thin layers, so that bandages can be put on more lightly with this than with any other dressing. Its absorbent properties are so high that it takes up twelve times its own weight of water, so that ten grms. of well dried wood-wool after complete saturation attain a weight of 130 grms.

Dr. Bruns claims that high absorbent qualities in surgical dressings are of vast importance, "as primary wound healing takes place the more readily, the more completely the discharges are conducted from the wound—the drier the wound and its vicinity are kept—as it is under these circumstances that decomposition processes are most securely excluded. If the dressing has absorbed the secretions of the first few days, the evaporation and drying up of the contained moisture should be permitted; then, as the discharge from the wound diminishes, the dressing, now dry, can remain a considerable time as a permanent one. With this object in view, it is indispensable to omit the occlusive layer of the typical Listerian dressing, as the drying of the dressing is prevented by it. With the same object in view I prefer the covering of the wound with glass-wool, in place of the protective, as under this the suture line is of necessity kept moist."

In his own clinic the mode of dressing is exceedingly simple. After the wound has been disinfected by copious irrigation with a 1 per cent. (·1 per cent. ?) solution of sublimate, and the drainage tubes have been placed in, the suture line is covered with a layer of glass-wool. Upon this is placed a sufficient quantity of wood-wool either simply wrapped in sublimate gauze or sewn up in the form of a pillow. The latter form is preferred for hospital use. He considers it best then first to place on the wound a small pillow, then a larger one that will widely overlap this in all directions. These are to be fastened on by a firm binder. He summarises the results obtained by him with this dressing between the dates November 1st, 1882, to March 15th, 1883. 180 considerable operations and wounds were treated with sublimate antisepsis, the majority with wood-wool. In the case of those treated with wood-wool the first dressing with few exceptions remained from one to four weeks untouched. Occasionally patches of moisture were visible on the dressing on the earlier days, but within a short time these became dry and remained so, and when the dressings were changed the wounds without exception were absolutely dry and free from irritation. With the exception of one case of erysipelas no complication was observed throughout.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 29, 1883.

THE MEDICAL BILL.

We announced last week—by anticipation—the withdrawal of the Medical Bill for the present session. We formed this forecast upon the unbending and impracticable attitude assumed by Mr. Mundella, being fully aware that the second reading of the Bill was doubly blocked by the Irish and Scotch Corporations, and that Mr. Mundella was unwilling even to consider the propriety of making to these bodies the concessions which alone would induce them to withdraw the blocking notices and permit the Bill to be discussed after midnight on Wednesday. The only hope of passing the measure lay in the removal of these blocks, and the opposing bodies declined to remove them until their views were met. Mr. Mundella, on the other hand, would not negotiate until the Bill had passed the second reading; but, as he must have known that the opposing bodies would have given the Government complete command of the situation if they permitted that stage to pass, he could not reasonably have expected them to yield without receiving definite pledges as to the needful concessions.

As we reported last week, the three Scotch and two Irish Corporations had arrived at a league, defensive and offensive, to obtain eight amendments, which were as follows :—

1. That the Scotch Medical Board should consist of eight University to six corporate representatives, instead of eight to three, as provided by the Bill.

2. That the University and corporate representation on the Irish Board should be equalised by giving a third representative to the Irish College of Physicians.

3. That one-half of the delegates sent forward by these Medical Boards to the Medical Council should be chosen by the corporate representatives exclusively and the other half by the University representatives.

4. That the minimum curriculum of study, as well as the standard of examination for final examination, shall be equal in all divisions of the Kingdom.

5. That to obtain such equality the Medical Council, and not the Medical Boards as proposed, shall construct the scheme of education and examination.

6. That all members of the Medical Council (whether nominated by the Crown, delegated by the Medical Board, or elected by the profession at large) shall *ipso facto* have seats on the Medical Board for their own division of the Kingdom.

7. That the surplus funds of both the Medical Boards and the Medical Council shall be equitably distributed by the Medical Council to those licensing bodies which sustain pecuniary loss by the new system.

8. That the low examination fee reserved by the Bill for the benefit of University students shall be restricted to Arts graduates, or at least to *bona fide* undergraduates in Arts of 3 years' standing.

These were the demands submitted to Mr. Mundella, and we think they will be generally regarded as at least a reasonable basis for negotiation. There seems to be nothing in them inconsistent with the principle of the Bill, nor with the recommendations of the Royal Commission, nor with what is fair to the public and to all institutions concerned. They are directed, as our readers will observe, to the following objects :—*a*. To reduce in some degree the enormous domination in the medical education of the country which the Bill gives to the Universities at the expense of the Corporations. *b*. To ensure that one Medical Board shall not abstract students from another by accepting low-class education. *c*. To secure for the direct representative of the profession his legitimate influence in the settlement of medico-educational affairs. *d*. To provide for an equitable allocation of accumulating funds. These are all legitimate objects of agitation, and, anxious as we are for medical reform, we cannot blame those who pressed such points, and who refused to accept a Bill which does not contain them.

We believe that Mr. Mundella has been greatly misled by advisers who took too little count of the influence of those who desired amendments. He seems to have been led to believe that his Bill was perfect and needed no improvement of detail, and that it was his duty to pass it without regard to the views or interests of any of those parties concerned.

We trust that the demonstration of the Scotch and Irish Colleges will satisfy him that legislation in this way will be hardly possible, and certainly difficult and tedious. If this conclusion should lead him to bring the Bill of next year into conformity with the demands to which we have referred, we believe we may promise him for the measure an easy and rapid transit through Parliament.

LEAD-POISONING.

The conveniences and elegancies of modern civilised life are in too many instances obtained at a cost involving a considerable sacrifice of human life and comfort, being dependent on the development of manufacturing industries, the workers in which are necessarily exposed to dangers inseparably associated with their employment. It is, however, an evidence of hastening progress that the number of such dangerous occupations is being certainly, if not rapidly, reduced ; and we may confidently anticipate that the time is approaching when improved methods of production will effectually obviate the worst dangers with which we are familiar in this connection.

Such an Utopian period has, however, not yet dawned in regard to the white-lead industry, which affords employment to large numbers of men, and still larger numbers of women, in different parts of the United Kingdom, and which is annually chargeable with a perceptible proportion of the deaths which go to make up the yearly mortality of the country. The subject has been frequently dwelt on by official writers, and in the columns of the professional press ; and wishes have constantly been expressed to the effect that some means of averting the dangers in connection with this manufacture could be devised. The nature of the process whereby white lead is produced is such that those associated in making it are subjected to its toxic influences throughout their daily labours ; and, as is well known, innumerable suggestions have been made—and often enough adopted—with a view to minimising the evil consequences attending it. Thus, frequent washing, free ingestion of acidulated drinks, protective clothing, respirators, ventilation of an effective description, and other precautionary measures have been liberally resorted to, and it may fairly be said that employers of labour have shown commendable alacrity in carrying out one and all of these means of prevention as far as they have been able. They have, however, to deal with the least easily influenced classes of the population, for the majority of those who pursue the occupation of white lead making as a means of livelihood are either too careless or too callous to observe a systematic adherence to measures for preserving their own health. Consequently, the staff of every hospital situated near any centre of the industry is distressingly familiar with the symptoms presented by sufferers from this particular kind of poisoning ; and the mortality of such institutions is swelled by the additions it receives from this unfortunate class of patients.

In a pamphlet published by Messrs. Hamilton, Adams, and Co. this subject is discussed, and the attempts made to remove existing abuses are illustrated by quotations from official correspondence, &c. The object of the author, however, is twofold. In addition to showing the extent of injury produced by the present system of manufacture, he essays to find a remedy for it, and this he conceives to be in an improved process invented by Professor Gardner, and in use at Deptford. Anything in the nature of a substitute for the material itself has but little chance of being successfully introduced, attempts in this direction, however assiduously prosecuted, having been hitherto uniformly failures. It is a result of experience that nothing so admirably serves the requirements of a "body" for paints as white-lead, or combines at once the characteristics of durability, economy, and appearance so completely. Mr. Gardner's process provides for the preparation of lead carbonate in closed chambers, the agency by which the conversion is effected being electricity in the presence of carbonic acid generated by a special apparatus; and the whole time occupied in the conversion being very much reduced in comparison with that now in vogue. The principal feature of the new process, however, is the arrangement whereby all necessity for operative manipulation of the material is done away with, and all risk thus avoided of lead-poisoning by those engaged in the manufacture. If it should eventually stand the test of commercial competition, there can be no question that white-lead so produced will be preferred to that which can only be made at the expense of human suffering, and often enough of human life also.

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Notes on Current Topics.

The Sanitary Condition of Weston-super-Mare.

In a memorandum to the medical department of the Local Government Board, Dr. Blaxall communicates the results of his inquiry concerning the sanitary condition of Weston-super-Mare, this proceeding having been called for in consequence of two separate families contracting typhoid fever after staying at the same lodging house last autumn. After describing the circumstances under which the outbreak occurred, and tracing it mainly to inefficient drainage and tainted water supplied for drinking purposes, Dr. Blaxall remarks generally on the sanitary condition of the town in a way that should be carefully considered by all who incline to it as a health resort. "Upwards of 400 houses in the town are dependent upon wells for their drinking water. Now, considering that the town is traversed by drains and sewers, *more or less of an imperfect character*, and that the soil is polluted by soakage from surface nuisances, such wells must be regarded as affording a dangerous water supply. The extent to which these wells are exposed to pollution is manifest from the fact that out of 240 samples of water examined by the medical officer of health, upwards of 100 afforded evidence of contamination, and several of these on being submitted to analysis, were reported to be so highly polluted as to be unfit for drinking purposes." This is what may be called information of vital interest to intending visitors to Weston. But it is not the only hint afforded by the report, for Dr. Blaxall goes on to say of the lodging houses frequented by various classes of visitors, that having inspected several of each kind he is "satisfied as to the general prevalence in them of conditions that exercise an injurious effect upon health. This is especially the case with reference to the facilities offered for the direct escape of sewer-air into the dwellings" by lack of adequate arrangements to the contrary, and many instances of grossly unsanitary construction were noticed during the inspection. It is by no means to be wondered at that one of the recommendations with which Dr. Blaxall concludes his report, is to the effect that the lodging houses so conspicuously and harmfully constructed and arranged should be regulated under section 70 of the Public Health Act, of 1875. Meanwhile, tourists will do well to give Weston a wide berth.

Builders' Conscience.

The multiplied evils committed by those responsible for the wretched structures which do duty for "houses" in many districts where bricks and mortar, or their substitutes, are rapidly displacing the trees and shrubberies surrounding London, have recently been more than once brought prominently into public notice. In not a few instances official interference with the habits and customs of "jerry" builders has resulted in a wholesome reform of traditional proceedings, and in the replacement of fairly habitable dwellings for the unservicable tenements run up by speculative investors. In this connection, however, some interesting information was adduced at the Highgate Police Court lately, the ways of builders of "jerry" property having in this instance received full illustration. A summons had been granted against a builder who was charged with having employed a substance consisting mainly of garden mould instead of the necessary mortar destined to hold together the bricks composing the walls of the houses in question. With a leniency which deserved a better reward, this summons was adjourned in order that opportunity should be given for amending the imperfect work; but with an ingenuity which commands unwilling admiration the builder utilised the period of grace to complete the dwelling in accordance with his original designs—garden mould mortar, and all—and then lapsed into liquidation. It is not surprising that the district surveyor condemned the houses as worthless; and that the enterprising proprietor was re-summoned on account of them. At his second appearance before the magistrate he received that amount of justice to which his conscientious disregard of the order laid upon him previously entitled him, and was condemned to the payment of cumulative penalties amounting in the aggregate to £100; a result which might be most worthily imitated to the public advantage in numerous similar instances of inexcusable neglect. Whether payment of this fine or its alternative course, imprisonment, be resorted to by the builder, there can be no question that the incident will react as a healthy stimulus to other speculators of elastic conscience, to induce them to respect the health of those who may become tenants of the houses they erect, and thus directly result in the welfare of a large proporportion of suburban residents.

Sanitary Institute of Great Britain.

The 1883 Congress of the Sanitary Institute of Great Britain is fixed to commence on September 25th next, at St. Andrew's Hall, Glasgow, and will continue for five days. An exhibition in connection with the meeting will be inaugurated on the same date in the Burnbank Drill Hall, and will remain open till October 20th. Following the example of previous years, [the Congress will be divided into three sections, as follows:—1. Sanitary science and preventive medicine; under the Presidency of Professor Gairdner, M.D., LL.D. 2. Engineering and architecture: President, Prof. T. Roger Smith, F.R.I., B.A. 3. Chemistry, meteorology, and geology: President, Dr. R. Angus Smith, F.R.S. The duties of President of the meeting have been undertaken by Professor G. M. Humphry, of Cambridge, who will deliver an introductory Address on September 25th, at eight o'clock in the evening. There is every prospect that the Congress will be a most successful gathering.

Congenital Unilateral Atrophy.

The American *Medical News*, for August 11th, contains an interesting paper by Dr. S. Pixley, descriptive of a male child, now more than seven years old, and who exhibits the extremely rare deformity of complete unilateral atrophy. The right side of the head is much smaller than the left, and the superior and inferior maxillary bones of the right side are so diminished in size, that the teeth do not touch within one-sixteenth of an inch. He is right-handed, his tongue when protruded, points to the right; and during erection of the penis the organ points to the right side. From birth onwards the boy has enjoyed perfect health, but has preserved the same peculiar one-sided deformity in all stages of his growth. The present dimensions of the two sides are thus given at various points.—From sternum to spine round point of shoulder, left 13⅛ inches, right 11⅛ inches, length of left humerus 9¾ inches, right 9 inches. Whole arm, left 17⅜ inches, right 15¾ inches, circumference of fore arm, left 8⅜ inches, right 7⅜ inches. Whole leg, left 23¼ inches long, right 22 inches. Circumference of abdomen over umbilicus, left 13¼, right 12⅜ inches. Similar examples of a symmetrical development, though very rare, have been occasionally recorded, about a dozen cases being accessible. From a study of these it does not appear that one side is more frequently atrophied than the other. Dr. Pixley's is a well-marked instance of the deformity, and it is to be hoped it will be kept carefully in view in the future.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Halifax 12; Norwich 13; Bristol 15; Hull, Cardiff 16; Bradford, Wolverhampton 17; Birmingham, Brighton, Bolton 18; London, Edinburgh, Birkenhead 19; Plymouth, Portsmouth 20; Oldham, Derby, Leicester, Leeds, Huddersfield 21; Glasgow, Sheffield, Blackburn 22; Nottingham, Salford, Newcastle-on-Tyne 23; Dublin 24; Preston 25; Manchester, Sunderland 26; Liverpool 27.

Cholera-investigating Expeditions.

Professor Muenoh, of Kieff, has been sent to Egypt, by the Medical Council of St. Petersburgh, to inquire into the origin of the cholera, and make observations upon the course of the epidemic.

Germany is also sending a medical expedition, consisting of four members, to inquire into the causes, prevention, and cure of the disease. It left Berlin on the 16th inst., *viâ* Munich and Trieste, for Alexandria.

It is stated that the Chief Physician of the Khedive and Vice-President of the Egyptian Institute is satisfied that the present epidemic in Egypt is not Asiatic cholera, but *cholérоïde*, a local malady presenting similar symptoms.

A Sad Catastrophe.

Mr. Robert W. Corry, son of Mr. R. W. Corry, of Belfast, and nephew of Mr. J. P. Corry, M.P., who was drowned when on a botanising excursion in Lough Gill, held a high position as botanist at Cambridge, where he resided. He was one of the Lecturers on Botany in the Medical and Biological Schools. Early in the present year he was appointed Lecturer on Botany at Girton College, and was elected a Fellow of the Cambridge Philosophical Society. Lately he was awarded a supplementary science grant by the Royal Irish Academy, in addition to that granted last year, to aid in the completion of a botanical survey of the Ben Bulben Range, County Sligo.

A Disgraceful Possibility.

A discovery was made in Southwark last week of no less than eleven bodies of young children which had been stowed away in a neglected corner of premises in the occupation of an undertaker named Camden. These bodies appear to have been delivered over for burial by their parents, each of whom had made an insignificant money payment to the undertaker on the understanding that he would, in return, secure them decent burial. The scandal created by so gross a breach of confidence is not, however, the only, or even the worst feature of the occurrence, for an obstacle is now placed in the way of immediate interment of all the remains through the existence of those several difficulties of jurisdiction which are among the evils of London's existing government. Two only of the eleven bodies have as yet been disposed of, the coroner being unable to order the interment of the remaining nine because his authority does not extend to Bermondsey, the parish to which the parents of the children rightly belong. Consequently there arises a necessity for deciding by whom the task of burial shall be undertaken; and once more the public is treated to the unseemly spectacle of conflicting authorities in a dispute concerning their liability to discharge a pressing and paramount hygienic obligation. The frequency of such encounters is one of the most disgraceful possibilities associated with the municipal government of the metropolis; and it will be a measure of grateful relief that shall once and for all secure the non-recurrence of such indecent exhibitions in the future. Not only do they inflict a moral offence on the inhabitants of a great city, but they carry in their train dangers of the gravest public moment. The delay of a few days is often in such cases enough to determine serious mischief to the general health of a district subjected to a nuisance like that attendant on exposure of unburied human remains; and in every way it is highly desirable that efficient steps should speedily be taken for reforming the administration of districts wherein these scandals can be permitted.

New Sydenham Society.

The twenty-fifth annual meeting of this Society was held in Liverpool on the 3rd inst., when the report was presented and adopted, from which it appears that the production of the Lexicon of Medical Terms has been continued with as much speed as circumstances have permitted, and two numbers have, as usual, been issued during the year. The issue for the current year will probably consist of a fasciculus of the Atlas of Pathology; selections from the Works of Duchenne (of Boulogne), edited by Dr. Vivian Poore; two or more parts of the Lexicon of Medical Terms; the first volume of Hirsch's work on Historico-Geographical Pathology, translated by Dr. Creighton; a volume of Selected Monographs, of which Senator on Albuminuria and Landau on Movable Kidney will form part. The works which have been issued during the past (twenty-fourth) year are the following:—98. Stokes on Diseases of the Chest; 99. Atlas of Portraits of Skin Diseases, fasciculus xvi.; 100. The Collected Works of Dr. Warburton Begbie; 101. Lexicon of Medical Terms, part vii.; 102. Charcot, Localisation of Cerebral Disease; 103. Lexicon, part viii. Amongst those which are in preparation are—a fasciculus of the Atlas of Portraits of Skin Diseases; the Collected Works of Dr. Peacock, with memoir and portrait; one or more volumes of Selected Clinical Lectures from German sources.

Beer versus Water.

Advocates of the virtues of water as compared with those possessed by beer when employed as articles of diet during labour will be much chagrined at the result of a remarkable contest, waged on Friday last, with a view to determining the respective merits of the two beverages. The scene of this curious trial was a farm near Amesbury, in Wiltshire, where, under the auspices of the Church of England Temperance Society, two farmers competed against one another with a view to decide which could do the greatest amount of harvest work within a given time, one drinking beer and the other water during the contest. The arrangement was entered into at a public meeting at Salisbury, when Mr. Terrell, a Wiltshire farmer, and the champion of beer, challenged Mr. Abbey, an Oxfordshire farmer, and the champion of watar, to a day's labour, the stakes being £5 a side. At the end of the time "beer" was declared the winner by more than one acre, the surfaces cleared having been, by Mr. Terrell (beer), 15a. 3r. 16p.; by Mr. Abbey (water), 14a. 3r. 0p. It is of course to be assumed that all other circumstances were as nearly as could be equal on both sides, for otherwise it would hardly have occurred to the temperance advocate to suggest the competition; and this being admitted, an unmistakable victory would appear to have been secured by beer [over its opponent water as a supporter of stamina during labour.

Royal University of Ireland.

The Senate will shortly elect eight Medical Fellows, who will act as examiners at the examinations of the University. Of the eight Fellowships, five will be in Anatomy and Physiology, two in Surgery, and one in Medicine. The emoluments of these appointments will be £100 per annum each, and their tenure seven years. The election will be by open voting, and will take place some time in October.

The Chemical Manufacturers.

Messrs Robbins & Co. have published a reply to the statements of French authorities that bichloride of methylene, supposed to be of their manufacture, was a mixture of chloroform and alcohol. They repudiate the accusation, and give some details of their method of manufacture.

Mr. J. I. Atkinson, of Wylam-on-Tyne.

One of the most widely known and respected general practitioners in the North of England, Mr. John Ismay Atkinson, M.R.C.S., L.S.A., died on Wednesday last at his residence, Wylam-on-Tyne. For the last forty-four years the deceased surgeon had been engaged in practice in the same locality, and he enjoyed a high reputation throughout the whole district between Newcastle and Hexham as a skilful and kindly attendant, his services being in request in great houses as much as in humbler dwellings. The sincerity of the esteem felt towards him was shown but a few months ago, when he was presented with a brougham, a silver inkstand, and an illuminated address, which had been subscribed for by a large number of his patients and friends. His loss will be very widely regretted, and not least of all by the necessitous poor, to whom he was consistently and benevolently helpful, both in ministering to their ailments and to their more pressing needs. Mr. Atkinson was sixty-eight years of age, and until his last illness had enjoyed excellent health.

The Netley and London Army Examinations.

In reply to Mr. Acland, Lord Hartington stated in the House of Commons that the examination at the conclusion of the Netley course of instruction is, in the case of the Army Medical Department candidates, a pass examination merely, their relative precedence having been settled by the results of the entrance examination. With the Indian Army candidates the Netley course is competitive, and aids in determining the position of the candidates during subsequent service. The system for the British officers was deliberately adopted, after a very full inquiry, by a Committee appointed to consider the causes of the unsatisfactory supply of candidates for the Army Medical Service, and the Committee took evidence on this particular point. We have repeatedly referred to the fact that, while Indian medical officers are encouraged to work at Netley and pass out of that medical school in a state of the highest military efficiency, the medical officers of the home service are encouraged to neglect their study at Netley and to give themselves no trouble to learn their speciality. We have now for the first time from the lips of the Minister for War the admission that this distinction between the two services was made because it was considered that the trouble of study at Netley was one of "the causes of the unsatisfactory supply of candidates for the home service." In other words, idleness and ignorance are recognised by the authorities as an inducement to students to join the service. We do not in the least believe in the truth of such an hypothesis, but if it be as Lord Hartington says, we are decidedly of opinion that the Army authorities ought to blush at the admission that they seek to attract candidates by permitting them to pass into the service in ignorance of their own speciality.

The Queen's College, Belfast.

The report of the President, just issued, states that during the past session 533 students were enrolled in the various faculties, which include 300 in that of medicine. This latter faculty would have had a larger number of students entered were it not for a recent rule of the Royal University of Ireland, that all candidates for degrees in medicine shall be required, before being enrolled as medical students, to pass the first examination in Arts. The President suggests that the Royal University should follow the example in this respect of the University of London, by which examinations are appointed from time to time upon the application of any city, institution, or college desiring to be named as a local centre. The Council of the Belfast College at the commencement of the session resolved to admit women to art classes, and twelve young ladies were on application enrolled as students, ten of whom had previously matriculated in the Royal University. This is the first instance in which women have been admitted as students to a university college in Ireland.

The British Pharmaceutical Conference

Will be held at Southport, on September 18th and 19th, while its elder sister, the British Association, will be meeting in the New Dominion. Several gentlemen have already promised papers, and Dr. Attfield's presidential address will be on the Relations of the State to Pharmacy. The local committee are striving vigorously to make the three days at their disposal interesting and enjoyable to all concerned.

Death through Hydrophobia.

On the 15th instant an inquest was held at the workhouse infirmary, Callan, on the body of a labourer named Fogarty, who died from hydrophobia, as shown by the medical evidence given. Deceased was a native of Kilmoganny, and was bitten over twelve months ago by a dog supposed to be rabid. We hope to publish a report next week.

The French Association for the Advancement of Science

Opened its twelth session at Rouen on the 16th inst., the meeting being attended by great numbers. Medicine was chiefly represented by Prof. Verneuil. M. Masson, the treasurer of the Association, gave a flattering account of its financial position, its annual income and capital having greatly increased, while it was able to vote 13,000 fr. for scientific grants. Comparing the progress of this Association with that of the British, upon which it was modelled, M. Masson pointed out that the capital of the two Associations was nearly the same, although the British has reached the fifty-second year of its existence, while the French is only just entering upon its teens. And while the British Association only numbers 3,500, the French has already 4,000 adherents.

The Numerical Strength of the Profession in Paris.

The *Revue de Thérapeutique* gives an exact census taken of all the practitioners in Paris at the present time. There are in Paris and the communes of the department of the Seine 1,915 doctors of medicine, 12 doctors of surgery, 83 *officiers de santé*, 43 foreign doctors 1,500 midwives, 845 *pharmaciens*, and 95 veterinary doctors. One of the oldest doctors in Paris is M. Ricord, born in 1800, and made a doctor in 1826. These figures are, of course, exclusive of the host of illegal practitioners of all kinds to be found in Paris.

Telegraph Strain.

The *Boston Medical Journal* directs attention to the great demands made by telegraphy upon the nervous systems of those who follow it. The first-class operators all read by sound, and in a large office where a hundred or more receivers are all buzzing at once, the strain upon the organ of hearing, as well as upon the cerebral centre of audition, protracted as it is through ten hours daily, is very great. To discriminate between the longer and shorter dashes in an instrument clicking at the rate of a very large number of words per minute involves a very close exercise of the attention. The nervous and muscular energy expended by a rapid sender is very great. It is said that few operators are good for much after the age of thirty-eight.

A Milk Exhibition.

Amongst the very numerous departments of the Berlin Hygienic Exhibition, one is devoted to milk and the various products of it. Samples of fresh milk are daily on view, and we are told that the travelling "milk-halls" in which milk is sold are well patronised not only by women and children, but also by male adults. As every one knows, it is easy enough to exhibit samples of pure milk, and the exhibition will at least have the good result of letting the residents of a great city make the observation, at least during a brief period of their existence, what sort of a liquid milk really is. But the exhibition is doing more than this. Nearly every exhibitor exhibits by the side of his milk some form of milk-prover, some of which of late have been rendered tolerably perfect. That of Professor Soxhlet, of Munich, is constructed to show the fatty constituents of a sample of milk in a short time. Recknagel's lactodensimeter is also highly spoken of, as well as the lactobutyrometer of Marchand. Familiarity with these instruments cannot but have a good effect, as the employment of them will almost certainly become more general, and so falsified milk will be more certainly detected—and it is the difficulty of detecting falsifications hitherto that has led mainly to such wholesale adulteration.

In addition to the above exhibits of conserved milk are shown, and also attempts at preserving milk temporarily in as nearly a natural state as possible. Two methods adapted to this end are worthy of mention—one, that of cooling and keeping the milk cool by means of ice, and which one would imagine would add very considerably to the cost of transit; and that of Becker, of Düsseldorf. In Becker's process the milk is heated in a peculiarly-constructed water-bath to a temperature of about 140° F., and kept at this temperature for two hours. It is then covered up, but the circulation of air over it is not prevented. The results obtained are said to be remarkably good; the milk keeps sweet a long time, the taste of fresh milk is preserved, and when coagulated the curd forms an exceedingly loose and easily digestible coagulum, so that it is really superior as a food for infants to fresh cow's milk.

All the known kinds of preserved milk are shown, and also a new kind introduced by L. Scherff, of Berlin, which, from the account given of it, does not seem to differ materially from that known here as the Romanhorn brand—that is to say, it contains no added sugar.

Phosphate of Codeia.

Herr E. Merck, of Darmstadt, at the instance of Professor Hegar, of Freiburg, has succeeded in producing a phosphate of codeia, which has the great merit of being soluble in four parts of water, so that it can be used subcutaneously. It crystallises in small four-sided columns, is white, rather bitter to the taste, and resembles the sulphates and hydrochlorates of the same base. In its action it resembles morphia, except that it is milder, and the symptoms of intoxication are less pronounced. The dose required is about double that of the salts of morphia. No marked local disturbances followed the subcutaneous employment of the drug.

Nothnagel on the Treatment of Chorea.

In the course of a clinical lecture on chorea, Professor H. Nothnagel remarked that when the disease followed articular rheumatism, salicylate of soda was given; but this treatment had to be pursued empirically and carefully, as nothing was yet known of the nature of the disease. Opiates had no effect, neither had Calabar bean. Now-a-days potassic bromide was almost always given, but without any good result. As calmatives, and for the purpose of procuring sleep, morphia and chloral might be given. He had convinced himself by numerous experiments that propilamine was useless. Arsenic, in the form of Fowler's solution, was still the most effective remedy. It could be given by itself or in water. He suggested the following: ℞ Liq. Fowleri, grm. v.; aq. destill., grm. xv. M. Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant current was another effective remedy in chorea, combined with tepid bathing, or the application of ice-bags to the spine.

Dr. Connolly, of Bruff, in the co. Limerick, and his brother, were arrested last week upon a charge of conspiracy to murder John Carroll, rent-warner to the Earl of Limerick, and his own relative. The charge rests on the information of another relative, who states that he was hired by Dr. Connolly to shoot Carroll, and lay in ambush with a pistol several times for the purpose, but that an opportunity for the crime did not present itself. Some time ago Dr. Connolly instituted an action of slander against Carroll, charging him with circulating a report that he, Dr. Connolly, intended to have him done away with. So far as the case has been investigated the evidence against the accused seems to be illusory.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 22, Bombay 28, Madras 34, Brussels 29, Amsterdam 19, Rotterdam 15, The Hague 30, Copenhagen 19, Stockholm 18, Christiania 21, St. Petersburg 28, Berlin 41, Hamburg (State) 21, Dresden 27, Breslau 28, Munich 40, Vienna 22, Prague 32, Buda-Pesth 28, Trieste 29, Turin 26, Lisbon 23, New York 45, Brooklyn 32, Philadelphia 25, Baltimore 27.

The principal zymotic diseases caused no death last week in Halifax, whereas they caused the greatest mortality in Sheffield and Preston. The highest death-rates from measles were 1·0 in Newcastle-upon-Tyne and 1·8 in Huddersfield; from scarlet fever, 1·5 in Leeds, and 1·8 in Sheffield; from whooping-cough, 1·4 both in Brighton and Plymouth; from fever 1·2 in Huddersfield; and from diarrhœa, 3·5 in Cardiff, 3·6 in Leicester, 3·7 in Sheffield, 3·8 in Salford, and 11·1 in Preston. The death-rate from diarrhœa, which was equal to 1·6 in London, averaged 2·5 in twenty-seven provincial towns. The 23 deaths from diphtheria in the large towns included 9 in London, 2 in Edinburgh, 3 in Glasgow, 1 in Dublin, 2 in Manchester, and 2 in Leeds. Small-pox caused 3 deaths in Birmingham, 3 in Liverpool, 2 in London, 2 in Sunderland, and 1 in Wolverhampton.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Scottish Universities.—Pensions.—In our last impression we presented an epitome of the return moved for by Mr. Dalrymple with reference to the pensions of retired Scottish professors. At a time when the Universities are clamouring for more State aid, and fighting for what Mr. Mundella has so elegantly and appropriately termed their "beggarly vested interests," this return speaks volumes. Take, for example, the retiring allowance of Professor Allen Thomson, of Glasgow, at the age of 68, amounting to the large sum of £842 14s. 4d. per annum. No one who knows, as the writer does, anything of Professor Allen Thomson's teaching, will question his conspicuous gifts in the direction of imparting knowledge; but in return for all this, he was for a long series of years *protected by the Crown as a teacher of anatomy*, and during this long period derived a princely income from the position. Would it not, then, be fair and reasonable to expect that Dr. Thomson should have been able, in these circumstances, to make provision for what of life remained after the age of 68, without this very large drain on the public purse? The case of Dr. John B. Cowan is perhaps worse. An amiable, gentlemanly man, with a large private fortune, whose name, until his appointment to the chair at the University, was never heard of in connection with materia medica, Dr. Cowan intermittently lectured for three or four years on this subject, and retires at the age of 51 with a pension of £153 9s. 4d. In our opinion these pensions should certainly be reserved for necessitous, and not wealthy, professors; and the time has arrived when the whole matter should be subjected to radical public scrutiny. In no other department whatever have we State-instituted monopolies with such magnificent pensions; and to most sensible people, excluding ministers of a "liberal Government," it is a matter of no doubt that monopolies in scientific teaching are pernicious, and that the day has arrived when in science, as in everything else, the fittest should survive. It is quite possible that the Scotch professors are excellent teachers, but it is no disgrace to them to assert that they are better financiers.

Edinburgh.—New Hospital for Infectious Diseases.—A sub-committee of the Public Health Committee of the Edinburgh Town Council have had under consideration the subject of heating and ventilating the New Hospital for Infectious Diseases. Estimates had been taken for the work, but it was reported on the 23rd inst. that they were all much higher than the committee had anticipated. The subject was further delayed so as to allow the City Superintendent to make further inquiries, and, if necessary, go to Glasgow to inspect work of a similar kind which has recently been fitted up by the tradesmen of that city.

Edinburgh.—Public Health Committee.—A meeting of the Public Health Committee of the Edinburgh Town Council was held on the 23rd inst. The subject of the ventilation of water-closets into public stairs engaged attention, and in five cases of tenements in different parts of the city, which had been reported on by the Medical Officer of Health and Burgh Engineer, peremptory orders were given that ventilating shafts should be provided according to a plan suggested by the Burgh Engineer, and that the windows at present opening into the stair should be closed. Various unsanitary houses were reported on, and the owners called upon to show cause why they should not be shut up. These are situated at Castlehill, Lothian Street, and Clarence Street. It was intimated that complaint had been made from Warriston regarding offensive smells proceeding, it was supposed, from a tannery in that district; and of a nuisance in Blackford Crescent of a similar character, which, it was alleged, was caused by the proximity of a large block of stables, occupied by Messrs. Adamson, to the houses in the Crescent. The usual investigations were ordered to be made in both cases. As to the stables, it was reported that they had been visited, and that the premises were found in a cleanly and well-conducted state. Instructions were given that the heaps of stable manure collected should be restricted as much as possible. Two small cottages in Grange Loan were ordered to be closed, as the proprietor had taken no notice of the orders of the Town Council regarding them. A number of smoke nuisance cases were also considered. In the case of the Caledonian Distillery, several printing establishments in the New Town, and also mills along the Water of Leith, instructions were given to serve notices upon the owners. It was stated that in many cases where notice was served a marked improvement had afterwards been observed.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 18th inst., were at the rate of 22 per 1,000 per annum, as compared with 25 in the preceding week, and 22, 20, and 23 in the corresponding weeks of 1882, 1881, and 1880.

The Marshall Street Medical School, Edinburgh.—This, which forms one of the sub-divisions of the Extra-Mural School has come to an untimely end. The lecturers with one exception, together with the acting and honorary medical officers of the provident dispensary attached to the school, have all resigned. The existence of the place was only due to the want of interest which the Colleges till lately took in the internal arrangements of the Medical School.

Dundee.—Royal Lunatic Asylum.—An adjourned meeting of the directors of the Dundee Royal Lunatic Asylum, in reference to the present embarrassed state of the finances of the institution, was held in Dundee on the 24th inst. Sir John Ogilvy, the chairman of the Board, presided. The Committee appointed at the meeting held on Friday last submitted the appeal which they proposed the directors should issue to the public with the view of relieving the Board out of its present difficulties. The appeal was approved of, and it was remitted to the treasurer and the secretary to issue it. The financial statement shows that the new house and the laying out of the grounds, with new furniture, cost no less than about £66,000; and as the directors had little or no available means but the old property, the institution is now in debt to the extent of fully £50,000, secured over its old and new properties, and of about £11,000 of unsecured claims and obligations. In the course of the appeal, it is set forth that the directors believe that if subscriptions or donations to the extent of not less than £12,000 were now available to pay off floating debt, they would be able to tide over present difficulties, and, as opportunities presented themselves, make available, by feuing, the old property towards payment of the secured debt.

Health of Edinburgh.—The following is a statement of the health of Edinburgh for July, presented on the 23rd inst. by the medical officer of health, Dr. Littlejohn:—The total number of deaths recorded in the city was 323, giving a death-rate of 16·52 per 1,000 of the estimated population. In the following table the number of deaths during the month of July in the last five years is given, with the rate per 1,000 in each:—

	1882.	1881.	1880.	1879.	1878.
Number of deaths ...	338	280	340	324	356
Rate per 1,000 ...	17·52	15·07	18·30	17·66	19·69

The average death-rate in the month of July for the five years preceding 1883 was 17·64, so that the death-rate for July of this year contrasts favourably with the average of the preceding five years. In the following table the number of deaths registered in each of the sub-divisions of the city is given, along with the rate per 1,000, both for the month now reported on, and for the corresponding month of last year:—

	New Town.	Old Town.	South Side.
Number of deaths ...	97	182	44
Rate per 1,000 ...	13·26	19·60	14·88
1882	12·20	23·89	10·24

As regards age, 102, or 31·58 per cent. of the whole deaths were registered as under 5 years; 138, or 42·72 per cent., between 5 and 60 years; and 83, or 25·69 per cent., above 60 years. The deaths from diseases of the chest amounted to 107, or 33·12 of the whole; while 35, or 10·83 per cent., were due to debility or old age. Diseases of a zymotic nature proved fatal in 31 cases, or 9·60 per cent. of the total mortality. Last year, in the same month, there were 128 deaths, or 37·86 per cent., under 5 years; 132 deaths between 5 and 60, or 39·05 per cent.; and 78 deaths above 60, or 23·07 per cent. of the total mortality. The deaths from chest diseases in July, 1882, numbered 118, or 33·43 per cent.; from debility and age, 37, or 10·94 per cent.; and 27 from zymotic diseases, or 7·69 per cent. With reference to the high death-rate in the southern suburbs, it is explained by the fact that of the total deaths 50 per cent. were those of people above 60 years of age—the figures being, under 5 years, 7 deaths, equal to 15·90 per cent.; between 5 and 60 years, 15 deaths, equal to 34·09; above 60 years, 50 per cent. There were 588 births registered during the month, giving a rate of 30·07 per 1,000 of the estimated population. The males numbered 302, and the females 286. Of the births, 43 were illegitimate. Infectious diseases: During the month there were 48 cases of infectious diseases reported in terms of sec. 208 of the Edinburgh and Municipal and Police Act, 1879. These comprise 320 cases of measles, 106 scarlatina, 39 typhoid fever, 17 diphtheria, and 1 typhus fever. Of the measles cases, 113 occurred in the New Town, 148 in the Old Town, and 59 in the southern suburbs. Of the scarlatina cases, 61 occurred in the New Town, 33 in the Old Town, and 12 in the southern suburbs. Of the typhoid fever cases, 18 occurred in the New Town, 12 in the Old Town, and 9 in the southern suburbs. Of the diphtheria cases, 8 occurred in the New Town, 8 in the Old Town, and 1 in the southern suburbs. The one typhus case was from the Old Town.

Health of Edinburgh and Leith.—The mortality in Edinburgh for the week ending with Saturday, the 18th inst., was 85, and the death-rate 19 per 1,000. There were 19 deaths under 1 year, and 28 above 60 years, of which 5 were above 80 years. Diseases of the chest accounted for 36 deaths, and zymotic causes for 5, of which 1 was due to fever, 1 to scarlatina, 2 to measles, and 1 to diphtheria. The intimations of these diseases were 4 fever, 20 scarlatina, and 38 measles. No fresh case of diphtheria was reported during the week. During the same period 16 deaths were registered in Leith, 9 of these being in the south and 7 in the north parish, and being equivalent to a death-rate of 13 per 1,000 per annum.

The Scotch Corporations.—A long-drawn sigh of relief on the part of the Corporations has followed the withdrawal of the Medical Amendment Bill, and for another year these bodies will be left to their own devices. We hope that the lessons taught them by the fierce struggle for existence through which they have passed may be of use; but it may have the effect of only confirming them in their old ways by the sense of security which their success in blocking the Bill has engendered. To one who has watched the conduct of the Corporations in relation to the Medical School, the sudden burst of affection of the former for the latter is amusing and instructive. We have all along maintained that the Medical School of Edinburgh had nothing to fear from the extinction of the Corporations; it might even be shown that the School would gain by their happy despatch. The Corporations have all along kept aloof from the School, happy only in taking the fees which the reputation of the School brought to their doors. That the College of Physicians will benefit from the teachings of the last few months there can be no doubt, but with regard to the College of Surgeons the prospect is by no means so hopeful. The internal organs of that august body are in a hopelessly diseased condition. The Fellows are voiceless, progress is impossible, and life all but extinct. Examinerships are for life, the President is elected by the Council, who have not yet learned that Queen Anne is dead, and the same body is in turn elected by the President. In the College of Physicians a most suitable candidate in every way for the presidential chair was rejected, as it was thought that his University connection might act injuriously to the College interests. The proud boast of the College of Surgeons that it is an examining and not a teaching body has been shown to be a delusion, and has very nearly led to its extinction. In the year of grace that has been granted to the Colleges something may be done, but we may suggest to the Extra-Mural Medical School the necessity for united action on their part, and not to trust too implicitly to those whose affectionate regard is only the outcome of their fear of their own extinction.

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Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (a)

We cannot tell how many volumes of this valuable Society we have been called on to notice, nor can we help observing how steadily each volume has increased in size. The present one reaches to more than 500 pages, and we notice at the end of it a supplementary report, of 54 pages, relating to the termination of all the cases which were described in the volumes, commencing with the first and ending with the thirty-first volume. This most arduous and useful proceeding, which was suggested by Dr. J. Hutchinson, has been carried out by the following gentlemen:—Drs. Barlow, Parker, Baxter, Beck, Goodhart, Walsham, Kesteven, Godlee, Turner, and Mr. Barker. The mode in which these gentlemen acted is described, but we need not enter into the details of this particular part of the volume, as we are sure any one who takes up the volume at all will be certain to read this portion of it first. It was to have been expected that many of the cases could not be traced to the final result—and this has occurred—but there are quite enough to satisfy the curiosity of the reader.

On former occasions we referred at considerable length to many of the cases detailed. But our space is more limited now, and a very general notice is all we can give. The first division, is taken up with Diseases of the Nervous System. In it we notice several cases of much interest. Thus, No. 2, by P. Gould, M.S., is a case of "Congenital Absence of Right Hemisphere of Cerebellum." It occurred in a man of 80, a gardener by occupation, but who never showed any symptoms during life which would lead to the idea that such a deficiency existed. What are we to make of such a case? Or how explain it? Has the cerebellum no function? Or no control over certain movements of the body? We cannot answer these questions. No. 3, by Dr. Sharkey, is entitled "Case of Simple Cyst in the Cerebellum." It was found in a man of 22, who, from the age of 12, had at times violent headaches. Four months before admission, however, he had got a very severe blow on the back of his head, and from that period the symptoms had become more constant and more marked. Finally, after several rigors attended with severe vomiting, the patient died. Besides the cyst in the cerebellum the ventricles were distended with serum. The way the author interprets this case seems to us very questionable. No doubt the cyst caused the headaches, and the sense of "bursting." These symptoms were most probably due to a sudden congestion of the parts round the cyst, but the constant pain, and the violent vomiting of the last four months of life were, we believe, due to the serum effused into the ventricles, which the post-mortem showed were distended. We think those pathologists mistaken who state that serous effusions of this kind cause no symptoms; we are as confident, as the nature of the subject allows, that they do, and what is of more consequence, that they can be recognised during life, and treated; and that the views advanced many years since by Abercrombie are absolutely correct. But this is not the place to enter farther on a discussion of the question.

No. 7, by W. H. White, M.D., is entitled "Hyperæmia and Hæmorrhages in the Medulla Oblongata causing Sudden

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(a) "Transactions of the Pathological Society of London," Volume XXXIII. Comprising the Report of the Proceedings for the Session 1881-82. London: Smith Elder, & Co. 1882. Pp. 455.

Death, owing to the Implication of the Vagal Nucleus." We notice this communication, as it appears to us a very strange one. The author wishes to connect sudden death in children with a diseased state of the medulla oblongata and upper part of the spinal cord, and gives three cases in illustration; and then goes on to say (p. 16): "As a result of these investigations (that is, on the parts removed after death) I found that the sections from Cases 1 and 2 were healthy, but that there were obvious microscopical changes in those taken from Case 3." That is, as we read it, that out of three cases adduced to prove a point, two failed to do so; and yet the author argues as if all the cases went to prove his position. We would like to have some explanation of this apparent incongruity. But even if all the cases showed the same diseased state of the medulla we could not accept them. The cases are quite too vaguely given. Thus, Case 1 had "pyrexia and delirium," and "died in the course of a few hours." Then Case 2 was an out-patient attending for some trivial cough. "The mother said it died suddenly, and as I had not suspected this I made a post-mortem, but no evidence of disease or foul play was found." Surely, such scanty details could not satisfy any one; and then on the next page it is stated, as we said before, that the medulla was healthy in both cases!!! This entire communication will have, we consider, to be remodelled and described so as to be understood.

No. 11, by H. A. Lediard, is entitled "A Tumour of Dura Mater Pressing on Cord in the Cervical Region." We call attention to this interesting case which occurred in a man of 25, because it is so well, and at the same time so concisely detailed. Amongst the cases of the Organs of Respiration we would direct attention to No. 5, by F. Simon, M.D., entitled "Double Stenosis of the Upper Air Passages in a Case of Tumour of the Thyroid Gland, supposed to be Malignant." The diagnosis of this case was most obscure, and the symptoms became so urgent as to call for the opening of the trachea, which seems to have relieved one of the causes of dyspnœa, but left the other unrelieved. The enlarged thyroid had, by pressure, caused wasting of some of the muscles of the trachea. The age of the patient was 79, and he was seen in the first instance by Dr. Byers, of Belfast. This communication is one of some length, but will repay perusal. Amongst the cases of the Organs of Circulation we would draw attention to No. 8, by S. West, M.B., entitled "A Case of Acute Fatty Degeneration of the Heart after Rheumatic Fever; Vegetations on Valves; Rupture of Chordæ Tendinæ." This is a case of much interest, and occurred in a youth of only 16. We must say, however, that we think the disease was of longer standing than the author stated. The fever only confined the patient for one week to his bed, and he died two months subsequently; the heart which weighed 14 ounces, presented valvular disease, with dilated cavities, and fatty degeneration. It is hard to realise such a condition in so short a period. There was no pericarditis. We should like to have known the state of the liver, which was described as being enlarged during life. No. 10, by W. H. Broadbent, M.D., is entitled "Malignant Disease of the Pericardium." It occurred in a man of 23, and there was great obscurity about the diagnosis. But we must refer our readers to the details of this highly interesting case. In the Section on Diseases of the Organ of Digestion we observed a very elaborate paper by A. Sangster, M.B., on "Psoriasis of the Tongue." The author has collected from several sources 44 instances of the disease. One of these was a female. Half of them were smokers. This communication will well repay perusal. The next paper by S. Boyd, M.B., gives the details of two cases of "Rupture of the Œsophagus," most probably due to digestion. This special subject requires more light to be thrown upon it. We recollect reading an able paper by a Scotch gentleman on digestive process leading to rupture both of the œsophagus and stomach. If we recollect rightly he attributed the result to a post mortem effect of the digestive fluid. No. 3 by R. E. Carrington, M.D., is a detail of three cases of "Hour-glass Contraction of the Stomach." This is an important communication, for, though it is a rare affection, it is evident from the details given that any practitioner might meet it, and the diagnosis would surely be most obscure. Vomiting of a severe kind seems to have attended all the cases of which the previous history was known. On the other hand, in one of the cases this vomiting had occured eight years before death; but had then subsided, and it only recurred six months before the patient's death. No. 8 by J. Tyson, M.D., is entitled "Simple Stricture of Pylorus; Dilatation of Stomach; Fibroid of Uterus." We notice this case because we believe the pylorus was not diseased. This part is stated to have been "half an inch in diameter, but not thickened abnormally." Now half an inch, unless we entirely forget our anatomy, is the natural diameter; but always admits of considerable stretching. Dilatation of the stomach is known to occur without any constriction at the pyloric orifice, and we consider that such was the case here. No. 12 by N. Moore, M.D., is a very interesting case entitled "Upper part of descending Colon, showing a Perforated Ulcer from a case of Typhoid Fever." The patient was aged 20, and died about the fortieth day of fever, and there were two perforating ulcers in the colon. As the author observes this must be a very rare occurrence, and yet not without precedent. It is worthy of note that there were but three ulcers in the ileum, and all nearly healed. In the epidemic in which this case occured, out of 19 cases examined 6 had ulcers in the colon, that is, one in three. For ourselves, we believe that the implication of the colon is one for which we should ever be on our guard, as its presence adds seriously to the course of the disease. This case is followed by the detail of no less then 95 cases where an examination was made, and which occurred in Bartholomew's Hospital in the course of 14 years. It is a valuable communication. We notice that there were 18 cases of perforation out of 95; whilst in a few there was literally no ulceration, and only slight enlargement of Peyer's patches. In others there were but one or two ulcers. Have the conclusions which inevitably follow from such facts been considered? Is it not clear that typhoid fever may prove fatal without the presence of any lesions in the intestine, or at least such as would cause death, or do not such facts account, and, in the most satisfactory way, for the occurrence of cases which we are constantly meeting, that is, where the symptoms are typhoid like, but pass away after eight or ten days. Other very important points may be deduced from the facts stated above, but we cannot pursue them further here.

We had marked out for special notice several more of the communications contained in this volume. But owing to our space being run out we can only name them here. "Fourteen specimens of Hydro and pyosalpiiix," by Lawson Tait, A case of "Filarial Hæmato-chyluria," by Stephen MacKenzie, M D. This is an essay illustrated by engravings, and of much interest. Specimen of Bilharzia Hæmatobia, by G. Zancarol, M.D., Surgeon to the Greek Hospital, Alexandria. This is also illustrated by engravings, showing these creatures in the submucous tissues of the intestines and bladder.

Some very interesting cases of disease in the lower animals are also given; though we cannot notice them more here.

We think we have stated enough to induce our readers to get this volume, and study it for themselves. It will well repay the perusal

AN ATLAS OF ILLUSTRATIONS OF PATHOLOGY. (a)

The illustrations of the present part are four in number, and represent five objects—syphilitic and lardaceous disease of the liver; abscesses of the liver; papilloma of the gall bladder; cancer of the gall bladder, gall stones, with obstruction of the cystic duct; and cancer of the stomach extending to the cystic duct. The gall stones are coloured, and very numerous, but we would take exception to their colour. We have never seen gall stones of such a colour in a long pathological experience. With this exception, we have nothing but praise to bestow on these coloured plates, which are wonderfully good, and well worth the whole guinea subscription. They are a good working size, and quite fit for exhibition to an hospital class, which is more than can be said of the microscopic drawings of Lancereau's Atlas—the only other one which is available to the general practitioner. Dr. Goodhart's little treatise, modestly called a summary, is all that could be desired. Every medical man ought to belong to the Sydenham Society, and thus give its managers the opportunity of affording that value which can only be accomplished by extensive co-operation.

(a) "An Atlas of Illustrations of Pathology, compiled chiefly from original sources for the New Sydenham Society." *Fasciculus* V. Diseases of the Liver, chiefly of the Gall Bladder and of the larger Bile Ducts. With Pathological Summary by Dr. Goodhart.

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THE MEDICAL LANGUAGE OF ST. LUKE. (a)

The principal interest of the question as to the authorship of the treatises which are commonly attributed to St. Luke is, of course, of a religious rather than a medical character. Yet to a physician it has in addition this peculiar interest—that, if decided in favour of the view usually adopted, it is an instance of extra-professional work done by a physician, and that the most celebrated instance on record, and of work admittedly of the very highest importance and most influential bearing on the world's history. For whatever view may be taken in modern days as to the systems of doctrinal belief which have been grafted upon the events narrated, it must be universally admitted that those systems—and, therefore, those events—have exercised upon the world's history an influence to which nothing comparable can be found in all the annals of the globe.

Much doubt has been thrown by modern criticism on the accepted view of the authorship of the various treatises known to us under the names of the Evangelists. In particular, the most strenuous efforts have been made to bring down the dates of their composition to a much later period than has usually been assigned to them. And this view, that they are of a later date than that assigned, has been supported—not by any genuine verbal criticism, not by adducing any instances of terms or expressions to be found in their pages which are nevertheless known to be of later origin, but merely by showing that there are but few references to them in a class of writing where, in accordance with a preconceived theory, there ought to have been references to them, and extracts from them, had they been written by the authors to whom they are attributed; that is to say, had they been of the date assigned to them. The validity of this pre-conceived theory, that is in fact of the major premisses of the argument against their authorship, may be assailed on various grounds; of these perhaps one of the most important might be one of which the supporters of the usually received view might be loth to avail themselves, namely, that no such position was then accorded to these writings as that which has since been attributed to them, and that no special reason existed why reference should be made to them rather than to other compilations, or to verbal traditions of the life and sayings of Jesus. The attitude, however, of those who maintain the received view has hitherto, in presence of their assailants, been that of the apologist. They have defended their views, they have contested alike the premisses and the reasoning of their adversaries; but it has, we think, been reserved for Dr. Hobart, in the volume now before us, to carry the war into the enemy's camp, and deliver an independent and original attack on their position. The originality of this attack is that which gives it its interest in the eyes of medical men, and leads to our noticing this book in a medical journal. The Third Gospel and the Acts of the Apostles have been attributed to St. Luke, who is definitely spoken of in one of the Epistles of St. Paul as being a physician. It has occurred to Dr. Hobart that valuable light might be thrown on the question whether St. Luke was really the author of these treatises or not by a comparison of the writer's language, his peculiar terms and modes of expression, with those which are to be found in the strictly medical works of well known Greek physicians. Should it turn out on examination that there was any very definite and well-marked resemblance between this writer's language and that of the writers referred to, Hippocrates, Galen, Aretæus, &c., then the conclusion could hardly be resisted that the traditional view of the authorship was correct, and that the writer was indeed the companion of St. Paul's travels, and had personal knowledge of, and participation in, the events narrated in his later production; while of those detailed in the earlier he would have at least such knowledge as could be conveyed to him by the actual eye witnesses of the events which he himself disclaims anything more than a traditional acquaintance with. This most important investigation Dr. Hobart has carried through with an amount of care and pains sufficient to place him on a level with the most laborious of German word-critics. The twenty-one volumes of Kuhn's edition of Galen have been laboriously waded through, collated and referenced. Hippocrates, Aretæus, Dioscorides, have been no less patiently examined, and the result has been the bringing together of a weight of internal evidence and word-criticism, such as, we venture to say, no impartial judgment can set aside, to the effect that the mind of this writer was not only intimately acquainted with the terms of medical science, but also thoroughly imbued with medical ideas and modes of thought. The author brings out this line of thought with peculiar force in examining those portions of the narrative which speak of diseases and miracles of healing, showing that the Evangelist was well acquainted with the diseases he is describing, and refers to them in technical medical language such as could hardly have been employed by anyone who was not professionally conversant with medical matters. A writer of the present day who should use the term "to percuss" might be safely set down as a member of our craft; the expression δακτύλῳ προσψαύειν has a sound as genuinely medical as the other, it expresses in fact exactly our "palpation." "Diagnosis" is another similar term, actually itself used by the writer of the Acts, and that not as commonly used by the Greek physicians and ourselves in reference to a discrimination or recognition of diseases, but in reference to a legal cognition of an offence. In fact, as we would say in the slang of the present day, and as Dr. Hobart brings out in numberless instances, the writer of these treatises talked medical shop. But that is the very thing that no one but a physician would, or indeed, could do. A person not a physician might try, as we say, to air his medical knowledge if he happened to come across medical subjects, but assuredly if not a physician he would never talk medical shop on other occasions; the shop he would talk would be that of his own profession whatever it might happen to be.

The case thus made out by Dr. Hobart, and illustrated by an immense number of instances of medical terms, compared, with great labour and erudition, with the same terms as used by the Greek physicians, seems to us to prove beyond reasonable doubt that the author of these treatises was by profession a physician; and this being established, the correctness of the tradition which attributes them to the physician St. Luke, the companion of St Paul in his travels, follows as almost a necessary inference.

Dr. Hobart thinks that Luke accompanied Paul as his physician, and adduces arguments in support of the view that on each of three occasions when the former joined the latter, assuming now the authorship of the Acts of the Apostles as established, Paul had been suffering from serious illness, or was at the time in a state of ailing health. We are not sure that we quite go with our author here, at least as regards Paul's illness, for, as a matter of course, any professional aid that Luke could have offered his companion would have been only too gladly afforded when needed; but we are inclined to consider the frequent mention of Paul's ailments and ill-health as referring rather to a chronic disease than to any acute disorder; and we think that there are pretty plain indications that this disease was of a nature allied to catalepsy, resulting in trances, visions, &c., some of which, indeed, Paul himself speaks of as having occurred at a time when soul and body almost seemed separated as by some strong nervous convulsion. This, however, in no way detracts from the interest of the question discussed in this work.

A.

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Correspondence.

CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At the request of professional friends I have been induced to republish my paper on "Cholera: its Nature, Pathology, and Successful Treatment," as placed before the general meeting of the British Medical Association, held in the University of Dublin, in August, 1867. In your last issue you were pleased to notice favourably my *brochure*, and to suggest as supplemental to my treatment the hypodermic injection of morphia. While I have had large experience of the wonderful effects of this drug in other nervous diseases, I have not deemed it indicated in cases of cholera. Indeed, I should fear its depressing influences here. In my general summary of treatment I did not go into details, as these were annexed to each case. But I was most anxious to impress the principle upon which I acted, namely, the clearing out of the *prima via*, not by purgative, but by mechanical means, so to say. This was effected in all cases by the administration of strong mustard emetics, and in most instances supplemented by an enema of sweet oil, turpentine, common salt, and any convenient medium, such as warm water, gruel, &c., as may be observed from a perusal of the cases I have detailed. I was guided in my resort to this secondary procedure by a persistency of the cramps after the free evacuation of the stomach. I valued also the aids of sinapisms to the abdomen, and a stimulating anodyne invariably given. Subsequently the free use of ice was invaluable.

(a) "A Proof from Internal Evidence that 'The Gospel according to St. Luke' and 'The Acts of the Apostles,' were written by the same person, and that the writer was a Medical Man." By the Rev. William Kirk Hobart, LL.D., Ex-Scholar, Trinity College, Dublin. Dublin: Hodges, Figgis & Co. London: Longmans, Green & Co.

The treatment, thus briefly and generally sketched out, was so uniformly successful that I feel convinced of its efficacy in this much-dreaded malady. You have properly, I think, approved of a strong tincture of mustard suggested and used by me, as being more reliable than the mustard of commerce. Yet I have never gone to a case without bringing amongst my *armamentaria* a canister of our best Irish mustard for external, or possibly internal use. The tincture may not be at hand, and may not be always good, whereas the genuine flour of the seeds may be trusted. Moreover, as I desired that my treatment might find a wide acceptance for the general good of humanity, I was willing, as far as possible, to popularise the remedies, yet with all becoming respect for our profession.

Yours, &c.,
P. C. Little, F.R.C.S.I., &c.

82 Amiens Street, Dublin,
Aug. 24, 1883.

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COMEDONES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—For the past nine years I have been suffering from comedones on my face, and I have tried every known remedy, but without effect. I have tried hydrarg. bichlor., also sulphur lotions and sapo mollis and spirit. vini rect., equal parts, at night time, to be applied. I have removed the comedones again and again, but they reappear as bad as ever in a few days. I do not know what the cause can be, as I am very careful with my diet, avoiding anything that might prove indigestible. I am also a total abstainer. I pay particular attention to my bowels. I have also taken internally Easton's syrup, also dialysed iron and liq. arsenicalis. I am of a very nervous temperament, and suffer very much in cold weather from languid circulation. I have also tried Turkish baths.

I shall feel extremely obliged if you will kindly inform me in your next issue what you would advise me to do. Perhaps you may have heard of a case as obstinate as mine, and may know some remedy that has been successful. Kindly also say if there is any good work published on the treatment of comedones, and oblige,

Yours obediently,
An Old Reader.

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THE DEPTFORD VACCINATION CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having personally investigated the six cases of alleged syphilitic inoculation through vaccination at Deptford, I read the article in the last issue of your impartial journal with great interest, and I beg to be permitted to make a few observations on the question.

I must unreservedly state that there cannot be a doubt in the mind of a careful inquirer that the vaccinifer and the vaccinated babies never suffered, nor are suffering, from the symptoms of inoculated syphilis, as the vaccination wounds, very backward in healing as they have been, the time of the appearance of eruption in all of them, their character and the constitutional disturbance they have suffered from, are totally at variance with such a groundless assertion. The fact that five had the same vaccinifer, an illegitimate baby, and one from a second case, was considered sufficient by the anti-vaccinators in the locality to raise the storm, misled as they were by Mr. Fisher. They held a crowded meeting on Thursday last, where resolutions were passed condemning vaccination. Such a state of affairs only shows how necessary it is to make full investigations into cases of complaint before the mischief is done and thereby allay popular excitement. Dr. Stevens, of the Local Government Board, did personally inquire into the cases, and reported his views to the board of guardians at their meeting on Wednesday last, condemnatory of Mr. Fisher as a parish surgeon. But in order to satisfy the public mind his report ought to have been published, and fuller inquiries made to show how far the mischief was attributable to vaccination. For all the children have suffered from eczema, more or less severe, and one was complicated with erysipelas during the first week of vaccination. Under these circumstances one does not feel inclined to look upon these cases as mere coincidences, and were the Local Government Board to make inquiries how the operations at the public vaccination station are conducted, what assistance—qualified or unqualified—the vaccinator gets from others, they would render useful service in the cause of vaccination.

I remain, Sir, yours, &c.,
Montague D. Makuna.

26 Charing Cross, S.W.,
25th August, 1883.

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POOR-LAW SUPERANNUATION.

We last week announced—with much regret—that the Government had been obliged to drop the Poor-law Officers' Superannuation Bill for Ireland, finding it impossible, at the late period of the Session to give it a place on the agenda of the House of Commons which would admit of its being discussed before twelve. The disappointment which the miscarriage of legislation involves is all the greater because the measure was perfectly certain to pass if it could have been brought forward. The exertions of the Irish Medical Association and the Poor-law Officers' Association had obtained for it the support of all parties, and the influence of Mr. Herbert Gladstone and Mr. Meldon, M.P., had removed all difficulties in its way, saving the hindrance incident to the late period of the Session. The second reading had been carried against the opposition of Messrs Biggar, Leamy, Lalor, O'Kelly, and R. Power by an overwhelming majority, and the motion to go into Committee would have been as easily disposed of if the preceding business of the House had terminated before 12.30 midnight. We are not aware that the opponents of the measure pretended to be actuated by any principle. They of course contend for the right of the elected guardians to "larrup their own niggers" without restraint of any sort, and they hated the Bill simply because Mr. Herbert Gladstone and the Irish Local Government Board approved of it. The only amendment worthy of the name which was suggested was a proposition that a discretion should be left to the guardians to reduce the Civil Service rate of pension by one-fourth if they pleased to do so; but even this would not have satisfied the irreconcilables or ensured the passing of the Bill. Mr. Healy had an amendment the object of which was to postpone the operation of the Bill until April next, the explanation of which lies in the fact that the Poor-law guardians' elections take place in March, and, as he anticipated a large number of resignations of officers, and of consequent new appointments, he was anxious that his party should have the opportunity of packing the Boards of Guardians beforehand, so as to exclude all applicants not of the dominant politics and religion.

In the interest of the medical officers who have been anxiously waiting the passing of the Bill, we greatly regret the delay in making it law, but we are encouraged by the belief that, no matter what party may be in power, the Bill is certain to pass before long. The profession may be assured that the Irish Medical Association will not lose sight of it.

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Obituary.

DR. HENRY LOFTIE STONEY, OF DUBLIN.

We deeply regret to have to announce the untimely death of this gentlemen, which took place on Sunday afternoon last, after a brief illness, from hæmoptysis of obscure source. Dr. Stoney was a comparatively young man. He qualified as L.R.C.S.I. and M.D.Q.U.I. in 1861, and after a brilliant career as a Demonstrator of Anatomy and private teacher, he was appointed Ophthalmic Surgeon to the City of Dublin Hospital on the retirement of Dr. A. H. Jacob from that institution. His remarkable capacity for imparting knowledge and managing a class raised him to the first rank as a teacher of anatomy, and gained for him the position of Professor of Anatomy in the Carmichael College, which appointment becomes vacant by his decease.

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Medico-Parliamentary.

HOUSE OF COMMONS.—Tuesday, August 21st.

THE FIRE AT A LUNATIC ASYLUM.

Mr. Freshfield asked whether the Home Secretary's attention had been called to the fatal fire which took place a few days since in a private lunatic asylum at Southall; and if he would consider whether it should be made one of the conditions of the grant of licences to such establishments that all necessary means and appliances should be provided and maintained, and precautions taken for the prevention of fires and for the escape of the inmates in such establishments.

Mr. Hibbert said that the Home Secretary had drawn the attention of the Lunacy Commissioners to the unfortunate fire, although it was not in the right hon. gentleman's power to lay down any conditions as to the mode in which licences should be granted. The Lunacy Commissioners assured him, however, that their attention was constantly directed to the subject of precautions against fire in lunatic asylums, and never failed to urge the adoption of additional means for preventing outbreaks.

On Wednesday the order for the second reading of the Medical Act Amendment Bill was read and discharged.

Thursday, August 23rd.

THE CHOLERA.

Mr. D. Grant asked the Under-Secretary of State for Foreign Affairs whether his attention had been drawn to the facts that France had voted a sum of money and Germany had decided to send a scientific commission to Egypt to study and report upon the special conditions of the outbreak of cholera in that country; and whether the report from our own medical officers which was to be laid upon the table of the House would be of the ordinary character, or have some elements of scientific investigation and precision so as to be of value in our knowledge of the disease.

Lord E. Fitzmaurice: Yes, Sir, the facts are as stated by my hon. friend. Dr. Hunter has already full instructions to report, for the information of the Sanitary Department of the Local Government Board, on the character and origin of the disease, but I have forwarded a copy of the hon. member's question to him.

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Royal College of Surgeons in Ireland.—The following is the Pass List of candidates for the First Professional Examination under the New Scheme, viz.:—

Andrew W. M. Adair, Alfred A. Austin, Samuel Boake, James Bogan, Patrick T. Bolger, Louis Buggy, Alfred C. Burges, Thomas W. Carpendale, Percy G. Carte, Joseph Casey, Thomas F. Cashin, Austin S. Clutterbuck, Patrick D. Coen, William M. Colohan, Thomas M. Corbet, Edward Corcoran, Robert H. Cox, William B. Dick, Kildare D. B. Dobbs, Edward J. Dore, St. Leger J. Edmunson, Victor E. A. Fenton, Michael J. Geary, Thomas A. Goodchild, Thomas G. Goodman, William T. Greene, John J. Hall, John C. Hamilton, John W. Haughton, John M. Hayes, Francis H. Hill, John H. P. Holehan, Bartley H. Hopkins, Richard M. Hugo, Edmund J. Jacob, William A. Kelly, John F. Kennedy, Leonard Kidd, Thomas Ledlie, Thomas J. Lenehan, Sinclair A. Long, Frederick A. Malcolmson, Francis J. Martin, Henry J. Mathews, Charles D. McCarthy, Philip P. McDermott, Charles McDonnell, Jeremiah E. Nally, Samson H. Newland, John W. O'Brien, John P. O'Connell, Francis C. O'Donohoe, Denis J. O'Loughlin, Jeremiah O'Sullivan, Richard D. Pennefather, Pierce H. Power, Everard M. Power, Thomas D. McC. Pownall, Michael Riordan, William L. Ross, Thomas Rossiter, John A. Ryan, Thomas S. Silles, William T. Steele, Thomas H. Strangman, William J. Taylor, John Topping, David W. Turpin, Thomas Woodburne, Charles S. Woodwright, William H. E. Woodwright, Thomas H. Wilson, and Edward Yeates. Ten were stopped.

The following is the Pass List of candidates for the Second Professional Examination under the New Scheme, viz.:—

Edward W. Hamilton, Augustus H. G. Johnston, William A. Johnston, and Richard B. McCausland.

At the examination in General Education the following candidates were adjudged Certificates of Qualification. The names in the first and second classes are arranged in the order of merit:—

First Class.—Patrick Rowe (William Johnstone and John T. Kennedy equal), Henry M. Walker, Thomas J. MacMahon, (William P. Barter, Eugene Pentony, and William A. Pope equal), Edward Frazer (Edwin T. Cummings, Jeremiah J. Daly, John M. J. Downer, John E. Foster, and Aloysius Quigley, equal).

Second Class.—James H. Clendining, Benjamin Beamish (William J. Langley, William Kerr Lochhead, and Neal Nelson equal), (Stafford M. Cox, John Mulquen and William P. O'Meara equal), Richard W. Anderson, Samuel H. Browning, and Robert A. Flynn equal), (William Cremin and Peter O'Dwyer equal), Thomas S. Downer and James O'Reilly, equal).

Unclassed.—John W. Allen, William B. Allen, Shenston J. Bishop, John J. Byrnes, Philip H. Cook, James O'F. Malone, Joseph F. Manix, and John T. Ryan. Twenty were stopped.

The following candidates passed the required Examinations for the First Half of the Letters Testimonial, viz.:—

Barkley J. Acheson, George Bagot, Henry B. Betty, George Brown, John Francis (Frank Blake) Campbell, William G. Connor, George Davison, Julius Barry Delany, Patrick S. Donnellan, Cuthbert Eccles, John J. Esmond, Robert H. Fleming, Patrick J. Ford, Laurence Geoghegan, Robert Gloster, Frederick J. Greig, Robert T. Herron, Ernest R. Howe, Samuel Hornock, Michael Keatink, Patrick J. Keenan, Graham Kennedy, John Keys, Benjamin Lane, Alexander D. La Touche, Kenneth M. D. Mackay, John McFadden, William McManus, Edward McNalty, James Maguire, Barcroft C. Manly, Thomas D. Moore, Timothy A. Mulcahey, Marshall P. O'Donovan, Robert J. Reilly, Edmond A. Ryan, Jeremiah B. Ryan, Francis H. Sinclair, James H. Stewart, Richard H. Vereker, John J. Walsh, Augustus Westroppe and John Wood. Thirty-two were stopped.

The following candidates having passed the required Examinations for the Diploma, and taken the Declaration and signed the Roll, were admitted Licentiates, viz.:—

Frederick W. Allwright, George Browning, John J. Buggy, John V. Byrne, Alexander Carte, Robert H. Clement, William Clifford, Arthur Cole, George P. Cope, Richard J. D'Arcey, Samuel R. Deane, William Delahunt, Patrick Donnellan, Patrick Duff, John Foley, Thomas F. Griffin, Thomas G. H. Hall, Frederick S. Heuston, Andrew Hunter, Joseph P. Kelly, John M. P. Kennedy, Daniel Kenny, Nathaniel S. Manning, Jeremiah T. Martin, John Martin, Alfred H. Middleton, Thomas Moyles, Richard Murphy, Andrew J. O'Flanagan, Joseph A. Purdon, William H. B. Robinson, George F. Roughan, Bartholomew Russell, Robert W. Russell, William S. Sprent, Edward C. Stack, William L. Symes, and Charles W. Wynne. Thirteen were stopped.

British Medical Service.—The following is the list of the candidates for appointments as Surgeons in this Service who were successful at the competitive examination held in London on the 13th inst.:—

	Marks.		Marks.
Bradshaw, O. G. D. ..	2410	Henston, F. S. ..	2100
Kelly, M.	2375	Durant, R. J. A. ..	2055
Pinching, H. H. ..	2355	Gubbin, G. F.	2030
Geddes, R. J.	2350	Myles, J. P.	1980
Kelly, W.	2185	Lesly, R.	1975
O'Connell, D. V. ..	2170	Birch, H. P.	1975
Dodd, A.	2140	Braddell, M. O'D. ..	1880
Wilson, G.	2121	Donnett, J. J. C. ..	1870
Reid, J. M.	2105	Sloggett, H. M. ..	1845
Winter, T. B.	2105	Robinson, C. S. ..	1755

Indian Medical Service.—The following gentlemen were successful at the examination held on the 13th August at Burlington House:—

	Marks.		Marks.
Mr. J. J. Pratt ..	2475	Mr. C. J. Sarkies ..	2341
Dr. R. Shore	2410	Mr. W. B. Bannerman	2230
Mr. H. Thomson ..	2015		

Naval Medical Department.—At the competition for Commissions in the Medical Service of the Royal Navy, held on the 13th August and following days, in the Hall of the University of London, Burlington Gardens, the undermentioned gentlemen were the successful candidates :—

	Marks.		Marks.
Lea, F. J.	2150	Coolican, J. P. J. ..	1945
Rowland, T. C. ..	2125	Doyne, R. W.	1845
Morely, E. J.	2035	Dimsey, E. R.	1815
Macnamara, H. W. ..	2025	McDonnell, J. R. ..	1795
Whelan, J. H.	2010	Donovan, D. W. ..	1760
Bassett-Smith, P. W.	2000	Meikle, H.	1715
Canton, H.	1690		

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Notices to Correspondents.

☞ **CORRESPONDENTS** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE STUDENTS' NUMBER, 1883-84.—The annual educational number of this Journal will be published on Wednesday, September 19th. Deans, Registrars, and others connected with the various medical schools throughout the United Kingdom, will oblige by forwarding the latest prospectus and such other information as will assist the Editors in the compilation of this important number.

STAPHYLOMA asks : 1. Whether we recommend the Petty Sessions or Quarter Sessions as the Court in which he should sue parties in for fees in the case of cancelled tickets, the sums being small enough for Petty Sessions Court. 2. Whether there is a penalty attached to the issuing of tickets for medical relief by the wife of a member of the Dispensary Committee. 3. Can he recover his fee in law off a magistrate who called him out of his district to certify to the condition of a lunatic. "I consider the magistrate had a right to have called the medical officer of the district in which he was at the time, and if that medical officer was not available, I am aware he could compel my attendance. I rest my claim on the fact that he did not call the medical officer of the district in which he was at the time first."

[1. We recommend Quarter Sessions, because there is an appeal to a higher court, which is not allowed from Petty Sessions, besides that the judgment of the Chairman of Quarter Sessions is superior to that of the magistrates. 2. No penalty, but it is contrary to the regulations, and a ticket filled up by another person than the Committeeman or Warden may be disregarded. 3. You can recover your fee from the magistrate if you can prove that he called you as a matter of simple contract, but if he has not previously called the medical officer of the district, assuming him to be available at the time, you cannot, strictly speaking, be paid out of the rates.—ED.]

DR. GRAY.—The regret you express at the failure of the Bill is echoed on all sides, and ought to indicate a healthy determination to unite and overcome the interested opposition which has, practically, been the chief means of bringing about the result you deplore. Your suggestion is worth consideration at least.

L. P.—You may make trial of citrate of caffeine, from which good results have been obtained. It is an undoubted diuretic, and is to be depended upon in a majority of cases of cardiac dropsy. Dr. Southey's drainage tubes, when they can be employed, are much more satisfactory than the usual aspirator. By their use the tension is slowly reduced, a method which possesses obvious advantages.

CORONER FOR LONGFORD.—Your letter is in type, for publication in our next.

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Vacancies.

Cashel Union, Cashel Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, September 1.

Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, September 8.

Central London Ophthalmic Hospital.—Assistant Surgeon. Applications to the Secretary on or before September 8.

Dursley Union.—Medical Officer. Salary, £80. Applications to the Clerk to the Guardians before September 12.

General Infirmary, Gloucester.—House Surgeon. Salary, £100, with board. Applications to the Secretary before September 1.

Hospital for Consumption and Diseases of the Chest, Brompton.—Resident Clinical Assistant. Applications to the Secretary on or before September 1.

Jersey Public Lunatic Asylum.—Superintendent Medical Officer. Salary, £250. Applications to the President of the Committee before September 1.

London Hospital.—Demonstrator of Practical Chemistry. Salary, £100, and a proportion of fees. Applications to the Warden before September 1.

Sheffield.—Medical Officer of Health. Salary, £500. Applications to the Chairman of the Health Committee before September 6.

St. Bartholomew's Hospital.—Assistant Physician. Applications to the Clerk before September 11.

West London Hospital, Hammersmith.—Assistant Physician. Applications to the Secretary on September 24.

Appointments.

BARFOOT, G. H., M.D. Lond., Acting Medical Officer to the Wirral Children's Hospital, Birkenhead.

BRANNIGAN, J. H., M.R.C.S., Assistant Medical Officer to the Workhouse, Liverpool Parish.

BROUGHTON, H. T., M.R.C.S., L.S.A. Lond., Medical Officer of Health for the Heckmondwike Urban Sanitary District.

BROWN, D., L.K.Q.C.P.I., M.R.C.S., Medical Officer for the Second District of the New Winchester Union.

BROWNE, T., L.F.P.S. Glas., Government Medical Officer for the District of Campbeltown, New South Wales.

BURTON, W. H., M.D., L.R.C.P.L., M.R.C.S., Health Officer for Lowan Shire, C. B., Victoria.

CLAY, C., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Fovant District of the Wilton Union.

DOWSON, W., M.A., M.B. Cantab., House Surgeon to the Salop Infirmary.

EWART, J., M.D., Physician to the Royal Alexandra Hospital for Sick Children, Brighton.

FULTON, J., M.D., L.F.P.S. Glas., Honorary Physician to the Melbourne Hospital.

GOWANS, W. B., M.B., C.M. Edin., House Surgeon to the County and City of Perth Infirmary.

GRIFFITHS, J. DE B., M.B., C.M. Dub., Assistant Medical Officer to the Melbourne Hospital.

GUNN, R. M., F.R.C.S., M.B., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

LOANE, J., M.R.C.P. Ed., M.R.C.S., L.S.A. Lond., Assistant Medical Officer of Health for the Whitechapel District.

MOLE, R. B., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Seventh District of the Liskeard Union.

OLPHERTS, J. W., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Downpatrick Dispensary District.

O'MEARA, F., M.R.C.S., Medical Officer to the Tydd St. Giles's District of the Wisbeach Union.

O'NEILL, J. L., Medical Officer to Emerald Street Dispensary, North Dublin Union.

PAGE, F. M., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Bitton District of the Keynsham Union.

POTTER, J. B., Consulting Obstetric Physician to the Western Dispensary.

SUTTON, F. W., M.R.C.S., L.S.A. Lond., Assistant Surgeon to the Royal Berks Hospital.

WILLIS, G. O., L.R.C.P. Ed., L.R.C.S. Ed., F.F.P.S. Glas., Medical Officer for the Greys District of the Henley Union.

Births.

COX.—August 12, at The Limes, Cottenham, Cambs., the wife of C. Hayden Cox, L.K.Q.C.P.I., L.R.C.S.I., of a daughter.

DUKE.—August 14, at Kennington Park Road, S.E., the wife of Maurice S. Duke, M.R.C.S., of a son.

HEPBURN.—August 18, at 3 Bridge Road, Hammersmith, W., the wife of John Hepburn, L.R.C.P., L.R.C.S., L.S.A. Lond., of a daughter

Marriages.

BRODIE—CALLENDER.—August 15, at Morningside Parish Church, Edinburgh, William Haig Brodie, M.B., C.M. Ed., to Gilliam, eldest daughter of John A. Callender, Esq., of Newcastle Terrace, Edinburgh.

BURTONSHAW—NICHOLLS.—August 18, at All Saints' Church, Haggerston, Thomas Burtonshaw, M.R.C.S., of De Beauvoir Road, to Emily Louisa, second daughter of Thomas W. Nicholls, of Kingsland Road, N.

GAFFNEY—GRIFFIN.—August 23, at Rathmines, Charles Burke Gaffney, L.K.Q.C.P., L.R.C.S.I., to Mary, only daughter of the late P. Griffin, Esq., formerly of Cork.

GRIFFIN—GRIFFIN.—August 14, at Kilkee Church, John Griffin, M.D., of Kilkee, to Amelia (Amy), eldest daughter of Robert Griffin, Esq., B.L., Kilbaha, co. Clare.

HINTON—CHERRY.—August 15, at Zion Chapel, Bedford, James Thomas Hinton, M.D., M.R.C.S., of High Street, Croydon, to Sarah, youngest daughter of Luke Cherry, Esq., Mayor of Bedford.

TRAPP—HARTE.—August 16, at the Parish of Blandford, Dorset, John Best Trapp, F.R.C.S., to Helen Maynard, daughter of the Rev. William Harte, late Rector of Blandford.

Deaths.

ATKINSON.—At West House, Wylam-upon-Tyne, John Ismay Atkinson, Surgeon, aged 67.

BRADLEY.—August 20, at his residence, Kells Grange, co. Kilkenny, Thomas Bradley, M.D., aged 74.

HENRY.—August 21, at Landow, of typhoid fever, John Dawson Henry, M.B., aged 25.

KITTSON.—August 12, at Ballyhorgan, co. Kerry, Edward Kittson, M.D., Nenagh.

MACDONALD.—August 18, at his residence, Gordon House, Horsham, Sussex, suddenly, John Alexander Macdonald, M.D.

SMITH.—August 17, at Edinburgh, John Alexander Smith, M.D., Treasurer to the Royal College of Physicians, Edinburgh, Secretary to the Royal Society of Antiquaries of Scotland.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 5, 1883.

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THE CHARACTERS OF THE TEETH IN PERSONS OF THE ARTHRITIC DIATHESIS. (a)

By DYCE DUCKWORTH, M.D., F.R.C.P.,
Assistant Physician to St. Bartholomew's Hospital.

It is not much the fashion at the present day to study or allude to diathesis. The tendency of the teaching of the last quarter of a century has been to ignore them, and to trust more to precise physical methods in examining each individual, in order to elicit the facts of disease and the principles which should guide the treatment of it.

For myself, I had the singular fortune to be trained both in the school of physiognomical and diathetic research, in that of exact physical diagnosis, and I have always striven to employ both methods to the utmost. I believe that a right interpretation of morbid states and tendencies can only be gained by the conjoint and mutually corrective application of both these methods to the individual.

To those who have not had systematic training in diathetic study the matter is very much like a sealed book, and, without teaching, it will take, even with aptness for the study, well nigh a life time for the correct interpretation of the varied forms presented by the several diatheses, either in their pure or commingled conditions.

To study any one of them singly would be a vicious plan, and likely to lead to narrowness of view and untrue generalisations.

Each individual must be referred, as nearly as possible, to his exact diathetic position. This is often difficult, and often impossible. A clear conception of the type of each diathesis must first be gained, and then the measures of departure from this be gauged, and the influence of blended diathesis, or of any cross-taints, be noted. Let me illustrate this by simply alluding to an instance in which a person of scrofulous habit is cross-tainted with syphilis, or one in which there is a conjoint heredity of both struma and gout. To recognise such commingling there must first be known the types respectively presented by pure scrofula and pure gout, and the special manifestations of syphilitic virus must likewise be appreciated.

A diathesis is recognised by certain characteristics in the bodily conformation. These are special and peculiar in each form, and they are usually inherited, though they may, conceivably, be acquired.

With each conformation there exists also a special tendency and predisposition to disease, or a definite line upon which degenerative changes will most probably take place. Each diathesis has therefore its accompanying cachexia. This was the teaching of Laycock, of Edinburgh, my former preceptor, and one of the greatest and most philosophical physiognomists that ever lived.

Thus, if a diathetic or constitutional condition be recognised in an individual, one may generally rightly predicate the morbid or cachectic tendencies likely to supervene in the life history of that individual.

The recognition of a diathesis is attained by a study in detail of the several tissues of the body, so far as is possible, and regard must be had to the development of the different systems. The long conformation and the various portions of the cutaneous system naturally command the greatest attention, and amongst these have to be considered the teeth, which more particularly concern us at present.

It must be borne in mind that for one example which typifies any particular diathesis we meet with a dozen or more in which a blending or commingling with other constitutional or diathetic states occurs. This is exactly what might be expected. An ordinary inheritance is that of commingled diatheses, and it is only when the progenitors on both sides present the characters of one diathesis that we may look for a perfect development of any pure diathesis.

It, however, happens that in an individual the peculiarity of one parent or ancestor is inherited in a more prominent degree, just as in likeness of feature, or in mental character, one member of a family "takes after" one parent or ancestor, while another reproduces the likeness and qualities of the other. For one cannot doubt that these likenesses of feature and character have also as exactly reproduced counterparts in the several bodily tissues, with the same potential qualities as to evolution, and the same tendencies to break down in similar lines of decay. I assume this as an inevitable law, and daily experience confirms the truth of it.

(a) Read before the Odontological Society of Great Britain.

I have preferred to discuss the characters of the teeth in persons of the arthritic diathesis, rather than to speak about the teeth of the gouty only. I believe it is the case that there is a basic arthritic habit of body, or diathesis, and that from this issue at least two branches, the gouty and the rheumatic stocks. These two are not convertible: they are distinctly different, but they may commingle. One will not produce the other, and will not become evolved into the other.

Both of these branches are very largely prevalent in this country, the gouty one being certainly commoner within the geographical limits of England proper, and most common in the south of England. The rheumatic diathesis is more widely spread and more common than the gouty. London appears to be the headquarters, or centre, of gout, and more true, unequivocal, gouty disease is observed in this metropolis than anywhere else in the world. This is unquestionably true in spite of many pardonable and unpardonable errors of diagnosis. A most interesting question may be asked, and one to which no answer can be given, as to the time when the peculiarities now recognised as associated with the several diathesis, first manifested themselves. We have in this country, I suppose, as mixed a race as can be found anywhere in the world, and the commingling of every known habit of body have been going on amongst us for centuries. Such varied blendings, however, give small indications, except in cases where there is sufficient predominance of characters which may be referred to any one diathesis, or to compounds of it and some other. Hence, it is very important not to be too dogmatic in asserting of any one class that such and such characteristics *always* prevail. We must take note of the indications in each instance, and, from study of a large number of examples, we may gather knowledge as to the type common to the majority. It is in this manner that I have sought to supply to-night such information as I can give respecting the dentition in persons arthritically predisposed and affected.

Already, this session, a communication has been read to this Society by Dr. Alfred Carpenter, in which some very dogmatic statements were made as to the teeth in persons the subjects of gout. These opinions were challenged by several speakers in a subsequent debate upon the subject, and I also propose to discuss them as I proceed.

I regret that I have no sufficient number of facts to guide me to an opinion respecting the primary dentition of those inheriting gouty or rheumatic tendency. Such knowledge as I have warrants me in affirming that the evolution and development of the milk teeth in such children is, for the most part, very satisfactory, and in strong contrast with that observed in the children of strumous parentage.

Let it be noted, at once, that the inheritors of an arthritic constitution are in no way free from a possible strumous or syphilitic taint, and that they, equally with other children, may be the subjects of ill-development owing to rickets or other dentalising causes.

But, given a fair chance in the world, the fact remains, I believe, that primary dentition in such cases is eminently satisfactory, and about as good as can be desired.

Without reference to either primary or secondary dentition, Dr. Alfred Carpenter stated that "the effects of the gouty diathesis do not show themselves so markedly upon the teeth in early life as is the case with the syphilitic or the tubercular states." To this I agree. (*a*)

Dr. Carpenter proceeded further to state that "he believed the teeth decayed sooner in those who were descended from gouty parents; that they were more prone to caries, and especially liable to those peridental inflammations which ultimately lead to necrosis." (*a*)

To these statements I cannot at all agree. My experience supplies very different evidence.

I have paid particular attention to the condition of the teeth in at least 300 hospital patients, *who were the subjects of unequivocal gout in every degree*. (*a*) Amongst these were cases in which the disease was inherited in very varying degree, and in which it seemed to have been newly acquired. These observations, noted at the time in my books, formed part of a systematic study of the textural physiognomy of the gouty, and were made with no other object than to record exact facts relating to this matter. The main results of this inquiry might be summarised in a few words, and are to this effect, that the teeth of the gouty are remarkably strong, well-enamelled, enduring, and unusually free from decay. (*b*)

Laycock taught this five and twenty years ago, and the same facts, I am informed, were also demonstrated by his pupil, Mr. Jonathan Hutchinson. My friend and colleague, Mr. Coleman, tells me his experience fully confirms these statements.

So much then for the main features of the teeth of the gouty. Much more remains to be said. I find that the teeth are commonly large and regular. (*c*) The edges are smooth in the permanent set, not crenated in cases of pure arthritic constitution. It has been noted that there is a tendency for one or more of the incisor teeth in the lower jaw to be pushed forward in persons of the arthritic diathesis. To this irregularity Laycock gave the name of "buck teeth." I have frequently found this to be the case, but I am not prepared to affirm that such a condition is always significant of this particular habit of body, and I believe that it is not confined to such instances. Overcrowding is less common by far, in all cases, in the lower jaw than in the upper, and so there seems less reason for this ejection from the ranks in cases where, as in persons of good gouty constitution, there is no imperfect development of the inferior maxilla. These "buck" teeth may not be produced till middle life, and thus incisors that have once been well in rank come to be partly turned round, or pushed forward. I wish I could furnish an explanation of this occurrence. I can only call attention to a well-observed fact, and one, perhaps, not sufficiently recognised. Laycock was of opinion that this occurrence was more common in persons who presented signs of the *asthenic* arthritic diathesis. I think, however, that I have certainly observed it in cases of the sthenic form.

Overcrowding may occur with, perhaps, as much frequency as in other habits of body, much depending upon the maxillary development. It has been observed that the children of gouty inheritance are apt to grind their teeth during sleep, and this habit may go on into adult life or mature years So vigorous may this be that I have known the enamel, which is so strong in such persons, to be chipped and broken off by it. In colour the enamel is most commonly yellow, and white teeth are somewhat exceptional. The colour is apt to deepen a good deal in middle life. In texture it is very hard. The teeth are in every way vigorous and firmly planted, and if extraction has to be practised the operation is as formidable in these cases as it ever can be.

There is a remarkable tendency for the teeth to be worn down on their free surfaces, sometimes showing the pulp cavity. This is quite in strong contrast with what is met with in the teeth of persons not arthritically disposed. It is often supposed to be due to habits of pipe-smoking, but this is plainly not always the cause of it, and it is almost

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(*a*) It is, of course, not possible to study the teeth of one's private patients as is done in a clinic; but my observation, so far as I have conducted it, in this sphere, fully confirms all the statements and opinions put forward in this paper.

(*a*) *Brit. Med. Journ.*, November 18, 1882, p. 984.

(*b*) "Gouty people generally are not more than others liable to decay of teeth and the consequent pain."—"Clinical Lectures and Essays, Sir James Paget, edit. 2, p. 372, 1879.

(*c*) I have sometimes observed that the teeth are small in size, though well-formed, regular, and strong, with yellow tint of enamel.

as commonly seen in women as in men. It is certainly not always due to grinding in sleep.

There is also a great proneness for tartar to collect upon the teeth. Dr. Copland noted long ago that such incrustation indicated a tendency to gouty affection. (a) If the teeth are not regularly and properly cleansed this accumulation may reach extraordinary proportions, and, even with due care, collections will form along the inner gingival edges of the lower incisors. I am not aware that there is any peculiar chemical difference in the tartar of the gouty person as compared with that met with in others, and I feel indisposed to assent to Dr. Alfred Carpenter's statement that "lithate of soda is deposited in the circumdental membrane, and produces those diseases of the teeth to which the gouty classes are especially liable." I dispute the fact that these classes are especially prone to dental diseases, and I know of no careful observations which have proved that lithic acid is deposited in the periosteum of the teeth. I have not been able to find any chemical reactions in the tartar from gouty teeth indicating the presence of lithic acid.

I have observed, in a good many instances, that *perfectly sound teeth* are apt to be shed in persons who inherit gouty constitution.

This is a remarkable fact. A process of alveolar absorption appears to induce this loosening, though how this absorption comes about I am unable to tell. The last instance in which I noted this occurrence was in a young man aged twenty-six. A sound lower incisor tooth had been cast off, and the gum was absorbed along with the associated alveolar process. The gums were generally retracted, but the teeth were strong, yellow, and well-enamelled. This man inherited gout, and had his first attack at the age of twenty-six. Amongst my gouty cases I find notes of several persons who have become prematurely edentulous, and of many who have lost several sound teeth, or suffered loss in this way, and also by complete decay. (b)

With respect to cases showing caries, and also much tartar accumulation, I find that the majority have been careless persons, and more or less intemperate, and the significance of this fact for me is, that such habits distinctly lead both to worse gout and to much of the dental caries. Temperate gouty persons—and there are large numbers of such people, in spite of common and prejudiced views to the contrary—have good, strong, and sound teeth as a rule. If they abuse their constitutions by intemperance they rapidly induce gouty cachexia. This is a very different matter from a gouty inheritance or predisposition, in which, with care, no overt or serious gouty trouble need necessarily supervene.

It is therefore an error to place all cases of gout in one category, and to affirm that in such instances one may naturally expect to find carious teeth and many other dental troubles.

There remains to be said something respecting tendency to decay in teeth in persons of the arthritic diathesis. Amongst these are to be noted many instances in which florid complexion, with dilated small vessels, together with other signs in the circulatory system, betoken the existence of the vascular or sanguine form. The corresponding cachexia is shown by a tendency to atheroma and degeneration of the blood-vessels. This, again leads to further tissue degeneration, and hence the teeth are prone to suffer from imperfect blood-supply, and thus to decay in such cases. It is in this way, I conceive, that a good deal of the alveolar absorption, loosening, and caries of teeth met with in these persons is to be explained. The trouble arises from a defect in nutrition, due to the outcome of vascular changes. These changes are not due to the arthritic proclivity, as such, but attach themselves only to certain members of the great arthritic family, to wit, those of the vascular or sanguine variety.

I cannot doubt that erroneous opinions respecting the teeth of persons who are gouty, or are rheumatic, in varying degree, have been formed because the fact of commingled diathesis has been unrecognised or ignored. An inheritance of scrofulous taint, together with arthritic disposition, will materially affect the development and life-history of every dental tissue, and the characters proper to each will prevail according to the degree of heredity of each. Strumous taint appears to affect the enamel very materially, and there is special tendency to decay, the teeth being irregular, ill-developed, more or less serrated at the edges, and dingy in colour.

Inherited syphilitic taint will likewise modify the growth and form of the teeth of the arthritic, in the well-known manner described by Hutchinson, though the evils wrought here, *cæteris paribus*, are mischievous in less degree than in the case of strumous diathesis similarly cross-tainted.

The characters of the teeth in persons of rheumatic habit of body are certainly less remarkable than those which are noted in the gouty. The several tissues of the body appear to be less impressed by the conditions which lead up to rheumatic tendency than is the case in gout. Yet, for the most part, there is much similarity, and I recognise amongst the features of rheumatic inheritance the presence of strong, hardy, and well-enamelled teeth as the rule. This is not remarkable if it be true that both gouty and rheumatic predispositions are referable to the great arthritic (basic) family. In each case, however, the intervention and modifying influences of cross-taint and mingled diathesis must be considered.

Of the functional troubles of the teeth suffered by the arthritic but little need be said.

Sir James Paget has well described the painful state experienced by gouty persons in which the teeth feel as if loosened and raised from their sockets, and are very tender when brought in contact—as if, he remarks, the alveolar periosteum was swollen. (a) This condition seldom lasts more than a day or two, and subsides without any marked effects. It may come on very suddenly, as is the habit with many gouty affections, and may generally be traced to cold or to some alimentary disturbance.

I think that I have observed a greater tendency in persons of this diathesis to suffer from radiating neuralgia, affecting many teeth in both upper and lower jaws, as the sequel to that form of severe nasal catarrh which is properly called *gravedo*, in which the cavities of the antra, the frontal, ethmoidal, and sphenoidal sinuses are involved. Teeth that have been stopped will commonly ache more than sound ones under these circumstances, but the pain is sometimes worst in the strongest and soundest teeth.

Retraction of the gums in an extreme degree seems to be generally associated with some measure of alveolar absorption, and much tartar is seen oftentimes on the exposed necks of the teeth. Amongst the poor such a state is seen in persons both of arthritic and of other dispositions. It is generally significant of gross neglect of the teeth; but those conditions of alveolar catarrh, osteoperiostitis, and loosening are also symptomatic of diabetic cachexia, and should lead to special investigation of the urine if other more obvious signs of the disease have not already been recognised.

It would be a matter of much interest to inquire into the condition of the teeth in countries where gouty disease is unknown. The best American authorities declare that they hardly ever see unequivocal gout, even in the practice of large cities. All the factors leading to its occurrence have not hitherto been present. They may come, and conspire to introduce it to generations yet to be born.

(a) "Dictionary of Medicine," vol. iii., p. 984.

(b) In a discussion which was held in the Dental Section of the International Medical Congress in 1831, upon the causes which led to alveolar absorption and loosening of teeth, I find that no allusion was made to the frequency of this affection in persons of gouty habit of body. I find amongst my cases one of a healthy old woman at eighty-two, who inherited gout from her father and paternal grandfather. She first became gouty herself at the age of seventy, and has now deposits of urate of soda. Between her sixtieth and seventieth year she lost many of her teeth, which were quite sound, and gradually became loose. She is now quite edentulous.

(a) *Op. cit.*, p. 372

Civilisation is not credited by dental surgeons with having brought blessings along with it for the development and life-history of the teeth—rather the reverse, indeed; but the progress of their science has done much to repair the ills incident to exposure to luxury. It is a great matter that the dental textures are studied in relation to their whole anatomy and physiology, and it will be an additional advance when the great doctrines of diathetic predisposition, and of scientific physiognomy, are carefully worked out and applied to practice. I venture to hope that in this brief communication I may have contributed something towards such a study, and may enlist the interest of dental surgeons in the subject.

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OBSERVATIONS ON PUERPERAL FEVER. (a)

By THOMAS MORE MADDEN, M.D., F.R.C.S.E., M.K. & Q.C.P.,

Obstetric Physician, Mater Misericordiæ Hospital; Physician, Hospital for Sick Children, Dublin; formerly Examiner in Midwifery, Queen's University, Ireland, &c.

Puerperal fever, or metria, has always been a favourite subject of obstetric controversy. Nor, as long as our Registration Returns show that some 5,500 women die each year in this country from an infective disease consequent on parturition, can it be superfluous to re-discuss its prevention and treatment. Between the years 1847 and 1880 no less than 44,306 deaths from metria alone were registered in England. To these must be added 120,140 fatal cases tabulated as the result of "childbirth and metria." In other words, within the comparatively short period mentioned 164,446 deaths have occurred in England from a specific septic puerperal disease, the very existence of which is now disputed by some eminent authorities. The statistics just referred to, and which do not include Ireland or Scotland, where metria is no less prevalent than in England, by no means, however, represent fully the fearful mortality occasioned by puerperal fever in this country. The majority of women amongst the poor have no medical assistance whatever during labour, being then dependent on the good offices of some friendly neighbour, or perhaps hardly less ignorant midwife. Under such circumstances it would be as reasonable to hope for any rational treatment in a case of metria as to expect an accurate statement of the cause of death in a fatal case of this kind.

At any rate, the Reports of the Registrar-General prove only too conclusively that we are, unfortunately, still very far from having arrived at that promised stamping out of puerperal septicæmia which some have anticipated from the great advance which has been made in the obstetric art of late years, especially the more rapid methods of delivery now generally practised and the antiseptic treatment of puerperal patients.

With regard to the pathology and nomenclature of metria, or so-called puerperal fever, the views of Dr. Atthill and Dr. Thorburn are practically identical, and may be taken as the authoritative statement of doctrines generally accepted on the subject. These views may be thus summarised:—1st. There is no such specific disease as puerperal fever. 2nd. Inoculation with septic matter introduced from without is the usual source of puerperal septicæmia. 3rd. That auto-infection with septic matter resulting from decomposition of retained clots, membranes or placental *debris*, or from vitiated lochial discharge, is the cause of another form of self-generated metria or sapræmia.

Dr. More Madden, however, believes in the specific character of puerperal fever, and holds that all cases of metria, however differently they may be named at different times, and whether they be epidemic or sporadic, are really instances of one disease variously modified by the circumstances under which it occurs, and especially by the constitutional condition of the patient, the intensity of the septicæmic intoxication, and the prevailing epidemic constitution of the atmosphere. The disease may undoubtedly arise in the puerperal patient from infection with the poison of other zymotic disorders, such as erysipelas, scarlatina, and typhus fevers. Moreover, it may also be introduced from without by hetro-inoculation with septic germs from another puerperal patient, or by auto-inoculation with self-generated septic matter.

Pathologists have very generally adopted the views of Dr. Burdon Sanderson as to the gradually increasing virulence of successive inoculations with the exudations of peritoneal inflammation, viz., that, if the exudation of a simple peritonitis be injected fresh into the peritoneum of another animal, the disease assumes a more intense form in the second than in the first, and so on, until at last a virus is obtained of the virulence of malignant peritonitis in the human subject. This gradual evolution from traumatic infectivity to the intensified virulence of malignant septicæmia is entirely in accordance with clinical experience. Most epidemics of malignant puerperal septicæmia may be traced back to a single case of sporadic puerperal fever. In the Dublin Lying-in Hospital it has been observed by Dr. More Madden and others that, before any severe epidemic of malignant puerperal fever, a few sporadic cases of metria occur at intervals in the wards. These cases are generally primarily of a mild type. Soon, however, they follow each other more closely, and at the same time the character of the disease becomes more and more malignant, until an epidemic prevails, in which hardly any recoveries occur, and which can only be arrested by the temporary closure of the institution. It would, therefore, be impossible to refer to the etiology of puerperal septicæmia without an allusion to the alleged influence of lying-in hospitals in the epidemic spread of this disease. For many years the writer had maintained himself, and had taught others, that it was more possible even in large institutions in which a number of puerperal women are aggregated together, by proper antiseptic and hygienic precautions, to obviate any fear of epidemic puerperal fever. Longer experience, however, he regrets to say, prevents his still holding that opinion. For many reasons, large maternity hospitals would be desirable were they only safe. And there can be no better managed or better officered institution of the kind than the great lying-in hospital of Dublin. But great as have been the benefits conferred by such institutions as this, many as have been the lives therein rescued from the perils of childbirth, as well as the utility of large maternity hospitals as centres of obstetric education, these advantages are more than counterbalanced by the fact that in all hospitals where a considerable number of puerperal women are aggregated there is necessarily created a puerperal atmosphere, in which the germs of septicæmia are developed with a rapidity, and too often attain a virulence, unknewn under other circumstances. Moreover, such institutions are not only themselves the favourite habitation of puerperal fever, to which those therein confined are peculiarly exposed, but also that they must be regarded as centres whence at certain intervals, and under certain conditions, the virus of metria radiates in occasional widespread outbreaks of epidemic puerperal disease.

Hence Dr. More Madden has perforce been converted to Dr. Evory Kennedy's views on this question, and he believes that the time has arrived when, in the interests of humanity, every one of the great maternity institutions referred to should be finally closed and replaced by an equivalent number of small cottage lying-in hospitals. If this were done, within a very short period the present high death-rate from epidemic puerperal disease would, in all reasonable probability, be greatly and permanently diminished.

Amongst the causes of puerperal fever referred to in this paper, attention is called to the possibility of traumatic infection in cases of laceration of the cervix uteri during labour. This is especially likely to occur where the injury has been caused by the premature application of the forceps, or by undue force in their employment before the full dilatation of the os uteri.

(a) Read before the British Medical Association, August, 1883.

The prevention, rather than the treatment, of puerperal fever should be an object of solicitude to the obstetric practitioner. It should therefore be a matter of primary importance to prepare before delivery, as far as possible, the constitution of every patient for the approaching critical time by due attention to her general hygienic condition and nutrition, and, above all, the administration of some ferruginous tonic, such as the tincture of the perchloride of iron, for a couple of months before confinement. After delivery the functions of the nurse are most important in the prevention of puerperal fever. Nor can too much stress be laid upon the absolute necessity of attention to the sanitary surroundings of the patient, as well as the most scrupulous personal cleanliness. Above all, we must insist on the removal, by frequent sponging and bi-daily tepid irrigations, of all lochial or other secretions the retention and decomposition of which might possibly give rise to auto-infection.

With regard to the prognosis in cases of puerperal fever, or as to its treatment, it would be impossible to make any useful observations, since both depend entirely on the particular type of the disease present in any case, whether sporadic or epidemic.

There can be no question as to the fatality of epidemic puerperal fever. But still we have improved materially in its management, or else its present type has become more amenable to treatment since the time when it was asserted by an eminent obstetrician that he would as soon be called to a case of hydrophobia as to one of puerperal fever; or even since, more recently, in the writer's hearing, the late Dr. Stokes told the Dublin Obstetrical Society that in his extensive experience of over forty years' practice, he had never seen a single case of puerperal fever in which the patient recovered.

Within Dr. More Madden's own experience the prevailing character of puerperal fever had changed repeatedly in successive epidemics. In his student days in the Rotunda Hospital puerperal peritonitis, or metroperitonitis, were the most usual forms of epidemic puerperal disease observed. Such cases were then appropriately treated by mercurials with opium, and free depletion by leeching, as many as from twenty to forty leeches being applied at a time to the abdomen. A few years later, when he became one of the medical staff of the same institution, the disease had altered from an inflammatory to a low typhoid character, with little local pain or tenderness, but marked by intense prostration, muttering delirium, and evident symptoms of blood poisoning. This form of metria, which has continued prevalent to the present time, obviously called for nutriment and stimulants, and it was many years since he had seen a case of puerperal fever in which any form of depletion whatever could be thought of. On the contrary, now the life of the patient generally depends on the exhibition of suitable nutrition and stimulants. Foremost amongst these was *turpentine*, and for his part he agreed with Dr. Brennan that turpentine was the remedy *par excellence* in the treatment of puerperal fever; and he advised its external employment by stupes, as well as its administration by the rectum and by the stomach as long as either would tolerate its use. Next to turpentine he believed in quinine in combination with minute doses of grey powder, dried soda, and Dover's powder, unless contraindicated by the irritability of stomach. In some cases the hyposulphites, and in others sulphurous acid, appeared to act effectually as depurating agents.

The form of puerperal septicæmia now most frequently met with is of a distinctly remittent character. In several instances of this kind under the author's care the fever was of a well marked type. More usually, however, there were daily matutinal remissions, the temperature and pulse in the second week of the illness sometimes falling each morning to little above normal, and again rising gradually throughout the afternoon until the former had reached 104° or even 105°, and the latter exceeding 120. In such cases our main reliance must be placed on the free use of quinine, given in three or four grain doses every third or fourth hour *ad effectum*, whilst its often marked depressant influence must at the same time be counteracted by suitable dietetic and stimulant treatment.

It is obviously all-important in the general treatment of puerperal fever to encourage as far as practicable the natural efforts to eliminate the septic poison from the system by the action, within due limits, of the the various excretory chanels, *i.e.*, the skin, bowels, and kidneys. At the same time, we must support the patient's strength, and meet all local complications by appropriate treatment.

Finally, whatever other treatment may be resorted to in such cases, the use of warm antiseptic inter-uterine injections (or preferably irrigations), for the purpose of thoroughly washing out septic exudations is essential in the treatment of puerperal septicæmia. Of these injections the best for this purpose is a very dilute iodised solution, or else one of Condy's fluid or well diluted carbolic acid, or where none of these are at hand, camomile tea, care being always taken to avoid the injurious consequences of undue force, or the entrance of air into the uterine sinuses.

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WIESEN AS A HEALTH RESORT IN EARLY PHTHISIS, WITH DIRECTIONS FOR CLOTHING, DIET, AND EXERCISE IN THE SWISS ALPS DURING WINTER.

By A. T. TUCKER WISE, M.D.,

Formerly Visiting Physician to the Infirmary for Consumption, Margaret Street, Cavendish Square.

(Concluded from page 174.)

Chapter VIII.

The Drawbacks to High Altitude Stations.

The great drawback to these health resorts, as with many others in the South, is defective sanitation. As long as overcrowding does not take place, the cold and snow will, to a great extent, mitigate the evils of bad drainage and impure emanations; but when hotels get filled with a large number of visitors, many of whom may be in delicate health, the air within will not (except by artificial ventilation and good drainage) be free from the usual indoor impurities, as exhalations from the lungs and skin of organic matter, scales of epithelium, fibres of cotton, wool, wood, &c.; the products of combustion from gas, lamps, and candles; bacteria and fungi; and, what is, perhaps, more important still in the case of delicate lungs, the bacillus tuberculosis floating about in the air. Patients must therefore exercise their own discretion in opening windows and airing their rooms as much as possible. A fair quantity of fresh air can always be permitted to enter the bedrooms, according to the desire of the individual; but in dining-rooms, billiard, smoking, and conversation rooms the means of admitting pure air and providing for the escape of foul are very imperfect. Until appliances are introduced into the hotels to clean the air, warm, moisten, and medicate it if necessary, the high altitude stations can scarcely be designated "air-cure places," for most of the patient's time is spent indoors, where the conditions in some of the hotels are no better than at home—perhaps worse, if the house should be full of people.

The stoves also require looking after—firstly, to see that servants do not entirely close the valve which regulates the flue; and, secondly, to have a vessel containing water in the room to supply the air with moisture. The hand-basin half filled will answer the purpose very well.

The Föhn wind and changes in the weather cause a certain amount of annoyance and dissatisfaction, for it is not always calm and bright, and there is rather a dearth of amusements, Davos Platz excepted, which has a theatre and concert-room, bands, &c., and quite enough gaiety for invalids. It is almost essential that some special employment should be undertaken: languages can be studied, or the mind occupied with work of some sort. By this means time does not drag heavily, *ennui* is not experienced, and restoration to health is not retarded by dejection of spirits.

The travelling also has to be considered. Those who are in pretty fair health can make the journey in three days, either to St. Moritz, Davos, or Wiesen, and twenty-nine hours to Andermatt, but a longer time is recommended for those whose health does not admit of prolonged confinement in railway carriages. The journey may be broken at Paris or Brussels, Bâle, and Chûr.

On arrival there is very often a difficulty in sleeping for the first few nights, depending on the sudden rise to high regions. This can be met by remaining a few days at Chûr (1,936 ft.). The stay there will frequently help in training the system to the new conditions. It must not be forgotten that the altered form of bed may, in many instances, prevent sound and refreshing sleep. The wedge-shaped hair bolster can sometimes be removed with great advantage to the sleeper, and extra clothing be placed over the shoulders and upper part of the body, which is usually not covered by the eider-down quilt.

Great discomfort is frequently caused by chilblains during the winter time. To prevent these, walking exercise should be taken immediately after breakfast, and the endeavour be made to keep the feet warm throughout the day by this means. The parquet floors, although healthy and advantageous in many respects, are, in a great measure, the cause of cold feet and the source of chilblains.

What has been advanced as an objection to Alpine stations is the use of the German stove as a means of warming the interior of houses and hotels. The fault, however, does not lie so much with the ponderous German *Ofen* as with improper management in neglecting to provide sufficient ventilation for the rooms and moisture for the air. An improvement on these stoves are the steam reservoirs in use at the Kurhaus, Davos Platz, the admission of steam being under the control of the occupant of the room in which they are placed. This plan also raises the temperature without raising the "dew point," or, in popular language, "dries the air," creating a necessity for a small supply of watery vapour to render the atmosphere fit for healthy and agreeable respiration; for although dryness of the climate is one of the main features of the Swiss Alps, a limit can be reached beyond which a dessicating effect may be produced, and it is probable that many of the disagreeable issues attributed to the Föhn wind are brought about by a rather sudden increase of temperature within doors, accompanied by too low a percentage of relative humidity. Unless attention is at once directed to the warming arrangements, feelings of *malaise*, thirst, cough, dryness of nasal passages, and possibly hæmorrhages may be caused.

The introduction to the bright and calm winters of these regions is sometimes wet, raw, and unsettled. Many who venture to leave England before obtaining intelligence of the state of the weather to be found at the place they intend to visit will incur some risk if they make a hurried journey from fair weather to cold and wet. Acclimatisation has frequently been held up as a pre-requisite for visitors, but, as the winter is generally bright, calm, with dry cold and plenty of sun, the risk of arrival, even after the commencement of winter, is certainly not greater than during the autumnal raw cold, alternating with falls of snow, and wind. To become acclimatised for the best season of the year, and the one which is regarded as the "cure" period, requires no inurement during the worst season. The selection of an Alpine station should certainly be influenced by the opinion of physicians at home, even where the intention is entertained of returning for a second or third winter. Perhaps this may seem to be written in the interests of the medical profession, but those who have spent three or four seasons at Davos will have observed that some cases return again who would do better in a southern clime. An over-estimation of their own recuperative powers, or an enthusiastic belief in the potency of the charming Alpine climate to sweep away all maladies, is possibly the cause of an injudicious decision.

Children over three years of age do extremely well in the Alps, make healthy blood and muscle, gain flesh, and expand their chests. Under this age, it is doubtful if sufficient exercise can be taken by a child to ward off the cold, without being swathed to such an extent in furs and flannels as would impede the free motion of the limbs and thorax, so essential to development in childhood.

It is also a moot question whether some invalids should not quit the Alps immediately the end of the winter seems approaching, as the changeable weather, with wet roads, winds, &c., is likely to upset many of the benefits gained during the dry season. In this case, it would probably be well to go south, Lugano (982 ft.), Como (705 ft.), Nervi, Sorrento, &c.; but if spring has set in, the shores of Lac Léman (1,230 ft.) offer a fairly safe change. Thusis (2,448 ft.), Ragatz (1,709 ft.), Mels (1,637 ft.) are near; Soglio (3,569 ft.), in Val Bregaglia, situated on the slope, is spoken well of by Dr. Holland as a halting-place. A month might be spent at any of these, previous to returning home, provided the weather is fine, but it is well to be impressed with the necessity of the great personal care needed during this migratory period, especially with regard to clothing. Thick flannels, socks, &c., should not be dispensed with hastily, and it would be well to guard against the change from the calm regions by adopting outer garments of close texture, impervious to the chilling effects of wind.

In conclusion, it may not be superfluous to remind those interested, that the high cold regions are not yet proved to be the best for all early disease. The varieties of chest affections and the individual differences of affected persons denote that one general climatic panacea is quite inadmissible, and what may be a suitable climate for one case may prove of very little value to another. Whilst some misconception prevails on these points, cold mountain air will not receive the appreciation it merits. It would be inconsistent to contend that any particular health resort had not its drawbacks, but in spite of much misunderstanding and opposition, high altitude treatment is gaining ground with the medical profession, and will, no doubt, some day take its right place in climatic therapeutics. Time is needed for the subject to be well threshed out by advocates and opponents alike.

Clinical Records.

NORTH EASTERN HOSPITAL FOR CHILDREN.

Simple Cerebral Meningitis (?) Purulent Discharge from Right Nostril—Recovery.

Under the care of Dr. ARMAND SEMPLE.

[Notes by E. Tull. Trevor, Registrar.]

A. K., girl, æt. 14 months, admitted on the 3rd of February, 1883. For the last week has been sick. Mother noticed that five days ago the child began to squint. No history of a blow. Temperature at out-patients' department 99·2. Bowels are constipated. Child well-nourished, lies with its head drawn back. Heart and lungs normal. Internal strabismus on the right side. Pupils equal; react to light. Reflexes normal. Cries a good deal; does not take much notice of what is going on close to it. Not sick since admission. E. T., 102·4; R., 44; P., 144. Ordered—Hydrargyri cum creta, grana ij. statim, and ice bag.

4th.—Coughed a good deal in the night. Was sick once. Jerked arms and legs a good deal when moved. Squints, and lies with head retracted as before. M. T., 100·4; E. T., 100. No tache cerebrale. Breathing not irregular. Tongue white. Bowels open once.

5th.—Abdomen not retracted. No tache. Child a good deal flushed all over the body. M. T., 101; E. T., 101; R., 46; P., 126. Potassii bromidi, gr. ij.; Aquæ, ʒj., ter die.

8th.—Breathing rather irregular. Head drawn back. Takes food well. Sick once. Vomit consisted of the contents of the stomach. Pupils dilated, respond sluggishly to light. M. T., 99; E. T., 99·2; R., 32; P., 126.

9th.—About the same; drowsy all the day. Face flushed. M. T., 97·8; E. T., 98·4. Ordered—Hydrargyri cum. creta, granum ter die.

10th.—Child quiet. Head not so much retracted. Pupils not dilated. Abdomen normal. Bowels not open. Respiration and pulse regular. M. T., 99·1; E. T., 97·6.

11th.—Drowsy all day. Pupils dilated, respond to light. Head retracted. Discs normal when examined by ophthalmoscope. Head still retracted. M. T., 97; E. T., 97; R., 24; P., 114.

12th.—Slight twitching of limbs at times. Much thinner. Pupils less dilated than yesterday. M. T., 97·4; E. T., 99.

13th.—Sick four times. Hands and face hot and flushed. Takes nourishment well.

14th.—Sick once. Breathing irregular. Other symptoms the same. M. T., 98; E. T., 99.

15th.—Sick three times. M. T., 97·4; E. T., 97·8; R., 42; P., 126.

16th.—Sick three times. Hands twitched in the afternoon.

20th.—Sick once. Breathing jerky. M. T., 97·6; E. T., 99·2; R., 24; P., 150.

21st.—Losing flesh. Skin on abdomen shrivelled and inelastic.

22nd.—Bowels constipated. Hydrargyri cum. creta, grana iv., hâc nocte.

23rd.—Sick three times. Powder given yesterday had no effect. Ordered one grain of calomel.

24th.—Bowels open twice. Lies in the same condition with the head much retracted.

27th.—Pulse 150, fluttering. Alternate flushing and pallor of the face. Feet twitch.

March 1st.—Wrists strongly flexed. Feet twitch. Head retracted. E. T., 99·2.

8th.—In the same condition. Pupils normal; do not respond to light. Head not quite so much retracted. Fingers strongly flexed; thumb flexed across the palm of the hands. Breathing irregular. Face flushed. M. T., 98·4.

11th.—Takes food well. Cries a good deal when disturbed. Head retracted and shaken from side to side. Temperature normal.

20th.—Arms and legs rigid. Toes pointed. Hands clenched. The right leg is more rigid than the left. Cries when disturbed. E. T., 99·2.

22nd.—Pulse rapid. Sole of right foot was burned with hot water bottle some days since. Epidermis loose. Dressed with boracic acid ointment and boracic acid lotion. Child cries when disturbed. Takes its food well. Head retracted.

23rd.—Left leg scalded with hot water bottle. The skin seems very sensitive to heat, as the bottles were not very hot.

31st.—Breathes heavily. Fingers and wrists very strongly flexed, and the hands supinated. Legs drawn up. Sore on the left leg unhealthy in aspect. Eyes open with a fixed staring look. Head slightly retracted. Face flushed.

April 2nd.—Lies in a semi-conscious state. E. T., 101·2.

4th.—There has been for the last 36 hours some purulent discharge from the right nostril. Spastic condition of the limbs continues. M. T., 98·8; E. T., 99.

8th.—Very profuse discharge from the right nostril to-day.

11th.—Discharge from the nostril tinged with blood. Spastic condition of the limbs the same.

25th.—Child in the same state. Legs are flexed on the thighs, and thighs on the abdomen. Fingers, wrists, and elbows are strongly flexed. Head drawn back.

May 2nd.—Temperature normal. Child cries a good deal. Rigidity of both limbs as before.

7th.—No change. M. T., 98·4. E. T., 103·4.

8th.—Temperature normal.

10th.—Discharge from the nose has almost ceased. M. T., 97·2; E. T., 98·2.

12th.—Child has gained 1lb. in weight during the last week. The rigidity still marked, but to a much less degree. She is apparently blind; does not blink when a strong light is passed before the eyes, nor when the finger is held close to the eyes. M. T., 98·2; E. T., 98·2.

17th.—Rigidity not nearly so great. Fingers are still flexed. Legs not so much drawn up. Does not cry much. M. T., 98·6; E. T., 98.

24th.—Ice bag discontinued. M. T., 98·4; E. T., 98·4.

June 7th.—Rigidity almost disappeared. Child has gained 4 lbs. in weight in four weeks. M. T., 98; E. T., 99.

17th.—Discharged. Rigidity quite disappeared. Child gaining flesh. Head not retracted.

Remarks.—The temperature for the first week varied between 101 and normal. It then was normal, or nearly normal, for seven weeks, when there was an evening temperature of 101·2, followed in 36 hours by profuse purulent discharge from the nostril. The temperature fell next day and remained normal for five weeks, when it rose one evening only, to 103·4 for no apparent reason. No syphilitic or tubercular history to be obtained.

August 29th.—Child brought to the hospital wonderfully improved and apparently taking notice.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

England and the Cholera.—The following is the gist of the remarks made by M. Fauvel concerning England and the cholera in Egypt, which was referred to in our last French correspondence:—The all absorbing topic at the Académie de Médecine is cholera, and the learned professors were never more at their ease, and never more ready for discussion, as a splendid opportunity was afforded for making an all round attack on England, which employed its great influence in rendering vain all measures of protection so that her mercantile interests should not suffer. M. Fauvel could not find words enough to express his indignation at the conduct of the English officials in Egypt, who since their acquisition of the control of that country did all they could to hinder the work of the sanitary authorities. After sketching the origin of the epidemic and explaining the several measures taken by the different European powers to prevent its introduction, M. Fauvel concluded as he commenced, by throwing the whole blame on the English Government. Of course the sentiments which inspired the learned member were those of the majority of his *confrérés* for just now he that would wish to be considered to be endowed with extra patriotic feelings must commence by abusing *La perfide Albion*. Doctors like to be considered patriots, especially since the Republic came in, and the tribune of the Académie de Médecine is thought a fitting place for politico-medical speeches. It is to be hoped that in any case the learned gentleman's fears will prove unfounded and that *La belle France* will not be invaded by this terrible disease. If your humble correspondent dared to give a little word of advice he would respectfully suggest that instead of passing our time in fulminating against our neighbours, we paid more attention to our own sanitary arrangements, the country would have less fear of invasion. If the cholera comes to France it will make its *début* at Marseilles in all probability. The contagion of the malady is now put beyond all doubt, but it is also proved that its ravages are greatest in towns where sanitary precautions are neglected. Marseilles is a city very defective in this respect, the water is of the worst description, full of animal matter, and if not filtered highly dangerous for drinking purposes. The port runs up into the town and the smell from it in summer is insupportable as the sewers empty themselves into it, and there being no tide the water remains stagnant, emitting its effluvium far and wide. Paris, the "centre of civilisation," is not much better in this respect as far as the working quarters are concerned, and it has been admitted even by that august assembly the Académie de Médecine, that the recent epidemic of typhoid fever was mainly caused by the wat

Treatment of Simple Chancre by Heat.—A member from Lyons read a communication on the treatment of simple chancre by heat. As the results of his experiments he was led to consider that the employment of an elevated temperature was an excellent means of annihilating the virus. The author recommended that a hip bath should be given between 104° and 107° and borne for several hours. He believed that this treatment would suffice to destroy the virus in twenty-four hours. In any case it was certainly the best treatment of phagedænism, and those chancres complicated with phymosis that no dressing can attain. It is needless to add that the doctrine of M. Pasteur as to the cause of virulent diseases has suggested this treatment.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 5, 1883.

FEMALE DOCTORS FOR INDIA.

For a long time past a commendable desire has been evidenced among those who are familiar with the surroundings of Indian civilised life, to provide some means of remedying the deplorable misery experienced by the native female population when overtaken by illness. So strict are the prejudices of creed by which the lives of Indian women are regulated that they almost invariably prefer to suffer the worst evils of disease, to the extent even of death, rather than submit themselves to examination and treatment by a physician of the opposite sex. The difficulty arising in this connection is fully recognised by everyone possessed of any acquaintance with native manners and customs; and it has naturally served to excite an intense anxiety in the minds of philanthropic reformers, both at home and in our distant Eastern empire. The rise and progress of the modern movement for the education of women to become medical practitioners, the growth in the numbers of those seeking this mode of entering on the duties of professional life, and the absence of considerable prospects of success for such medical women at home, have served also to open up a vista of employment for them in honourable service as attendants on the vast numbers of Indian women who are now practically debarred from receiving any scientific treatment whatever.

It is estimated that India contains not less than one hundred millions of female inhabitants, out of a total population of two hundred and fifty millions; and the whole of this great host of women is, in time of sickness and trouble, subject to the assistance possible to be rendered by native midwives, the principal majority of whom, on the most absolute testimony of credible witnesses, are altogether incompetent to lend help in any circumstances other than those of the most ordinary cases of parturition.

With the knowledge of these primary important facts to influence us, it is with a feeling of relief that we view the energetic steps that are being taken to provide fully-qualified female doctors for duty in India. The question has found able and eloquent advocates here in Drs. Garrett-Anderson and Frances Hoggan and others, and is now, by the intervention of private munificence and State aid, about to be put to the most practical test that can be afforded for determining the amount of success possible to be achieved by the movement. For many years the Indian authorities have recognised the need of medical aid which might be availed of by native women without compelling them to violate the commands imposed upon their observance by religious scruples; and, as the only feasible means of supplying such assistance, a free encouragement has been given to the training of native nurses and midwives for duty among their compatriots. It must be evident, however, that the attainment of even a high degree of success in this direction could lead to nothing more considerable than a limited mitigation of the great evil complained of, for, thoroughly as it might be observed, the education of women to fit them for undertaking the duties comprehended under the titles they were to receive, could never result in qualifying them as practitioners of medicine; neither the learning nor the experience of physicians is theirs, or can ever become theirs, and hence they are useless as agents in the mitigation of those innumerable diseases under which inhabitants of tropical countries are doomed to suffer. But if, in place of educating women merely as nurses and midwives, the curriculum to which they may enter is extended in such a manner that the whole range of professional instruction is open to them, and they can and will profit by it in such manner that they can claim to be regarded as medical practitioners by right of acquired knowledge, then are they likely to prove invaluably useful as attendants on the multitudes of women whose principles, while obstinately preventing their becoming the patients of male practitioners, do not in any way preclude them from freely submitting to treatment at the hands of doctors of the same sex as themselves.

By force of continued perseverance on the part of a few determined reformers, the medical classes of Madras were thrown open to women in 1874; and now, after prolonged agitation, the same concession is made in connection with the Calcutta Medical College. It is highly creditable, moreover, that the principal advocates of this liberal action themselves most vigorously opposed a resolution in favour of lowering the standard of preliminary examination to be passed by female students. To take such a step as this would have been to hazard the future success of the movement; and the absence of any necessity for it has been often and amply shown by the facility with which women have obtained the premier positions in competitive examinations to which they have entered on an equality with male students. The action of the Lieutenant-Governor in opening the Calcutta School to women has now finally removed a grievance under which Bengalee ladies have suffered in the past, the existence of the restriction which forbade them to pursue their studies in Calcutta having compelled their migration to Madras, whose doors have, as stated above, been open to them since 1874. That good use has been made by the ladies of the Calcutta classes of their opportunities is abundantly shown by the fact that one of them obtained the highest honours in the London University M.B. examination recently, while two others are holding valuable Government appointments as medical officers in Hyderabad and Rajpootana.

It is right that we should in this place correct the impression conveyed in a late number of the *Medical Press and Circular* to the effect that a lady-doctor at Hyderabad, the one mentioned above, was a failure, because, in an emergency, Sir Salar Yung had summoned a Bombay physician to see his wife, who was ordinarily attended by the lady in question. We are authoritatively informed that this consultant, though called at a great pecuniary cost, was not permitted to see the patient, but was only allowed to hold consultation with the female physician, and he was naturally much annoyed at having travelled so far to discharge a service which, he considered, might fully as well have been rendered by letter. We are glad to make this correction, because there was a general feeling, as we know, fostered by the imperfect account of the transaction, that in this instance, at least, native faith in even a highly-qualified female physician had not been proof against temptation to overthrow caste and call in the help of a man-doctor. Had the facts been as first reported they must have weakened the position of the reforming party. As they are now known to be, they serve to materially strength en it.

Dr. Frances Hoggan, who has prominently advocated the employment of women as physicians to native Indians, is anxious to see the movement receive official sanction by the creation of a State service of such practitioners, to be maintained by payments out of a special fund set apart for the purpose. For the present, however, this scheme has been permitted to give place to one in which private enterprise is mainly active, and as a result of which two ladies will proceed to India in November next with the guarantee, respectively, of £500 and £300 per annum, with free rooms. A fund has been raised for the establishment of a dispensary in Bombay, to which these ladies will be appointed, and it is anticipated that a hospital will also be speedily built to accommodate the most urgent cases applying for relief. Such a fulfilment of her most cherished aspirations must needs be eminently gratifying to Mrs. Hoggan and those who have so ably seconded her efforts to ameliorate the distressing condition of Indian women; and it is to be hoped that her philanthropic endeavours will meet with appropriate success. We cannot, however, forget the significant insistance of the native press of India on the first importance of sending out no lady doctors who are not *thoroughly well qualified* by education *and experience* to undertake the cure of the sick. Unless they can at once impress the native mind with the assurance of skill and competence to carry out the whole details of professional treatment, their mission will necessarily end in ignominious failure; and any such disaster should be most jealously and carefully guarded against by the exercise of due precautions in selecting fitting candidates for the posts. Dr. Frances Hoggan herself is clearly alive to the importance of this consideration; and we may confidently trust to her influence to prevent the introduction of any chance of failure in this connection. It would, however, be well if immediate attention were given by those in charge of the medical education of women in this country to the desirability of instructing such as look to future practice in India in a special knowledge of the diseases peculiar to tropical climates, and with which their experience will mainly be.

The enterprise is fairly floated. The object aimed at is one of mercy towards the millions whose situation loudly appeals to the sympathy of the benevolent; and the opportunity of effecting untold good in their behalf is associated with the solution of a problem which has for some time been assuming a serious aspect, that, namely, of providing remunerative employment for women-doctors. We wish the movement complete success, and, what is more, we feel that it will command it.

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THE FEEBLENESS OF THE PROFESSION IN PARLIAMENT.

The recent proceedings of Government and of Parliament in connection with the Medical Bill serve to illustrate markedly the political powerlessness of our profession which has recently been brought into prominence by Dr. Foster of Birmingham. We may remind our readers that medical reform has been agitated since the year 1867, when Lord Ripon took up the subject. Year after year the profession at large has clamoured for it out of Parliament with a vigour and unanimity which, if it had found expression in the House of Commons, or if it had had due influence with Ministers, would have long since forced the necessity for medico-educational improvement upon the serious attention of the public. Then the Duke of Richmond, being much importuned, took up the question, and an abortive select committee inquired into the facts, and at length, a Royal Commission of investigation having sat, the Bill was again presented to the Legislature. In a few weeks it made its way through the Lords, and for several successive months it hung fire, there being apparently not the least enthusiasm on the part of the Government to obtain its passing. Postponed from week to week in favour of measures of fourth-rate importance, it was at length presented for a second reading at the eleventh hour, and, even then, was dropped because the Minister would not trouble himself to negotiate for its passing. The Bill has, in fact, been sacrificed because the Government and Parliament did not care enough for it to give it a place amongst leading measures, and, when it needed a special effort to get it through the final stages, would not strain a point of Parliamentary custom and convenience to get it through the House. This narrative being interpreted means simply that Ministers do not care about doctors' wishes, because doctors' influence is not, politically speaking, worth anything. We suffer now, and have always suffered, the penalty of want of public spirit, of union, and of organisation, because our votes as electors are thrown away without exercising the least effect either on political or medical affairs. Our profession is possessed of at least 20,000 votes for Parliament, not to speak of its electoral power in municipalities and in local government, and in every constituency in the Kingdom it has a numerical strength which could make itself felt and feared if only that strength was exercised together. But it is never so exercised. Each medical voter records his vote simply as a political atom, and without considering or having the means of enforcing medical interests upon those who seek to represent him, and as a necessary consequence his opinions are entirely disregarded, and his vote goes for nothing. That this is so is manifest from the fact that at the second reading of the Medical Bill, while the Corporations who were interested in opposing the measure were represented by a solid phalanx of hostile Scotch and Irish members, and the Universities by an equally earnest band of representatives, the opinions of the rank and file of the profession were not embodied in the person of one single exponent, and, if the Bill had come on for discussion, we are not aware that there would have been even one member to speak for them. In fact, every M.P. feels, with reason, that the doctors in his constituency are good for only a few disjointed votes, and that even these votes are not dependent on medical considerations, and he therefore values medical opinion at the miserable political unimportance to which the indifference of the profession has relegated it.

We do not, of course, venture to suggest that great considerations of policy, party, and religion should be set aside in favour of medical interests; but we do urge that the medical voter should act upon the recollection that he is a doctor first and a politician secondarily. If Parliament be dissolved upon some question of overwhelming interest upon which the existence of a Ministry and a party depends, we can understand the medical voter sacrificing the opinions and interests of his own profession to the political necessities of the moment. But these crises occur seldom, and in the majority of elections the votes of the doctors exercise no political influence whatever, and would decide nothing. In these instances we say it is folly for medical men to throw their votes away upon the shibboleths of one party or another, when by throwing their influence into the scale they might at once secure pledges of support for medical legislation. We do not see the least difficulty in realising the political power of the profession which is now dormant. It would need only a central organisation, who could communicate with local branches in each constituency, and urge them to give their votes unitedly for those candidates who, *cæteris paribus*, would be the best men for medical interests. If those local branches interrogated the candidates before the polling day, and acted, so far as other considerations would allow, with unanimity in favour of the candidate who pledged himself to support their views, a new and overwhelming influence would be at once created which would raise our profession to a position of potency in Parliament which it has never yet dreamt of.

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DIET IN DIABETES.

Professor Ebstein, of Göttingen, in the *Aerzlich. Vereinsblatt*, May, 1883, discussed at some length the subject of diet in diabetes. Cantani's method of treatment is based on the opinion that the excretion of sugar in diabetics mounts constantly in direct proportion to the quantity of food consumed, even if it be wholly composed of flesh. He promulgates the law, the patient should not eat too freely if he is to avoid excreting sugar, but at the same time he should not eat too little, lest he die of inanition. In the choice of food Cantani permits all kinds of flesh, and places no restrictions on the mode of preparation, but every particle of starch and sugar is forbidden, as well as butter, as it contains a trace of sugar of milk. In the way of fat he recommends olive oil and all kinds of animal fats. He permits the largest possible quantities of the latter; to those who are thin, or whose digestive organs do not act normally, he recommends it pancreatised. M. Traube long ago demonstrated that diabetics actually digested the greater part of the fats consumed by them.

If the sugar does not disappear after the employment of a restricted exclusively meat diet—if loss of weight does not forbid—total abstinence from food for periods of from twenty-four to thirty-six hours is to be enjoined, a similar fasting to be undergone eight to fourteen days afterwards. The sugar then disappears. In cases in which total abstinence from food is not well borne Cantani gives three portions of meat broth *pro die*, each prepared from 400 grms. of meat.

Ebstein himself considers the most important point in the whole therapeutics of diabetes to be the limiting as much as possible of the quantity of food consumed. The patient should, however, suffer from feelings of hunger as little as possible. Both these objects can be attained by allowing large quantities of fat—the more, the thinner and weaker the patient is. Such treatment is not contra-indicated even in diabetes occurring in obese patients, for, says the writer, "If the diabetic treatment be carried on with intelligence, even in the case of fat patients, the excretion of sugar in the urine and the obesity of the patient will be seen to disappear with simultaneous increase of capacity for labour and bodily strength." Along with fresh meat and fats of good quality, in the proportion of two to one, he gives cabbage, leguminous vegetables, coffee, or tea (without milk or sugar), and at the most an average of 100 grms. of bread daily. Potatoes, sweets, and all kinds of starchy foods are absolutely excluded. He does not exclude butter, as Cantani does, as he does not, like him, fear the hydro-carbons. He further recommends lard, fat, meat-broths, or the marrow of bones. He has given up the substitutes for bread; the best of them he considers to be Seegen's improved Pavy's almond bread. He lays great stress on bodily movement and muscular activity. He has obtained good results from riding, but quite as good from passive muscular movements, such as massage, in which exertion on the part of the patient is avoided.

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Notes on Current Topics.

Prince Bismarck.

It is pretty well known that this illustrious Prince suffers much from violent neuralgias, which sometimes make their appearance as sciatica, and sometimes as tic douloureux. He is sometimes attacked by an inflammatory affection of the veins of the foot, as well as by ailments of various kinds, the results of colds and gastric disorders. It would, moreover, appear from the Berlin correspondent of our contemporary, the *Allgemeine Wiener Medizinische Zeitung*, that he has never cherished any feelings of regard for his medical attendants; at any rate, he has never given expression to them, and it has been his constant habit to dismiss them whenever the fancy took him. It has often enough happened that he has discharged a practitioner of ordinary medicine to take up with a "homœopath," and sometimes to have both kinds in attendance at the same time. As he has said, "The method of treatment is of less consequence to him than the result." Sometimes he has fixed a time for his attendant within which he has required to be cured, or at least rendered fit for work. If the result has met the requirement, the patient has been content, but he has never had a word of acknowledgment or thanks for his medical adviser. When he was Deputy in Frankfort he was attended by the then Regimentsarzt, now Director of the Imperial Health Office, Dr. Struck. When he was first in Friedrichsruhf, Dr. Cohn, of Hamburgh, was his attendant. When in Varzin he had a third. In Kissingen he consulted Dr. Diruf. His wife is a believer in homœopathy, as well as a trafficker in a nostrum (made from magpies' wings) for the cure of epilepsy, and for some reason—perhaps influenced by his wife—he was for several years under treatment by professors of the "School of Homœopathy." Three years ago he returned to the rationalists, and consulted Professor Frerichs, whom he had consulted many years before; but within a short time he had made another change, and called in the professional man under whose care he now is. The present favourite is a Dr. Schweningen, of Munich. This individual is a young man, 33 years of age, who, starting with brilliant prospects, has already succeeded in shutting himself out from relationships with most respectable families in consequence of some indiscretion in connection with the wife of another medical man, one result of which was that both parties suffered a term of imprisonment. Bismarck, however, requires only medicine from his doctor, and the young man found his moral, or immoral, behaviour no bar to the Prince's favour. With such a history before us, it requires no great effort to imagine that the "iron" Chancellor is not a very desirable patient; and those who are not the recipients of his favourable notice may console themselves when they see others preferred before them by the thought that, if the fortunate one is chosen to much honour, much is required to counterbalance the many disagreeables incident to the position of *Leibarzt* to one who knows not what consideration for others and gratitude are.

Removal of the Gall Bladder.

At a recent meeting of the German Surgical Congress in Berlin Dr. Langenbuch, of Berlin, showed a woman, aged 34, from whom he had removed the gall-bladder. The patient had suffered from gall-stones for nine months; the gall-bladder was felt as a hard, prominent, sensitive tumour. On opening the abdomen, the gall-bladder was found to be hypertrophied and adherent to the neighbouring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct; and the patient now looked well and blooming, although she had had a floating kidney removed in 1881.

Graduation of Surgical Knives.

A GRADUATED surgical knife has been devised by Dr. J. M. White, of New York. The graduations, or marks are etched on the sides near the back of the blade, and not on the cutting edge, so that the knife can be honed and strapped without removing the marks. They will indicate the depth and position of the point of the blade when it is plunged directly downward, also when the knife is held obliquely. The marks on the knife will show the depth of the incision in all cases, and are intended as a guide in deep incisions and shallow cutting operations.

Dr. Francis J. Falvey has been appointed by his Excellency the Lord Lieutenant of Ireland, Physician and Surgeon to the County Kerry Prison, in succession to Dr. W. H. Lawlor, resigned.

The Copper Craze.

For some time it almost appeared as though the advocacy of copper as a specific remedy against cholera was destined to obtain universal acceptance, and this in spite of contrary expressions of opinion occasionally evoked from unconvinced experimenters with the presumed antidote. M. Burg, however, of Paris, has so vigorously espoused the theory of prevention by copper, and apparently established its truth by an appeal to actual experience gained among *employés* in copper works during epidemics of cholera, that belief was growing in the protective influence of the metal to an extent almost as great as that felt in vaccination for small-pox. But at length the conclusions of M. Burg have been challenged by no less an authority than M. Bailly, who at a recent meeting of the French Academy of Medicine afforded personal testimony to disprove the copper-prevention theory. During the cholera epidemic of 1866, M. Bailly, whose practice lies among the workmen employed in manufactories where articles consisting mainly or wholly of copper are made, observed that many of these labourers were stricken down by the disease notwithstanding that they were constitutionally cupricised, and so, according to M. Burg, proof against choleraic attacks. In a similar way copper impregnation has not been found, in M. Bailly's experience, to prevent the onset of either typhoid fever or diarrhœa; and so much importance is deservedly attached to his communication that it is to become the subject of special consideration by a separate committee.

Exhibitions.

The incomparable success achieved by the International Fisheries Exhibition held this summer at South Kensington has induced the General Committee to consider the advisability of maintaining the costly buildings erected for the accommodation of the exhibits, with a view to their being utilised for international exhibitions connected with other industries. To this end powers have been sought for and granted, Her Majesty's Commissioners of 1851 consenting to extend the existing agreement (which expires Dec. 31, 1883) for three years longer, on condition the grounds are used solely for exhibition purposes. It is unquestionable that much benefit will accrue to the people generally from the holding of the Fisheries Exhibition; for not only has it given fresh impetus to the movement for supplying the poorer classes with an unlimited quantity of cheap, wholesome, and nutritious food, and so aided in overcoming such diseases as insufficient nutriment tends to induce, but it has also done much to popularise the consumption of fish by many who can advantageously adopt it as a frequent constituent of their dietary. Already arrangements are being contemplated for the next great international exhibition, which it is proposed shall have reference to horticulture, floriculture, and forestry.

The distinction of the Royal Red Cross, conferred by Her Majesty, was received on Friday last week at Chatham, for presentation to Miss J. King, Nursing Sister at Fort Pitt Hospital, in recognition of the devotion and competency displayed by that lady during the Egytian campaign.

The Progress of Dental Surgery.

At the recent meeting of the British Dental Association, held at Plymouth, the President, Mr. C. Spence Bate, F.R.S., took for the subject of his address "A Review of the Scientific Progress of Dental Surgery from 1771 to 1883." Commencing with a study of the inquiries initiated by Hunter, and on which modern dental surgery is principally based, Mr. Bate proceeded to sketch out the researches perfected by the chief authorities to whom the dental science of to-day is indebted for the foundations it rests upon. Some idea of the importance of the branch of surgery considered at the meeting is found in the fact, stated by Mr. Bate, that 20,000 ounces of fine gold are annually used in filling teeth. This, also, indicates the extent to which art steps in to affect the preservation of teeth, many of which, but for the perfected methods now in use by dentists, would sooner or later be absolutely destroyed and useless to their possessors. The cause of the rapid destruction of teeth in the present generation is assigned to the absence from them of lime; and this absence is attributed to the character of the food prepared for administration, more especially the vicious system of removing from wheaten flour all of those salts that are of importance to the human system. Mr. Bate employs words of caution to students not to mistake means for ends, and he thinks this tendency may be encouraged by a study of "some peculiar operations that were performed at the International Medical Congress." He should ever remember that "his duty in professional honour is to consider in all simpleness of purpose, before all things, the requirements of his patient."

Hospital Sunday Fund.

In a recent note on the Hospital Sunday Fund the deficit of the fund as compared with its amount last year at the same period was stated as being £4,000. This should have been £400, the actual decrease being reduced in amount as the returns are more perfectly made out. There is every reason to anticipate, as we are informed by the acting secretary to the fund, that by the end of the financial year, which terminates on October 31st next, the total receipts for the year will compare very favourably with those of 1882, when the disbursements to hospitals and dispensaries exceeded by £1,200 the sum distributed in any previous year.

Lady Medical Students at Madras.

The report of the Director of Public Instruction in India for 1881-2, and which has recently been received in this country, thus speaks of the progress made by female students in the medical department of the Madras University: "The lady students also are highly commended. The lady student in the senior department obtained 72 per cent. of aggregate marks at the professors' examinations. The others obtained an average of 73 per cent. Miss Kristy, a Christian Brahmin, acquitted herself well at all the examinations, and was awarded prizes for anatomy and materia medica." This satisfactory account of the advantage taken by ladies of the opportunities afforded to them of pursuing a medical curriculum is in itself sufficient justification of the course just adopted by the Lieutenant-Governor in opening the portals of the Calcutta University also to this class of students. That they are not slow to profit by what is offered them they have already shown. That they can find a wide sphere of usefulness in practising among native Indian women is conclusively demonstrated.

The London Hospital.

The ensuing winter session of the London Hospital Medical College will be inaugurated by an introductory address, which will be delivered on Tuesday, October 9, by Professor Huxley, F.R.C.S., President of the Royal Society. The proceedings will commence at eight o'clock in the evening; and following the conclusion of Mr. Huxley's address a *conversazione* will be held, at which past and present students of the hospital are invited to be present.

The Coombe Lying-in Hospital, Dublin.

Much disapprobation has been evoked in Dublin professional circles by the contemplated proceedings of the board of governors of the Coombe Lying-in Hospital, the effect of which, if persisted in, will be to oust the assistant physicians of the hospital from the position and emoluments .which they have earned during many years of past probation.

The seven years' service by Dr. Kidd as Master of the institution expired last month, and, according to the terms of its charter, its mastership cannot, under any circumstances, be held for a longer period. In view of the vacancy of the office, an election of a new master has been expected for some months past, but it was not held; and now it has become known that the governors have been moved by Lord Ardilaun to seek a Queen's letter to enable the charter to be overridden and a new lease of office given to the ex-master. It is hardly necessary for us to say that, if Dr. Kidd were a legitimate candidate, the hospital would be honoured by his presiding over it as chief of the medical staff; but he has served his term, and has nothing to gain for himself by a continuance in office, and the hospital will certainly not gain by making the mastership a chronic appointment. The inadvisability of doing so was decided upon when the charter was made, a few years ago, and we know of no valid reason for asking the Government to break through it, which we hope they will refuse to do. It would be a gross injustice to the assistant-physicians to deprive them of the promotion for which they have worked, and which—assuming them to be deserving—is virtually secured to them by the charter and by custom, and we say advisedly that a job of this sort will be as injurious to the character of the institution as of those who are mixed up with it.

We hear it rumoured also that it is contemplated by the governors to seize upon the instruction fees, which have heretofore been divided among the teaching staff of the hospital, and to throw these fees into the hospital maintenance fund. Such a transaction would be, in our opinion, not only monstrously unjust, but excessively foolish, for its direct and inevitable effect would be to destroy the teaching function of the hospital. The hospital has no claim to these fees; it does not pay the officers any remuneration worth talking of; but it accepts their gratuitous services for the inmates on the understanding that those services shall be to a certain extent remunerated by the instruction fees. Obstetricians and gynecologists of any rank worthy of consideration will not waste their time teaching if they have no remuneration therefor, nor will they trouble themselves with the work of an hospital which has no pupils to teach; and we fully expect, if this grasping policy be carried out by the governors, that before long the Coombe Lying-in Hospital will have ceased to exist as an educational centre, and will have descended—as an institution for the relief of the sick—to the level of a proprietary boarding-house for lying-in patients.

Egyptian Sanitation.

Dr. Hunter, in his report on the cholera epidemic in Egypt, says it is simply an abuse of words to talk of sanitation in connection with Cairo, every sanitary law being grossly set at defiance. The canals are little better than sewers, and no precautions deserving the name are taken to keep the source of the water supply from contamination. Conditions abound for the development and spread of disease in almost every form. In all essential features the cholera does not differ in type from that in India.

Interference in a Poor-law Election by a Medical Officer.

At a meeting of the Limerick Guardians, last week, a communication from the Local Government Board was read, which stated that they had received a report of the inquiry into the charges preferred against the medical officer of the workhouse of having interfered in the election of a guardian. It appeared that at the invitation of the chairman of the board, the medical officer accompanied him to the house of two clergymen. The object avowedly was to arrange an opposition, on political grounds, to the return of the complainant. Beyond introducing the chairman, the medical officer appears to have taken no part in the proceedings. Again, he appears to have visited the chapel. The object was to address the congregation, and this appears to have been well known to the medical officer, who attended to hear the speeches and see what took place. The medical officer swears that he had announced his determination of taking no part in the proceedings, on account of his position in the workhouse. He did take no actual part in the proceedings that day, but was unavoidably more or less mixed up with them outwardly. The only fair judgment, as it seems to the Local Government Board, that can be formed upon the medical officer's conduct in these transactions is, that he showed imprudence, and exposed himself to the suspicion of interfering, from private and self-interested motives, in a matter with which he had no legitimate concern. The impropriety of a paid officer taking any prominent or active part in matters affecting the constitution of the body under which he serves can scarcely be denied, and, if the medical officer had failed to recognise this obligation, he would have been liable to censure. But no evidence to this effect appears to have been produced at the inquiry.

The Irish Medical Directory.

The issue of this book for the year 1884 is now in preparation. The editor earnestly requests the members of the profession in Ireland who have not already done so to return to him, without delay, the circulars already forwarded to them, in order that accuracy may be secured. If medical men would only consider the trouble and expense which the re-issue of circulars involves, and the injury which a Directory sustains by the publication, year after year, of inaccuracies which are not remediable by any system of editing, they would not omit to take the infinitesimal trouble of returning their circulars. The editor especially solicits a note of any inaccuracy throughout the work which may be observed by readers.

The Telephone in Hospitals.

We are happy to learn that St. Vincent's Hospital, and the Meath Hospital and County Dublin Infirmary have been placed on the Telephone Exchange—a circumstance which will much increase the usefulness of these old-established and much-esteemed institutions. There are but few of the Dublin hospitals remaining unconnected, and we trust that they also will see the necessity of keeping abreast with the march of modern progress, and of not clinging too long to the ancient ways.

Prevention of Infectious Diseases.

At the Berlin Medical Society it was recently suggested that a fine should be imposed on parents who did not isolate their children when scarlatina or diphtheria was in the house. The difficulties of isolation among the poor were fully recognised, as also the uncertain state of medical knowledge with regard to the duration of the period of infection. Herr Goldsmidt stated that he had prevented the spread of scarlatina in a house by anointing his patients with lard, and then dusting on salicylic acid.

Anti-Vaccinators' Facts.

It will be recollected that within the closing days of the Parliamentary Session, Mr. P. Taylor, the Parliamentary exponent of the anti-vaccino-maniacs, put questions to Government as to the dissemination of syphilis by vaccination at Deptford. The assertion that disease was so disseminated was at once denied by the Minister who replied, but it is only now that the true facts have come out.

At the last meeting of the Greenwich guardians the dispensary committee reported that Dr. Kavanagh, public vaccinator, had brought a charge against Mr. Fisher, one of the district medical officers, of falsely certifying that several children were suffering from syphilis, and that the syphilitic disease was communicated through vaccination. The children in question (four in number) had been vaccinated along with seventeen others, and all the latter had presented arms of a normal character at the end of a week. Of the other four, one, specified by Mr. Fisher as suffering from syphilitic eczema, had a general eruption all over the body, which was completely cured after four days' treatment. Dr. Kavanagh had laid the cases before the Local Government Board, and had received from their inspector a letter, in which he said, "I think his (the district medical officer, Mr. Fisher) conduct truly scandalous, and he is, in my opinion, on that ground alone, totally unfit to hold his present office, not for his siding with anti-vaccinators, which he has a perfect right to do if he likes, but for his statement respecting the infant whose disease he entered as syphilis. This was either knowingly false, or believed to be true. If the latter, his ignorance shows him to be quite unfit for his post; if the former, dismissal is not enough punishment."

Health of Dublin.

According to the report for July, just issued by Dr. Cameron, Superintendent Medical Officer of Health for Dublin, the deaths within the metropolitan registration area amounted to 569, during the four weeks ended 28th July, 1883, and were in the ratio of 21·15 per 1,000 persons living. The deaths within the city were 467, and were in the annual ratio of 24·22 per 1,000. On the northen side the rate was 24·55, and on the southern 23·95. The deaths from the seven principal zymotics were in the ratio of 1·92 per 1000. As compared with the preceding month the deaths from whooping-cough decreased considerably. There was an increase in the number ef deaths from typhoid fever and diarrhœa. The zymotic death-rate decreased in the whole registration area from 2·02 to 1·92 per 1,000. As compared with the previous month there were large decreases in the number of admissions of persons affected with typhus fever, scarlet fever, and measles. There was a slight increase in the admissions of cases of typhoid fever. The total admissions of patients affected with the foregoing diseases averaged 13·25 weekly during July as compared with 17·5 in June and 31·8 in May. The following figures show the death-rate within the municipal or city districts:—1882.—May 28·94, June 23·22, July 22·1. 1883.—May 32·26, June 27·35, July 24·22. Death-rate from seven principal zymotics:—1882.—May 2·3, June 1·27, July 1·72. 1883.—May 2·88, June 2·5, July 2·4.

The Conversion of Malignant into Benign Tumours.

The celebrated Prof. von Nussbaum, of Munich, recently delivered a clinical address on the above subject, which has been published by Finsterlein, of that city. It was Thiersch who uttered the "weighty words"—"One ought not to despair of discovering a method of curing cancer if one could succeed in causing the proper remedy to act immediately on the structural elements for a sufficient length of time to prevent their proliferation without destroying them." Since many methods of treatment have already proved ineffectual, Nussbaum believes that he has discovered one that promises to fulfil the requirements of Thiersch, and which has, in fact, already shown good results. Nussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench around the neoplasm by means of the thermocautery. The vessels that spring from the base of the tumour prevent its dying; they nourish it sufficiently, so that gangrene never takes place." The thermocautery is superior to the ligature formerly made use of by him. "I do not doubt," he says, "that this encircling of the tumour, this cutting off of all peripheral nutriment, has a future before it for those desperate cases in which hæmorrhages threaten to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it."

Resorcin in Ozæna.

Drs. Masini and Massei, in the *Archiv. Ital. di Laringol.*, recommend the employment of resorcin in this troublesome and sometimes well-nigh intractable complaint. They recommend that the nasal cavity be first well washed out with water, after which a ½—1 per cent. solution of resorcin is to be applied twice daily by means of the spray apparatus, each application to be continued from three to four minutes. It may, if preferred, be used in the form of an ointment, and applied with a camel's hair pencil, the strength of the ointment to be about three per cent. In a proportion of the cases thus treated a cure was effected.

Hospital Saturday in London.

Last Saturday was appointed for the tenth annual collection in connection with the Hospital Saturday Fund. About 1,200 ladies, who had volunteered their services for the purpose, took up their stations in various parts of the metropolis at an early hour, the first to be at their posts being, of course, those at the markets and railway stations. It is anticipated that the result of the street collection on the present occasion will greatly exceed that of last year, when, although £2,500 was realised, the weather was of a very unfavourable character. Boxes were also placed in all the theatres and other places of amusement on Saturday evening as well as inside and outside the International Fisheries Exhibition. The instrumental concert in Victoria Park, which last year resulted in an addition of £80 to the fund, was repeated on Saturday evening, the experiment being also tried at Southwark Park. A collection was made on each of the vessels of the London Steamboat Company. Upwards of 36,000 collecting sheets and a large number of boxes have been forwarded to the workshops and factories of London for the purpose of this year's fund. At the conclusion of the collection the boxes were conveyed to Messrs. Hoare's bank, but the gross result will not be known until all the collecting sheets are returned.

The Pharmaceutical Society of Ireland have taken a house at 11 Harcourt Street, Dublin, as a provisional habitation for the society, which was obliged to leave the College of Physicians, as that body was unable to continue to give the requisite accommodation.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 33, Madras 32, Paris 22, Geneva 15, Brussels 26, Amsterdam 24, Rotterdam 17, The Hague 26, Copenhagen 22, Stockholm 24, Christiania 29, St. Petersburg 30, Berlin 32, Hamburg (State) 27, Dresden 23, Breslau 34, Munich 36, Vienna 22, Prague 30, Buda-Pesth 33, Trieste 24, Turin 18, Venice 28, Lisbon 30, New York 33, Brooklyn 33, Philadelphia 18, Baltimore 25.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Huddersfield 12; Bristol, Bradford, Plymouth 13; Halifax 14; Edinburgh, Birkenhead, Hull, Sunderland 15; Leicester, Bolton 16; Blackburn, London 17; Norwich, Brighton, Derby 18; Portsmouth, Cardiff, Nottingham 19; Dublin, Birmingham, Salford, Leeds 21; Sheffield, Oldham 22; Liverpool, Manchester 23; Wolverhampton 24; Glasgow 25; Newcastle-on-Tyne 27; Preston 30.

The lowest death-rates from the principal zymotic diseases were recorded last week in Bristol and Blackburn. The highest death-rates from measles were 1·4 in Brighton, and 4·5 in Newcastle-upon-Tyne; from scarlet fever, 2·0 in Birmingham, and 2·1 both in Leeds and Sheffield; from fever 1·0 in Leeds; and from diarrhœa, 3·8 in Salford, 4·4 in Leicester, 4·5 in Newcastle-upon-Tyne, and 4·4 in Preston. The death-rate from diarrhœa, which did not exceed 0·8 in London, averaged 2·3 in twenty-seven provincial towns. The 37 deaths from diphtheria in the large towns included 19 in London, 1 in Edinburgh, 6 in Glasgow, 2 in Leeds, 2 in Sheffield, and 2 in Cardiff. Small-pox caused 6 deaths in Birmingham, 2 in Liverpool, and 1 in London.

The Bill introduced by Government to make better provision for the prevention of outbreaks of formidable epidemic, endemic, or infectious diseases, gives to the local sanitary authorities in England and Ireland greater powers for borrowing money, if necessary, for the carrying out of regulations made for the following purposes:—For the speedy interment of the dead; for house to house visitation; for the provision of medical aid and hospital accommodation; for the promotion of cleansing, ventilation, and disinfection; and for the guarding against the spread of disease. The Public Health (Ireland) Act, 1878, is also amended so as to enable the Local Government Board to direct urban sanitary authorities to see to the execution of any regulations made by the Board, either independently or jointly with the Poor-law guardians.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Edinburgh.—The University Extension Buildings.—Mr. Andrew Carnegie has added to his munificent benefactions to Scotland by intimating a subscription of £1,000 to the fund now being raised for the completion of the new Medical School of Edinburgh University.

Vital Statistics for Scotland.—From the return of births and deaths of the Registrar-General in the eight principal towns of Scotland for the week ending Saturday, August 25, we learn that the death-rate was 21·1 per thousand of estimated population. This rate is 1·1 above that for the corresponding week of last year, and 0·9 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 11·9 per thousand; and the highest in Paisley, viz., 30·7 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 3·4 per thousand, or 0·4 below the rate for the previous week. Diarrhœa, scarlet fever, and whooping-cough were the most prevalent of the epidemic diseases, the mortality therefrom being most marked in Glasgow, where 6 deaths from diphtheria were also registered. Acute diseases of the chest caused 67 deaths, or 5 less than in the previous week. The mean temperature was 58·4, being 1·4 above that of the week immediately preceding, and 2·8 above that of the corresponding week of 1882.

EDINBURGH DEATH-RATE.—The mortality in Edinburgh for the week ending with Saturday the 25th ult. was 68, and the death-rate 15 per 1,000 per annum. There were 18 deaths under 1 year, and 17 above 60 years, 5 of which were above 80 years. Diseases of the chest accounted for 24 deaths, and zymotic causes for 5, of which 2 were due to fever, 1 to diphtheria, and 1 to measles—the intimations of the diseases being 8, 3, and 34 respectively. Of the 148 deaths registered 17 were illegitimate.

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday the 25th ult. were at the rate of 25 per 1,000, as compared with rates of 22 in the preceding week, and 20, 20, and 21 respectively for the corresponding weeks of 1882, 1881, and 1880.

THE CHAIR OF MEDICAL JURISPRUDENCE IN THE UNIVERSITY OF ABERDEEN.—A meeting of the Aberdeen University Court was held last week for the purpose of appointing a successor to Dr. Ogston, senior, in the professorship of Medical Jurisprudence. The candidates were:—Robert Beveridge, A.M., M.B., Aberdeen; Angus Fraser, A.M., M.D., Aberdeen; Matthew Hay, M.D., Assistant to Professor of Materia Medica, Edinburgh; H. Aubrey Husband, M.B., Lecturer on Medical Jurisprudence in the Extra-Mural Medical School, Edinburgh; Francis Ogston, jun., M.D., Aberdeen; W. J. Simpson, M.D., Aberdeen; and John Urquhart, M.D., Aberdeen—of whom Dr. Matthew Hay was elected to the vacant post. This gentleman was educated at the Universities of Glasgow and Edinburgh. At the latter University, in 1878, he graduated as Bachelor of Medicine and Master in Surgery with first-class honours, obtaining also the Ettles prize for the most distinguished graduation in medicine of that year. In the same year he was appointed Demonstrator of Practical Materia Medica and Assistant to the Professor of Materia Medica in Edinburgh University. After filling the office of Assistant Physician to the Edinburgh Royal Infirmary, he was in 1880 appointed Physician to the New Town Dispensary. In the following year he graduated as Doctor of Medicine, carrying off the gold medal as well as the Goodsir prize. Dr. Hay carried off two months ago the sanitary research scholarship (open to all British graduates in medicine) offered by the Grocers' Company of London. The fact that an outsider who has made no special study of the subject he has to teach has been elected will be keenly felt by the local candidates. The Court has in effect stated that the University cannot produce men good enough to be professors. With but few exceptions all the professors are Edinburgh men.

PUBLIC WASH-HOUSES FOR EDINBURGH.—At a meeting of the Town Council of Edinburgh, held last week, the Lord Provost's Committee recommended the acquisition of a site for wash-houses, and the erection thereon of public wash-houses, at a probable cost of £1,500, and of twelve baths, at an additional cost of £250. It will be recollected that in a recent number we called attention to the absence of public baths in Edinburgh. We congratulate the Town Council on the prompt action they have taken on our remarks.

THE SCOTCH UNIVERSITIES BILL.—At a meeting of the University Court of Aberdeen, held on the 28th ult., Mr. Webster, M.P., who was present as the Lord Rector's Assessor, made a statement, on the invitation of the Lord Rector, with regard to the Universities Bill. Mr. Webster said the Bill would assuredly make its appearance again, probably more or less modified, and it was certainly susceptible of great improvement. The chief ground of objection hitherto taken was as to the power proposed to be given to the contemplated University Commission. He deprecated the extreme hostility to the proposal expressed by the University of Glasgow, and scouted the alarms indulged in by that University. He would certainly prefer a well-selected Commission, dealing with University reform, as proposed by the Bill, than the proposal of Mr. Dalrymple, M.P., who had given notice to move that it was desirable that the constitutions under which the Universities were to act in future, instead of being left to an Executive Commission to alter or revise, should be laid down in Parliament and included in the Bill. He (Mr. Webster) thought that the House of Commons, especially in Committee, was exceedingly unfit to deal with all the details and niceties of Scotch academical constitution, and he thought the proposed Commission was preferable subject to such checks and securities as ought to be applied more strongly than at present, and subject also to a simpler and less expensive form of appeal than the Bill provided. A Commission so constituted would not be apt to abuse its powers or run into dangerous courses, as Glasgow University fancied. He, however, was not indisposed to hold that the revision of "constitutions" should be withdrawn from the powers of the Commission; and he thought it probable that the Government would so modify these powers in view of the representations that had been made. The second chief ground of objection was as to the financial proposals. On these Mr. Webster dwelt at some length, saying that the financial clauses of the Bill must be withdrawn or modified to a very great extent, otherwise the Bill would be undeserving of support.

THE SANITARY INSTITUTE OF GREAT BRITAIN.—The programme of the arrangements which have been made for the autumn Congress of this Institute, which is to be held in Glasgow on the 25th inst. and following days, under the presidentship of Professor G. M. Humphry, has been issued. The Congress will sit in three sections—Section 1, "Sanitary Science and Preventive Medicine," being presided over by Professor W. T. Gairdner; section 2, "Engineering and Architecture," by Professor T. Roger Smith; and section 3, "Chemistry, Meteorology, and Geology," by Professor R. Angus Smith. A reception-room will be opened on 24th September at the St. Andrew's Halls, where also will be held the sectional and general meetings of the Congress. The proceedings will commence on Tuesday, 25th September, with a public luncheon, after which an exhibition of sanitary appliances, &c., will be opened in the Burnbank Drill Hall by Lord Provost Ure. The first general meeting will be held in the evening, when the opening address will be delivered by Professor Humphry. A *conversazione* is to be given in the Corporation Galleries on Wednesday evening, and on Thursday evening there will be a lecture by Dr. B. W. Richardson. The closing general meeting of the Congress will take place on Friday afternoon, a public dinner being fixed for the evening of that day, and on Saturday evening an address to the working classes will be delivered by Dr. Alfred Carpenter, of Croydon.

Correspondence.

HYDROPHOBIA 450 DAYS AFTER THE BITE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On the 11th inst. I was sent for to see Wm. Fogarty, a well-made, wiry, previously healthy labourer, about 36 years of age, married, of buoyant spirits, but excitable, particularly when under the influence of drink, which used to be often, but lately seldom. On the 9th inst. he went to work in his usual health and spirits, was engaged thatching a hayrick and other work about hay in a cool, airy situation of between 800 and 1,000 feet elevation. The day was cool and showery (I am particular in these details in order that you may judge of the possibility or probability of the sun causing the attack). Towards noon he felt a langour and "heaviness" unusual to him. He worked on, however, and took his dinner at the usual time. Afterwards the "heaviness increased, with giddiness," his "head reeling" (his own expressions are in inverted commas), and "everything around" him "began to appear red, changing gradually darker, till at last even the trees looked nearly black." He left off work at the usual hour, between 6 and 7 o'clock; did not go to the farmhouse for his supper as usual, but went home; felt very thirsty, went several times to a spring near his house, and drank copiously; went to bed early, got a "shivering fit" and "a terrible pain in front and top" of his head. Still very thirsty, and drank a great deal of whey. "Headache abated after about two hours," and he "fell asleep," but awoke in about two hours afterwards. Still very thirsty. Asked his wife for something to drink, but when he put it to his lips and attempted to swallow, "a spasm took" him, "beginning at the pit of the stomach," and "going up" to his "throat and jaws," making him "gasp for breath." Each time he tried to drink, "the same spasm shook" him, but by perseverance he managed to swallow some, but at length gave up attempting, as he found it weakened him. He became very restless and uneasy, and did not sleep again. This condition remained unaltered all day Friday, 10th inst. On Saturday, 11th inst., sent for me. I saw him at 12.30 p.m.; found him in bed, half sitting, half reclining; pale, anxious, and frightened-looking; a profuse perspiration on his head and face; his voice nervous, jerky, and hoarse; his skin felt cool (had not my thermometer on that occasion); pulse 78, full and regular; tongue moist and clean; throat and fauces natural; pupil unaltered, *heart's action normal*—in fact, no *abnormality* except in his aspect and voice; no thirst, no headache, no uneasiness except mental disquietude and a feeling of great weariness, until he tried to drink, when he was at once seized with a convulsive spasm and gasping for breath. The mode of attack requires description. On being handed the cup, he trembled perceptibly, looked at it for a moment as if trying to make up his mind whether he would attempt to drink it or not, raised it with a sudden, jerky motion to his lips, *tossed* off one mouthful, which he gulped down rather than swallowed, gasped for breath once or twice, and threw himself back upon the pillow apparently exhausted. He told me that if he did not do it in that quick way he "would have no chance at all of swallowing any," and his wife told me that he made very much better attempts then than he had made at first. I watched him closely during the attempts to drink, and saw that the diaphragm acted largely in producing the spasmodic attack of difficulty of swallowing and breathing, but not solely, as all the muscles of deglutition and respiration seemed engaged, and his whole frame would shake on first taking the vessel in his hand. I induced him against his will to try a little solid food, which he had not done for forty-eight hours before. He chewed a morsel of bread, and swallowed it without much apparent effort, but could not be induced to try another. After allaying his anxiety as well as I could, I left him, and returned at 8 p.m. He could then swallow a little better; but whilst examining him I found that the slightest contact of my hands, which were cold, produced a convulsive gasping for breath. The air from an open window near, to which he turned to allow me to see his throat, had the same effect. I got him to swallow some good broth as concentrated as we could have it in so short a time; gave him a third of a grain of morph. mur. At his request, his wife gave him his pipe lighted, but he was not able to take more than a few whiffs on account of the spasmodic gasping caused by each attempt to "draw" it. He slept a little that night; had not slept before for over forty-eight hours, and awoke very much refreshed. Saw him again on 12th, at 10 a.m. Aspect much improved, speech normal, tongue slightly furred, fauces dry, not more than might be due to the dose of morphia; skin normally moist, pupil unaltered; secretions apparently natural, but did not test the urine; pulse 90, of fair rhythm and fulness; temp. 96·6; no headache nor pain anywhere, and no other uneasiness than a feeling of great weariness and weakness, until he tried to swallow, when he experienced the same effects as described above, but rather less intense.

13th, 10.30 a.m.—Found him restless and wandering; distinct mental disturbance; perverted smell and taste—the former gave him great trouble, as he could not lie in bed "on account of the smell." I could not perceive any unusual or disagreeable odour. During the night was allowed to go out in the wet and cold, which must have acted very injuriously. Hyperæsthesia increased. Found him standing outside his house, and every breeze of air that fanned his face caused him to gasp spasmodically, yet he would not go in on account of the bad smell. His wife and a man assisting her were unable to restrain him or persuade him to lie down, but he did so for me. I found the temp. 100·4, pulse 90; hands cold, which I attribute to exposure; great aversion to try to swallow anything, and is greatly irritated if asked to do so; continually "hawking" up mucus out of the throat, but only in very small quantities; *saliva not increased*, and the throat looks dry and glazed, as if *varnished* inside, with here and there a little adherent frothy-looking mucus. Removed him to his father's house, well protected from cold, &c.; got him to swallow a little warm milk, and gave him a third of a grain of muriate of morphia; slept a little through the day. Was apparently better at 9 p.m., but complained of a "numbness," which he told me of in the morning, in the hands and arms, especially the left, increasing so that he cannot now raise his hand to his mouth except with difficulty, on account of this benumbed, paralysed condition. Temp. now 101·6, pulse 86, less full than it has been; pupil *dilated;* hyperæsthesia apparently rather less; contact of my hand does not affect him; throat again normal-looking; gave him another third of a grain of morphia and some warm milk, in which he took a little bread.

14th, 10.30 a.m.—Found him restless and wild-looking; appearance that of a maniac, impatient of control, and when restrained from going out, which he has tried to do through the night and morning, becomes excited, and would be violent but that his arms are now so paralysed that he cannot raise them, though he still has the power of using his fingers and hands; cannot tolerate his father near him, and seems suspicious of every one, and they all seem afraid of him, and will not attempt the least restraint, so that he has been allowed to expose himself to cold, and undergo exertion during the night and morning, which must have acted very injuriously, consequently I was obliged very reluctantly at this late stage of his malady—and they would not hear of it before—to have him removed to Callan Workhouse Hospital. I laid him down as carefully as possible in my own trap, and accompanied him myself. I left him pretty comfortably settled in bed at 3 p.m., in charge of Dr. Walsh, of Callan, who has kindly given me the following additional details:—He took some beef-tea in the evening; was quiet and seemingly at ease at 10 p.m. (14th); slept a little; awoke in violent delirium, which gradually exhausted itself; he vomited a quantity of green viscid matter, became semi-comatose, and died quietly at 8 a.m. on 15th inst. A post-mortem could not be procured, but decomposition set in very rapidly.

On 18th May, 1882, four hundred and forty-eight days before the first symptoms of his fatal malady began, he was bitten by a dog which showed symptoms of rabies (the constable R.I.C. who destroyed the dog a short time after the occurrence asserts that it was a well-marked and undoubted case of rabies). This dog, a strange one, strayed into a house in the village of Kilmogany and lay under a form. Fogarty stooped to coax the animal, when it bit his nose, transfixing the fleshy portion of the septum with one tooth, and penetrating and scratching the left ala with another. In about three and a-half hours after receiving the bite he applied to me. I passed a red-hot iron wire repeatedly through the wound in septum, and also cauterised well the other wound. He bore the operation without flinching, and it seemed to relieve him of some anxiety, thinking it was a preventive against any future ill-effects. The wound healed rapidly, leaving very slight cicatrices.

The great interest you have taken, and the valuable information you have given in the *Medical Press* about hydrophobia, encourage me to ask you for space for this report of a case which, to me, seems to possess many points of peculiarity and interest, in hopes of eliciting some comments from those who have had an opportunity of studying similar cases. I beg to apologise for its length, and to remain

Yours faithfully,
Walter May.

Kilmogany, Callan.

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THE TREATMENT OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In view of the possible invasion of cholera to our shores allow me to trespass on your valuable space, with a few brief notes of an experience of the epidemics of 1867-8, gained while assistant medical officer resident, in British Hospital, Buenos Ayres, South America.

Firemen and stokers from steamers coming from infected port, London, the London Dock being especially bad, were in each epidemic our first cases; impressing with the fact previously noted, with regard to yellow fever when in Demerara, viz., the effect of change of climate producing a state of constitution susceptible to the influence of a latent poison, which not only acts on an individual, *but is capable of being disseminated by him.*

The following measures obtained during first and early part of second outbreak under the constant supervision of Dr. R. Reid and assistants:—

Rubini's and other spirits, camphor, chlorodyne all kinds, astringent and carminative mixtures, calomel and quinine, chlorate of potassium, inhalation of chloroform, lead and opium pills, aromatic sulphuric acid, viz., opii and "black drop," brandy and wines separately and combined, spinal ice bags, hot jars, sand bags, sinapisms, liniments.

The results obtained from this line of treatment was most disappointing not only in ours, but also in the Irish, Italian, German, and Spanish hospitals, more than one conference having been held on the subject by the various physicians.

About the second week of the second outbreak, we got a suggestion from Dr. Nelson, one of the Canadian commissioners, acting on which we adopted the following line of treatment with marked success:—

The patient on first complaint of a sense of general uneasiness was put to bed and lightly, *very lightly*, covered. The thorough ventilation of the room attended to. When vomiting and diarrhœa of the unmistakeable character occurred they were encouraged by copious draughts of cold water till the stomach appeared quite clear of all food. The stomach and intestines being emptied every effort was directed to stilling the irritable organ and subduing the restlessness of the patient.

To this end a pill one grain of fresh opium from centre of large lump, we administered dry. A physician or assistant sat at the bedside till it took effect, promising patient, in response to his unfortunate cry of "water, water," that if he did not sleep in a few minutes he should get some, the reason for this being that, if the stomach contains any food it will be, with the water and the pill, again ejected, in which case cold water was again given to clear the stomach, and if the pill returned another was administered, absolute rest and quiet enjoined, and, as life or death depended on the next few hours' results, every attention was concentrated on them.

Sleep usually occurred and lasted from 10 to 15 minutes, when the patient woke with the cry for "water, water," which was satisfied by a tablespoonful of acidulated water.

℞ Acid tartaric, ʒss;
Aqua, ℥x. M.

which was given every time patient woke or was restless.

All dejections were disinfected with solution of carbolic acid and immediately removed, bed pan with disinfectant found essential.

No food was given for four, five, or six hours, and then very cautiously and fluid, and not until the patient becomes decidedly improved, and the natural functions of the system restored.

(The meddling kindness of friends of patients lost us several cases, from disregard of this; a few tablespoonsful of arrowroot with a little port wine in it has caused death in a few minutes, in some whose convalescence was rapid and well assured, and hence instructions were always impressive on this point.)

Having thus conserved the strength by rest, and tended to restore the waste caused by the transudation of the serum of the blood and the tissues, by the gentle sponging of the arms, hands, face, and legs with tepid water; a process most grateful to the patient, convalescence becomes marvellously rapid, and the diet may be more liberal, and next day was aided by the addition of a little port or other wine.

Being so circumstanced that the part of nurse as well as physician had to be taken by the medical staff, the attendance in each case was without intermission, while it was in the few hours struggle out of which patients usually emerged for life or death.

Some 230 cases came thus under our care inside and out of hospital, and we were led by this experience to the following important conclusions, viz.:—

1. That in Asiatic cholera, during onset and prevalence of severe action of the poison, all stimulants and medical draughts are worse than useless and only tend to increase the irritability of the stomach, and waste the strength of the patient by increasing the diarrhœa and vomiting.

2. That a free current of air, which was always sought for by the patient, was most beneficial to him, while hot jars, sand in bags, sinapisms, and counter irritants only add to the indescribable torture which already afflicts him.

3. No emetic is needed but *cold* water.

4. That perfect rest of body is, in the majority of cases, sufficient to prevent cramps, or at least to mitigate the severity of them.

5. That when a physician is called to the patient who is in a state of collapse or rather profoundly under the influence of the presence of the poison, for some hours or even less in severe cases, when the breath is colder than the surrounding atmosphere, when all secretion has ceased, and the pulse cannot be felt either at elbow or axilla, and circulation having practically ceased, while the heart meantime continues to beat, and the mind remains sometimes preternaturally clear, it is useless, if not actually cruel, to apply treatment more active than tepid or cold affusion externally, with a tablespoonful of some acidulated drink as above, every ten minutes or quarter of an hour.

The typhoid stage, so called, when reached by patient, gave least hope to the physician, as none lived beyond the tenth day, and those cases were very few, as most succumbed at or before the fifth day.

The importance of the subject will I trust justify my trespassing at such length.

I am, &c.
S. M. Thompson,
Res. Physician, South Union, Dublin.

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FEES FOR MEDICAL EVIDENCE AT WORKHOUSE INQUESTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A medical friend has called my attention to an article in the issue of the *Medical Press* of the 25th of July last, headed "Fees for Post-mortem Examinations," which both he and I consider of some practical importance to the profession, and ought not to be allowed to rest in abeyance. As the coroner engaged on the case in question, it may be assumed that I am perfectly cognisant of all the facts, and hence I say the grand jury had no right to disallow the medical fee, nor the judge, with all due respect for his high authority, to summarily dismiss the presentment for it, and thereby approve the action of the grand jury. No question arises with respect to the grand jury itself, which is composed of an excellent body of honourable men; but their sub-committee took a mistaken view of their privileges and powers, and so reported to the grand jury, who in turn took all for granted, and so perpetuated the blunder. I put aside the misleading, narrow special pleading put into the mouth of the chief secretary, where he is made to say the grand jury, "after careful investigation, disallowed medical fees *recommended* by the coroner and amounting to five guineas." The coroner made *no such recommendation.* He simply submitted to the committee a claim put in by a solicitor for fees for two medical gentlemen called in at the instance of another medical gentleman who thought himself aggrieved about a midwifery case, but in the same breath said he did not approve or disapprove of payment to them, inasmuch as he himself had "summoned and ordered" three eminent medical men, who attended and gave most lucid and satisfactory evidence to the jury quite sufficient to meet all the requirements of justice and of the law. So much for *four guineas;* but the one guinea which he persistently claimed for the M.D. evidence given in the Granard Union workhouse was a most legitimate fee. No dispute or controversy in the most remote degree took place in the committee-room, but two of the members of committee seemed to think that because the inquest was held in a workhouse the coroner *was bound* to accept the evidence of the workhouse doctor, who, according to their lights, should submit himself for examination without a fee. On this erroneous assumption two at least of the committee acted, while I felt that our chairman stood in a minority on the point, for he actually told me he would be quite satisfied to see the ruling then made revised. With regard to the law of the case, there appears to be very little mystification about it. Sec. 32 of 9 & 10 Vic., c. 37, sets people a-thinking that a workhouse medical officer is *not* to be paid a fee for skilled evidence given in the house over which he presides as the supreme arbiter of life and death. He is to enlighten the jury free gratis for nothing. But that section of the Act has reference only to any public hospital or infirmary, or to any building or place belonging thereto or used for the reception of the patients thereof, or any county or other lunatic asylum, or any public infirmary, or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions *et cetera.* Not a word in the Act about the Granard Union Workhouse. I am happy to be able to say His Excellency is likely to set at rest very soon all cavil about calling in medical witnesses in every public institution in this country. Through the courtesy of his assistant secretary, Mr. W. S. B. Kaye, I am informed that a circular dated 9th April, 1883, has been addressed to "The Resident Medical Superintendent" of lunatic asylums and others referred to in the foregoing sec. 32, informing them that "they should inform the coroner, should the coroner request them to hold a post-mortem examination, that the Government consider it undesirable that they should act on such occasions." The circular is emphasised by the additional notification, "Please acknowledge the receipt of this circular," and that the question of issuing a similar circular in the case of prisons and workhouses is now under consideration. It would be in some degree a hardship to exclude medical officers in *all cases* from giving evidence. Of course, in the case of lunatic asylums and kindred institutions, the medical officer in charge may care little for the effect of the circular on him, being faithful to his duties, for it is not proposed at present to alter the law which so unmercifully precludes him from a fee, but a workhouse or prison medical superintendent has an absolute and legal claim to his fee, if called on by the coroner in cases which occur within his own charge. So far as the circular of April, 1883, goes, it is a step in the right direction. The medical superintendent of the institution under notice should no doubt inform the coroner that on the highest authority which he can recognise, he is not an eligible person to hold a "post mortem" examination in a similar case—the coroner should be equally made aware that such evidence is not eligible; this solely applies to *post-mortem* cases; but how many cases occur in which it is not deemed necessary to hold a post-mortem at all, and yet death from culpable negligence may be proved from external evidence. It may be that the cause of death is wrapped up in mystery, and yet not the slightest stain of reproach laid at the door of the medical superintendent. Why, then, not admit him to evidence, and let him have his fee? Surely coroners and jurors can be entrusted to take care of false coin and counterfeit testimony. Generally the coroner and his jury know their men, and will give them credit for all they are worth, and if necessary summarily set them aside. These remarks apply equally to lunatic asylums and others of that class, equally with workhouse and prison doctors. The misfortune of the moment is that inconsiderate rulings like that of Judge Lawson at Longford make men's hair stand erect to know what is and what is not the law of the land.

I am, &c.,

Longford. M. FULLAM.

◆

DR. CAMERON, of Dublin, is at present engaged in the analysis of some meat sent from New Ross, through eating portions of which some harvest labourers died on Saturday. It was at first supposed that the heifer had been previously bitten by a rabid dog, but later suspicions point to deliberate poisoning.

University of London.—The following are Lists of the Candidates who have passed the recent Honours Examinations:

EXAMINATIONS IN MEDICINE:—ANATOMY.

First Class.

Thane, Edgar Herbert (Exhibition and Gold Medal.)
Johnson, R. (Gold Medal.)
Washbourn, John Wychenford.

Second Class.

{ Goodall, Edward Wilberforce.
{ Hart-Smith, Franke C.
Wild, Robert Briggs.
Gray, John Power William.
Halstead, George E., B.A., B.Sc.
Wills, William Alfred.

Third Class.

Davenport, Arthur Frederick.
Jones, Sydney Harold.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

First Class.

Johnson, Raymond (Exhibition and Gold Medal.)
* Thane, Edgar Herbert.
{ * Calvert, James, B.A.
{ * Carless, Albert.
{ * Corbin, Eustace R. St. Clair.
{ Finley, Frederick Gault.
{ Gardner, Henry Willoughby.
{ Gow, William John.
{ Stevenson, George.

{ Braddon, William Leonard.
{ Davenport, Arthur Frederick.
{ Wild, Robert Briggs.
{ Wills, William Alfred.

Second Class.

{ Hichens, Frank.
{ Leech, Priestley.
{ Muspratt, Charles Drummond.
{ Washbourn, John Wychenford.
Childe, Letterstedt Frederick.

Third Class.

Stedman, Frederick Osmund.
{ Barendt, Frank Hugh.
{ Lever, Frederick.

ORGANIC CHEMISTRY.

First Class.

Washbourn, John W. (Exhibition and Gold Medal.)
{ † Hichens, Frank.
{ † Stevenson, George.

Second Class.

Halstead, George Ezra.
Braddon, William Leonard.

PHYSIOLOGY AND HISTOLOGY.

First Class.

Wild, Robert Briggs (Exhibition and Gold Medal.)
Thane, Edgar Herbert (Gold Medal.)

Second Class.

Bright, Eustace Frederick.
Finley, Frederick Gault.
Braddon, William Leonard.
Gow, William John.
Johnson, Raymond.
Leech, Priestley.

Third Class.

Lever, Frederick.
O'Brien, Patrick Moriarty.
Edge, Frederick.

PRELIMINARY SCIENTIFIC EXAMINATIONS (M.B.):—INORGANIC CHEMISTRY.

First Class.

Starling, Ernest H. (Exhibition.)
* Hatch, Frederick Henry.
Bloxam, William Popplewell.
Roberts, John Lloyd.

Second Class.

Sutherland, G. W., B.A. Syd.
Jones, Hugh Richard.
Overbeck, Otto C., J.G.L.

Third Class.

{ Ashworth, Percy.
{ Black, George.
{ Taylor, Frederick Howard.
{ Ashe, Evelyn Oliver.
{ Cooke, Cecil Whitehall.
{ Rennie, George E., B.A. Syd.
Harris, Walter. Field, Alfred Ernest. Hensley, Philip Henry.

EXPERIMENTAL PHYSICS.

First Class.

Buchanan, J. (disqualified by age for the Arnott Exhibition and Medal.)
Starling, Ernest Henry.

Second Class.

Roberts, John Lloyd.
Baker, Edward George.

Third Class.

Finnegan, John Maxwell.
{ Adamson, Mary Madeline.
{ Chambers, Jesse Mary.
Jones, Hugh Richard.
Ashworth, Percy.
Whitehead, Henry Edward.

BOTANY.

First Class.

Boyce, Rubert William (Exhibition.)
* Starling, Ernest Henry.
Fernau, Charles Hermann.

Second Class.

Powell, Llewellyn William.
Blake, James Edward Huxley.
Gardiner, John.
Baker, Edward George.

Third Class.

Hastings, Edwin Birchall.

ZOOLOGY.

First Class.

Rennie, George Edward.
Fernau, Charles Hermann.

Second Class.

Brindley, Albert Edward.
Gardiner, John.

Third Class.

{ Durham, Arthur Ellis
{ Wood, Frank Lomax.

* Obtained the number of Marks qualifying for the Exhibition and Medal.

† Obtained the number of Marks qualifying for a Medal.

N.B.—The bracket denotes equality of merit.

Notices to Correspondents.

The Students' Number, 1883-84.—The annual educational number of this Journal will be published on Wednesday, September 19th. Deans, Registrars, and others connected with the various medical schools throughout the United Kingdom, will oblige by forwarding the latest prospectus and such other information as will assist the Editors in the compilation of this important number.

OPERATIONS ON PAUPERS.

Aliquis asks what course should be followed under the following circumstances: A patient is admitted for treatment into a workhouse hospital, or is being attended at his own home on a relief ticket. He has, say, extensive disease of the bones of the foot, and amputation or some other operation is considered necessary by the medical officer. 1. The patient himself objects. 2. The patient is willing, but the near friends object. Is the medical man to persist in operating?

[The surgeon must on no account operate without the consent of the patient, or, if a child, of those who are responsible for his care. The opinion of friends and relations go for nothing. If the patient refuses, care should be taken to throw upon him the whole responsibility of death or injury sustained thereby.—Ed.]

The Treatment of Comedones.—A correspondent, in reply to the letter signed "An Old Reader" in our last, asking advice on the treatment of "Comedones," suggests the employment of Haseline, with which he has had some success.

Mr. Urquhart (Edinburgh).—It is not usual to give the names of anonymous writers. In the present instance your telegram has been forwarded to the writer, who will perhaps communicate with you.

SCARLET RUNNERS.

To the Editor of the Medical Press and Circular.

Sir,—In reply to your correspondent "Staphyloma's" second query in your last issue, you say: "It is contrary to the regulations, and a ticket *filled up* by another person than the Committeeman or Warden may be disregarded." The italics are mine. Do you adhere to that statement in the following case of everyday occurrence to myself? The Committeeman *signs* the entire book of tickets *en bloc:* the applicant calls for a ticket, the clerk to the Committeeman fills up the body of it, and the ticket is presented to me *duly signed* by a member of my Committee. I want to know, would I be justified in "*disregarding*" that ticket, and would the Local Government Board *approve* of my so disregarding it?

Yours very truly,

Hard Worked.

[A ticket so filled up is undoubtedly invalid, and might be disregarded without leaving the medical officer open to any charge of breach of rule or neglect of duty. The 9th section of the Medical Charities Act declares that the Committeeman or Warden, and no one else, may direct the medical officer to afford advice and medicine by "a ticket in such form as the Commissioners may prescribe, addressed to the medical officer." Under this authority the Commissioners did prescribe a form, and declared by article 31 of the Regulations (page 243, Irish Medical Directory) that "the ticket and counterpart are both to be *filled up* by the person authorised to issue the ticket," and "care should be taken in the issue of the tickets accordingly." Some years past one of the medical officers of a South Dublin Dispensary appealed to the Local Government Board against the systematic issue of tickets, by a pot-boy on behalf of his master, a Committeeman. The reply of the Local Government Board did not order attendance on such tickets, but simply recommended it in suitable cases, and made it clear that such tickets were and are legally invalid. The best course, we think, would be for the medical officer to attend at first on the ticket, lest the patient might suffer injury, but to refuse to attend a second time until a properly filled ticket is presented. But, if he attend, it is entirely a matter of expediency, not of law.—Ed.]

A Nervous Traveller.—The phenomenon which occurs to you when travelling is no evidence of faulty vision, but is common to most persons when travelling rapidly by railway. The better plan is to shut, or turn your eyes from near objects, such as passing trains; open scenery and distant objects need not be avoided, as they while away the tedium of travelling, and are in no sense hurtful even to so nervous a traveller as you.

L.R.C.P.—In a recent ramble through North Devon, we visited the hotel ourselves, and are satisfied that the reports as to its insanitary condition have no foundation in fact. We met several members of the profession during our stay there, and all agreed that since the new system of ventilation and drainage had been in force, the "Ilfracombe" was as near perfection as a hotel could reasonably be.

Mr. Hardy.—Taking refraction into account, the angles of depression would be all reduced by about one-sixteenth if you repeat the experiment on obverse lines.

Neuralgia.—Croton-chloral gives relief in neuralgia, especially in its chronic forms, by producing anæsthesia of the sensory portions of the fifth (facial) nerve. This relief, however, is only temporary, and must be employed as a means of gaining time for other treatment. We have not obtained good results from sodium salicylate. Dr. Martin's case appears to us to be simply one of enteric fever with blocking up of the cæcum by unhealthy fæcal matter. It is evident, moreover, that this enteric fever was brought on by one of its most frequent causes, viz., sewage gas. We are quite aware of the present fashion in medicine to attribute almost every disease under the sun to either chronic syphilis or suppressed gout; but allowing for this, and admitting that Dr. Martin's patient may have gone in the way and contracted every form of venereal disease, we do not think that syphilis had anything to do with the illness so admirably managed and reported by Dr. Martin.

Dr. Johnson (Kilkenny).—We have forwarded your note to the writer of the article, and hope to give you an answer in our next.

Mr. J. H. Evans.—Thanks; each department is at present filled.

A New Synonym for Quinine.—At Croton, New York, common drugs are sold at all the stores. Recently an Irishwoman entered one of them, and said to a new clerk: "Would ye be afther putting up for me a pound of Queen Anne's powders?" The clerk took down a package of Royal baking powder and was doing it up, when she exclaimed—"Not that at all; me Pathrick is sick wid the African faver." "The what fever?" inquired the clerk. "The nigger faver," replied the woman. "An ye should see poor Pathrick shake. He hasn't a tooth left." The woman got the quinine which she wanted.—*Gaillard's Med. Jnl.*

Vacancies.

Castlebar Union, Castlebar Dispensary.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, September 8.
Central London Ophthalmic Hospital.—Assistant Surgeon. Applications to the Secretary on or before September 11.
Dursley Union.—Medical Officer. Salary, £80. Applications to the Clerk to the Guardians before September 12.
Hospital for Women, Soho Square.—House Physician. Applications to the Secretary on or before September 20.
Leeds General Infirmary.—House Physician. Salary, £100, with board, &c. Applications to Dr. Clifford Allbutt on or before September 12.
Sheffield.—Medical Officer of Health. Salary, £500. Applications to the Chairman of the Health Committee before September 6.
St. Bartholomew's Hospital.—Assistant Physician. Applications to the Clerk before September 11.
St. George's Union, Middlesex.—Assistant Medical Officer. Salary, £120, with furnished apartments and rations. Applications to the Clerk to the Guardians before September 10.
St. Peter's Hospital for Stone and Urinary Diseases.—House Surgeon. Honorarium, 25 guineas, with board, &c. Applications to the Secretary on or before September 25.
Western General Dispensary, Marylebone Road.—Honorary Physician. Applications to the Secretary before September 10.
West London Hospital, Hammersmith.—Assistant Physician. Applications to the Secretary on September 24.

Appointments.

Cooper, A. N., L.R.C.S.I., Demonstrator of Anatomy in the School of Surgery, Ireland.
Fox, T. C., M.B. Lond., M.R.C.P.L., Physician to the Skin Department at the Westminster Hospital.
Hart, H. W., M.R.C.S., L.S.A. Lond., House Surgeon to the Hartlepools' Hospital.
Loveridge, A. W., M.R.C.S., L.S.A. Lond., House Surgeon to the Clayton Hospital and Wakefield General Dispensary.
Lyttleton, W. M., M.D., L.R.C.P. Ed., M.R.C.S., Government Medical Officer and Vaccinator for the District of Adelong, New South Wales.
Newell, F. T. P., Resident Medical Officer to the Meath Hospital.
Park, R., M.D. Glas., Assistant Resident Medical Officer for the Riccartsbar Asylum.
Richmond, J., M.B. Oxon., M.R.C.S., Assistant Medical Officer to the Crumpsall Workhouse, Manchester Township.
Robinson, J. W., M.D. St. And., M.R.C.S., L.S.A. Lond., Honorary District Surgeon to the Royal South London Dispensary.
Shaw, J., M.R.C.S., Government Medical Officer and Vaccinator for the District of Manning River, New South Wales.
Trimble, J. M., M.D., M.S.Q.U.I., Medical Officer for the Strabane Dispensary District.
Wilson, G. B., L.R.C.P. Ed., L.R.C.S. Ed., Second Assistant to the Resident Medical Superintendent of the District Lunatic Asylum, Cork.
Winder, W. H., L.R.C.P.L., M.R.C.S., Resident Assistant Medical Officer to the Crumpsall Workhouse, Manchester Township.

Births.

Cockell.—August 26, at Richmond Road, Dalston, the wife of Fredk. E. Cockell, jun., M.R.C.S., of a son.
Martin.—August 21, at Arnheim, Blackburn, the wife of John M. H. Martin, M.D., of a son.
Rae.—August 23, at Duckspool House, co. Waterford, the wife of William Masters Rae, of a daughter.
Smith.—August 25, at Beech Lodge, Kinnetty, the wife of Thomas Orde Smith, M.B., T.C.D., of a son.
Webb.—August 26, at 4 Wymering Terrace, Lavender Hill, S.W., the wife of Hy. Pelham Webb, M.B., of a son.
Wright.—August 29, at 49 Talbot Street, Southport, the wife of S. H. Wright, M.D., of a son.
Wynn-Williams.—August 19, at Penywern, Brixton Hill, the wife of T. Wynn-Williams, M.R.C.S., of a daughter.

Deaths.

Anderson.—August 30, at Pitlochrie, N.B., Margaret, wife of Arthur Anderson, M.D., C.B., Inspector-General of Hospitals.
Bartleet.—August 25, at Ladbroke Gardens, Notting Hill, Joseph James Henry Bartleet, L.R.C.P., &c., aged 43.
Highmore.—August 28, at Sherborne, Dorset, William Highmore, M.D., aged 67.
Smith.—August 24, at Morningside, John Alex. Smith, M.D. Ed.
White.—August 27, at The Orchard, Penzance, Wm. Todd White, F.R.C.S., late of Hammersmith, aged 64.
Willings.—August 23, at The Limes, Waterloo, Hants, Richard Willings, M.R.C.S., aged 71.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 12, 1883.

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Original Communications.

ON OCCLUSION OF THE POSTERIOR NARES AS A RESULT OF NASAL CATARRH.

By ALEXANDER W. MACCOY. M.D.,
Philadelphia.

So much has already been written during the past few years concerning the pathology and treatment of chronic nasal catarrh, that it is with no little hesitancy I offer my contribution to its study.

I should scarcely have an apology for offering this paper, were I less convinced that a new era had arrived in the successful management of what was, and, by some, is yet considered an incurable disease. The spirit of incredulity has so completely possessed the minds of many, that any one professing to cure chronic nasal catarrh runs the risk of being considered an enthusiast.

In our humid and variable climate, affections of the nasal mucous membrane are all but universal. In some cases of nasal catarrh, but little appreciable ill-effect results; in others, the progress is steadily onward from year to year, to one certain end—nasal occlusion, partial or complete. Between the beginning and the result, in these latter cases, there is a period of discharge of muco-purulent or serous secretion, which increases with each acute exacerbation during the winter and spring, but lessens considerably during the summer, and in some cases is almost absent.

The course of chronic nasal catarrh of the *hypertrophic* variety (of which variety alone I wish to speak in this paper) is undoubtedly of long duration, extending over many years, and in many persons appears to have been the companion of their lives.

After considerable observation, I am of the opinion that no hypertrophic condition of the nasal mucous tract arises in any case except from a long-continued and persistent coryza. Hypertrophic change cannot be present without previous inflammation: the hypertrophic tissue is the *result* of the persistent irritation—the *effect* of an ever-active *cause*.

Only during the last few years has the rapid development taken place in our knowledge of diseases of the nasal cavities.

To native investigators we are indebted for much of the advance in pathology and treatment, and, as a clearer understanding of the true anatomy of the parts has obtained, the pathology has become so clearly established, that the mind has no alternative but to accept it.

The *peculiar* anatomical characteristics present in the mucous membrane lining certain portions of the nasal cavities, were prominently pointed out by Kölliker and by Kohlrausch twenty nine years ago, who described, in the sub-mucous layer, what they termed venous channels, great in size and very numerous—out of all proportion to what were known to exist in other mucous tissue. Kohlrausch's discovery was not attended by any practical results, because this anatomical knowledge was far in advance of his time, particularly as to its bearing upon nasal catarrh.

Twenty years after Kohlrausch had made his observations, Dr. Bigelow, of Boston, made a much more elaborate and successful study of this peculiar anatomy. While Dr. Bigelow's observations confirmed those of Kohlrausch, as to the enormous venous channels in the sub-mucous layer of the nasal cavities, he also proved that these sinuses constituted a true erectile tissue, such as is most clearly observed in the corpora cavernosa, capable of dilation and contraction.

Bigelow's investigations have been repeatedly confirmed by observers in recent years. To these later observations are we indebted for refreshing our memory concerning this unique structure, and most of all, concerning the practical bearing which this information has had in building up so clear a pathology.

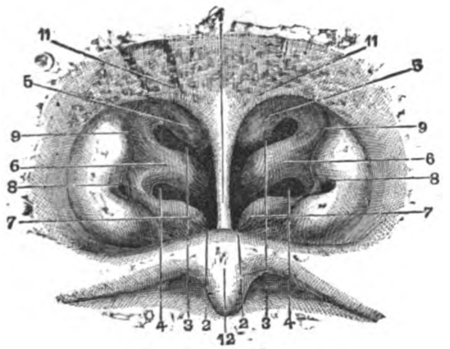
If, then, we keep a clear understanding of the anatomy of the mucous membrane lining the nasal cavities, the conditions found in hypertrophic disease are readily understood.

In examining cases of long-standing nasal catarrh, we are almost certain to find hypertrophic changes most clearly defined in those portions where the erectile tissue is most abundant—over the turbinated bones and the vomer.

It is my purpose to limit these observations to that portion of the nasal tract visible in the rhinoscopic mirror, viz., the posterior nares.

If we examine the image of a normal posterior naris, as seen in the rhinoscopic mirror, we will observe a picture somewhat resembling Fig. 1.

Fig. 1. (a)

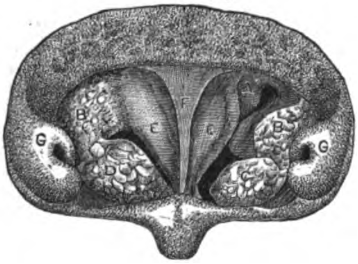


Rhinoscopic image of normal posterior nares. (Seiler.)

1. Vomer. 2. Free nasal passage. 3. Superior meatus. 4. Middle meatus. 5. Superior turbinated bone. 6. Middle turbinated bone. 7. Inferior turbinated bone. 8. Orifice of Eustachian tube.

In these openings are seen the posterior ends of the lower and middle turbinated bones, slightly scrolled and slanting, with their mucous covering; occasionally we get a view of a portion of the superior turbinated bone. Dividing these two openings we see the posterior portion of the vomer, wedge-shaped, with clearly defined surface gradually tapering to a narrow edge, as it joins the floor of the nose. Considerable spaces are observed between the turbinated bones, and between them and the vomer.

Fig. 2. (a)



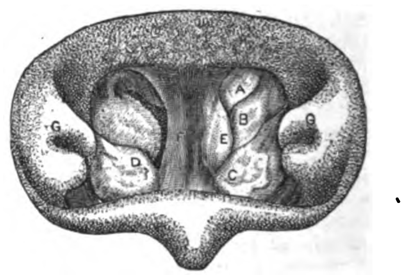
A. Superior turbinated bone (normal). B B. Hypertrophied tissue over middle turbinated bones. C D. Hypertrophied tissue over lower turbinated bones. E E. Hypertrophied tissue over vomer. F. Free surface of vomer. G G. Eustachian tubes.

If we now contrast this picture of the normal posterior nares with one such as is sometimes observed in cases of long-standing nasal discharge, a marked change will be noticed.

Fig. 2 illustrates what is often seen in the rhinoscopic mirror in a case of nasal catarrh of long duration.

Case I.—The patient from whom this drawing was taken was a man twenty-six years of age, of good parentage and of fair health. His history showed that he had always been easily affected by atmospheric changes, and that the nasal tract suffered most from these changes. For twelve years he remembered having a discharge from his nostrils, which, however, gave him but little concern. During the summer solstice the discharge was much lessened. Respiration had always been good, according to his statement, and at no time was mouth-breathing necessary; no attacks of asthma had ever occurred. For some years constant efforts to clear his throat have annoyed him. The post-nasal discharge was greatest when he became excited, and during the early part of the day. The secretion from the posterior nares was viscid and difficult of removal. Rhinoscopic examination revealed the conditions as seen in Fig. 2. Enormous hypertrophy of the soft tissues over the vomer on each side, extending its entire length; much greater above than below. The posterior end of the lower turbinated bone greatly hypertrophied on the right side, less on the left side; diffused thickening of the posterior end of the middle turbinated bone on right side. An hypertrophy resembling a collar projecting from the outer wall of left posterior opening, on a line with the middle turbinated bone, and springing from its outer portion. It will be noticed that on the right side, the spaces belonging to the posterior opening are so encroached upon by the hypertrophies that nothing but a mere fissure remains unoccupied; so that, practically, the right posterior naris is occluded, and can afford but little facility for the passage of atmospheric air during respiration. The left opening is less encroached upon, sufficient air appearing to pass through for respiratory purposes.

Fig. 3.



A. Hypertrophied tissue over superior turbinated bone. B. Hypertrophied tissue over middle turbinated bone (left). C D. Hypertrophied tissue over lower turbinated bones. E. Hypertrophied tissue over vomer, left side. F. Enormous swelling of the free surface of the vomer. G G. Eustachian tubes. Right middle turbinated bone shows diffused thickening.

Case II.—Is faithfully represented in the drawing, Fig. 3, which shows the same hypertrophic changes, with modifications, as are seen in Case I.

A. H. L., æt. 36, native, married, has enjoyed remarkably good health all his life; belongs to a wonderfully hardy stock, his father having died at a great age.

Fifteen years ago he first contracted an acute coryza, while exposed to very inclement weather. This coryza, which was severe in its onset, continued without abatement for fourteen years.

From the beginning of the attack he gradually grew worse, until after years of annoyance he was compelled to seek relief for the persistent and profuse nasal discharge. After many months of treatment, with but little mitigation of his disease, he abandoned all further medication, and resigned himself to his condition. For a number of years he endured his misfortune, continuing to grow worse. In the winter of 1881 he was compelled again to seek medical advice, when he came under my care. His condition was as follows:—Profuse serous discharge (a) from both nostrils, which required the use of *five dozen* large handkerchiefs per week; the almost constant use of handkerchiefs was necessary, so persistent and so profuse was the discharge. Respiration was entirely obstructed on the left side; the right side allowed a small quantity of air to pass through it, but not sufficient for respiration, which had to be carried on through the mouth. Extraordinary attacks of sneezing (b) often supervened, lasting for hours. These attacks of sneezing left him exhausted, and frequently occupied hours which were necessary for rest. In addition to this his nights were broken by repeated attacks of asthma, rendering it necessary for him to seek an open window for freer respiration. Attacks of

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a *Medical News of Philadelphia*, April 7th, 1883.

(a) The serous discharge was greatly augmented by the presence of nasal polypi anteriorly.

(b) Partly dependent on the nasal polypi.

intense itching in the ear occasionally occurred. Thick tenacious mucus escaped from his post-nasal cavity, causing gagging, with oft-repeated efforts to dislodge it.

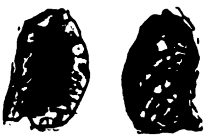
His voice was flat and nasal in character, with such a combination of distressing symptoms the patient's condition was deplorable.

Rhinoscopic examination was rendered extremely difficult by reason of great irritability of the fauces, and the soft palate was unmanageable from the patient's inability to breathe through the nose. After repeated efforts had been made, and an unlimited amount of patience had been expended, a satisfactory view of the posterior nares was obtained.

The appearance was unique in several particulars; marked hypertrophic conditions of the soft tissues over *all* the turbinated bones of the left side were seen; the same conditions were present on the right side over the lower and middle turbinated bones. The vomer was greatly hypertrophied on the left side. A most peculiar condition of the vomer was manifest, which I have never seen in any other case. In place of the wedge-shaped vomer, with the hypertrophy some distance within its free margin (as is seen in Fig. 2, and as is usually noticed), there was an entire change in the shape of the vomer, its normal outline being lost in an enormous infiltration, which extended upon all sides; the lower portion, where it joins the floor of the nose, was increased so much that it appeared of the same breadth as above, while the infiltration was flush with the free surface of the vomer. This swollen tissue was regarded as an infiltration or congestion, caused from obstructed circulation, which was produced by pressure of the hypertrophies, conjoined with the effect of an ever-existing rarefaction in the post-nasal space. Another most remarkable condition present in this case was an undoubted hypertrophy of the *superior* turbinated bone on the left side. The possibility of such a condition has been denied by very excellent observers, and to me was of so great interest that I made repeated examinations, lest an error in observation should occur. That this condition was present is indisputable. It is faithfully given in the illustration (Fig. 3).

The treatment of these two cases was in the main alike. As has been shown, the same pathological conditions existed in both. The treatment was essentially *surgical*. In my judgment *successful* treatment in hypertrophic nasal catarrh can be no other than *surgical*. Whatever treatment of a non-surgical character may be instituted, it can be considered as but an adjunct, and secondary to the demands of these cases. I believe that treatment consisting of the usual medicinal remedies, applied in whatever manner elected, is futile for the *cure* of hypertrophic catarrh, and does, at best, but temporarily relieve the distressing symptoms of cases where the hypertrophic change has progressed but little. But in cases of marked degree, even where respiration can be normally carried on through the nose, any other method than prompt removal of all this redundant tissue is an illogical and irrational procedure. The treatment carried out can be well illustrated by way of example (Case II., Fig. 3). The nose in this case was extremely sensitive, and intolerant of manipulation. At each sitting every attempt for many times was rendered but partially successful on account of prolonged attacks of sneezing, very often brought about by the introduction of the nasal speculum. All instrumental manipulation had to be done with the greatest delicacy and rapidity. As soon as an attack of sneezing supervened all work for that time had to be suspended. After repeated sittings the lower hypertrophy on the right side was engaged in the loop of a Jarvis's snare and removed. This gave considerable relief to respiration on that side. The left side offered prolonged resistance posteriorly to the introduction of the snare, because of the impaction of the hypertrophies in that orifice. After many fruitless endeavours a passage for the wire loop was made, and the middle hypertrophy was removed, then the one over the vomer, then the lower one. Fig. 4 shows two views of the hypertrophy after removal from the lower turbinated bone.

Fig. 4.



This made a marked change of the infiltrated vomer, which rapidly regained its normal shape and outline. As soon as the obstruction to the circulation had been relieved (by the removal of the hypertrophies), the hypertrophy on the superior bone decreased in size, and did not require any interference with the snare. After the removal of all these obstructions the breathing through the nose became free; mouth breathing was no longer required; the attacks of sneezing subsided, and asthmatic seizures were banished. His voice became resonant and normal. After the snare had done its work the galvano-cautery was employed to remove what general hypertrophic condition remained, to which the snare was not applicable. The amount of discharge gradually grew less during treatment, and finally became so little that a handkerchief was no longer a necessity. In cases of so marked degree as the above, I know of no method of treatment which would give such good results as were obtained in these cases by the use of Jarvis's snare and the galvano-cautery.

The successful management of cases of hypertrophy of the tissues over the vomer *posteriorly* has always been considered difficult, because of the situation; but in the galvano-cautery we have a remedy which renders the treatment easy and successful, and all other procedures appear cumbersome and inefficient in comparison. In a few sittings a marked hypertrophy of the vomer, and the train of unpleasant symptoms attached to this condition, can be made to disappear. In my experience no ill-effect has ever occurred. I have yet the first untoward complication to report.

To avoid secondary disturbances there are certain requisites, viz.:—1. A battery in perfect condition. 2. A very thin cautery knife. 3. Perfect adjustment to the part to be destroyed. 4. Contact of but a few seconds. 5. Thorough application of an antiseptic fluid to the parts cauterised.

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THE RECENT DECLINE IN THE DEATH-RATE, AND ITS EFFECT UPON THE DURATION OF LIFE. (a)

By NOEL A. HUMPHREYS.

The Registrar-General's mortality statistics prove beyond doubt that a marked decline has occurred in the national death-rate in recent years. There appears, however, to prevail a singular reluctance to accept this decline of mortality as evidence of the improved health and sanitary condition of the English people, or to recognise that it necessarily implies an increase of the mean duration of life in England.

The opponents of sanitation, prior to 1871, urged that the stationary death-rate was conclusive proof of the futility of sanitary labour and expenditure, refusing to recognise the fact that the death-rate was stationary in spite of the rapid increase of urban aggregation, as proof of the existence of a powerful counteracting influence. The late Dr. Letheby (although himself a health officer) and others went so far as to deny that a high death-rate was an unmixed evil. Dr. Letheby said that "an increase in the rate of mortality is often a sign of prosperity, for a high death-rate means a high birth-rate, and a high birth-rate is the invariable concomitant of prosperity." This theory was founded upon an entire misconception, but it was so satisfactory to the sanitary authorities of urban districts having both high birth and high death-rates that it was long before its fallacy was generally recognised.

(a) Read before the Statistical Society.

Now that an unquestionable decline in the death-rate has set in, considerable ingenuity is displayed in the attempt to question the advantage which results to the community from such a decline.

The question of the decline in the death-rate was discussed at some length in the Registrar-General's report for 1879, which was published in June, 1881, and attention was then called to two facts in connection with this decline; the marked decline in the death-rate in childhood, and coincidently therewith an increased death-rate among adults.

Attempts to explain these apparently contradictory facts seem to have suggested some of the false theories and unsound arguments which have been urged against the natural and true conclusions to be drawn from the decline in the death-rate. A leader-writer in the *Spectator*, in July, 1881, under the heading "Improvement of Human Health," asks, with reference to the decline in the death-rate, "What is the kind of life which is increasing, whether it is young life or mature life, or aged life, which is being enlarged? Are we young longer, or mature longer, or old longer?" These were and are reasonable inquiries, but the spirit in which the inquiry was made is shown by the context, "or, in fuller words, do we gain from all our costly and troublesome hygienic devices a longer period during which we retain the full energy of youth, or a longer duration of the period of wisdom——such as wisdom is—or a greater stretch of old age? Do we live longer, in fact, or are we only a little slower in dying?"

This article was followed by a remarkable letter from Dr. J. Mortimer-Granville, in which this line of thought was amplified with reference to a supposed analogy between the decline in the national death-rate and the increased duration of life in lunatic asylums under recently improved management. Dr. Granville urged that "the recent improvement effected by science consists in a prolongation of the passive endurance of life, rather than an extension of the power of true vitality or any increase of the opportunity for good work and for intellectual enjoyment." He deprecated therefore the excessive energy recently devoted to the conservation of health, and the inordinate and laborious means taken to avoid disease and death, and asserted that the pursuit of health and the yearning for longevity had become a craze, almost amounting to madness. No serious attempt was made in this letter to state the grounds on which Dr. Granville based his interpretation of the decline in the death-rate; it is, therefore, only important as a suggestion of the line of argument often adopted by those who disbelieve both in death-rates and in sanitation.

The main object of this paper is to determine, if possible, what will be the real effect of a continuance of the recent changes in the rate of mortality upon the duration of life in England. This should, to some extent, supply an answer to the inquiries suggested by the *Spectator*, and at the same time refute some of Dr. Granville's assertions. Before, however, addressing myself to the solution of this problem, it may be useful to refer briefly to one or two other efforts in the same direction.

A discussion on the subject was commenced in the *British Medical Journal* by three letters from Dr. Rabagliati, of Bradford, towards the close of 1881. Of the numerous other letters which have since been contributed to this discussion, none, however, call for special notice here except those of Mr. Biddle, of Kingston-upon-Thames. The results of the correspondence were mainly negative, although the letters both of Dr. Rabagliati and Mr. Biddle were full of technical interest, and displayed careful and laborious effort to solve the difficulty.

I propose to point out one or two of the flaws in the arguments of these two correspondents of the *British Medical Journal* before stating the results of my own investigations.

Finding that the death-rate is mainly reduced among children, Dr. Rabagliati assumed the impossible possibility of ten years each being added to the lives of ten millions of infants and children under five years of age who would otherwise have died, and asks, "At the end of ten years how much the better should we be?" This of course assumes the extinction of all these lives at the end of the ten years; but is this a fair assumption? Why did not Dr. Rabagliati investigate the effect of the survival of these millions of infants during the ten years, to be afterwards liable to the usual death-rates at subsequent ages? Then Dr. Rabagliati's attempt to use the mean age at death to support his assertion that the recent saving of life was confined to childhood, led him to completely false conclusions.

Mr. Biddle, in his elaborate paper, arrived, on the whole, at sounder conclusions than Dr. Rabagliati as regards the duration of life in England, for he says, "So far as the useful years of life are concerned, there is no doubt that a greater proportion of those who are born live through them;" and after a careful examination of the question propounded by Dr. Rabagliati, is of the opinion that "the state of things is not so bad as he has tried to make out."

We will now proceed to consider the extent and nature of the recent decline in the death-rate, and then to estimate its effect upon the lifetime of a hypothetical generation, or what may be called a Life Table population.

I.—*The Decline in the Death-Rate.*

It is scarcely necessary to say that very little is known of the variations in the annual death-rate in England prior to the establishment of civil registration in 1837. The Registrar-General's mortality statistics embrace the forty-five years 1838-82, and constitute the only trustworthy basis for calculations as to the duration of life in England.

Although the death-rate varied from year to year, it may be said to have remained practically stationary during the thirty-three years 1838-70. The extreme range during this period was from 24·7 and 25·1 in 1847 and 1849, to 20·5 in 1856. The high rates in 1847 and 1849 were due to epidemics of influenza and cholera. If we divide this series of years into what we may call census decades, we shall find a remarkable equality in the mean death-rates. The rate averaged 22·3 in the three years 1838-40, 22·4 in the ten years 1841-50, 22·2 in the ten years 1851-60, and 22·5 in the ten years 1861-70.

It has been previously stated that the absence of decline in the death-rate prior to 1871 was frequently urged as evidence of the futility of sanitary efforts, the counteracting influence of rapidly increasing urban aggregation being entirely ignored.

Early in the most recent decade, 1871-1880, the Public Health Act of 1872 became law. The passing of this Act, and the further Act of 1875, marked an eventful epoch in the history of sanitary progress in England, and it appears impossible to doubt that the operation of these Acts, themselves due to the awakening of national interest in health matters, has proved a powerful factor in the recent marked decline in the death-rate which we are now considering.

The mean death-rate in the five years 1871-75 fell to 22·0, and in the following five years, 1876-80, it further fell to 20·8. For the purposes of this paper our consideration will be mainly confined to the reduced death-rate in the five years 1876-80, but we may here note that this marked decline was more than maintained in the two following years, 1881 and 1882, when the unprecedentedly low rates 18·9 and 19·6, were respectively recorded. Thus the mean death-rate in the first two years of the current decade, 1881-90, was so low as 19·3 per 1,000, implying that more than 150,000 persons survived those two years, whose deaths would have been recorded had the mean rate of mortality that prevailed in the thirty years 1841-70 been maintained.

II.—*Relative Mortality of Males and Females.*

A word or two on the relative mortality of males and females is now desirable. In 1876-80, as in 1838-54, the rate of mortality among males exceeded that which prevailed among females at each of the twelve groups of ages except in the two quinquenniads between 10 and 20, when the rates among females exceeded those among males; but as the decline in female rates at these ages in 1876-80 was greater than among males, the actual excess of the female over the male rate did not exceed 1·7 per cent. at the 10—15 group, and was not more than 3·5 per cent. between 15 and 20.

At each of the other ten age periods the rate among males showed in 1876-80 a larger excess than in 1838-54; the excess at all ages being equal to 13·4 per cent. in 1876-88, against but 7·4 per cent. in 1838-54. If we examine the varying excess of male mortality at the ten age groups at which an excess prevailed in 1876-80, we find that it was equal to 18 per cent. under 5 years of age, was 8, 9, and 10 per cent. at 5—10, 20—25, and 25—35 respectively. The excess of male mortality at each of the three next decenniads was much larger, and equal to 20, 27, and 20 per cent. respectively. After 65 the relative excess of male mortality fell again, being 12 per cent. at 65—75, and 11 per cent. both at 75—85 and 85 and upwards. A most marked change occurred in the relative mortality of males and females aged 25—45 between the two periods under notice. At 25—35 male mortality in 1838-54 was 5 per cent. below, whereas in 1876-80 it was ten per cent. above that prevailing among females; at 35—45 the excess of male mortality was only 0·5 per cent. in 1838-54, whereas it had risen to 20 per cent. in 1876-80. These changes in the relative mortality of males and females are due more to the increased vitality of females than to the increased mortality of males.

III.—*Mean Duration of Life, and Mean After-Lifetime (Expectation of Life) at Various Ages.*

Let us now see to what extent and in what manner the duration of life, and the expectation of life at various ages would be altered by a continuance of the reduced rates of mortality that prevailed in England during the five years 1876-80.

Dr. Farr's Life Table made the mean duration of life or mean after-lifetime of males at birth 39·91 years, whereas the new Table raises it to 41·92 years, an increase of rather more than two years, equal to the addition of 5 per cent. to the mean duration of the lifetime of males. The mean after-lifetime of females, which according to Dr. Farr's Life Table was 41·85 years, is extended by the new Table to 45·25, representing the addition of no less than 3·40 years, or more than 8 per cent., to the average lifetime of all females born.

The mean lifetime of a generation of persons (the sex proportion being fixed by that of births of live-born children) was determined to be 40·86 years by Dr. Farr's Life Table, whereas the new Life Table raises it to 43·56 years, showing an increase of 2·70 years, equal to nearly 7 per cent. Thus the reduced death-rate, if the reduction be maintained, signifies the average addition of a fifteenth to the lifetime of every infant born.

In a population like that of England, however, the recorded death-rate at all ages (owing to the abnormal age constitution of the population due to the excess of the birth-rate over the death-rate) is considerably below its true death-rate after correction for abnormal age constitution.

But to return to the consideration of the expectation of life in England at different ages, as affected by the recent decline in the death-rate. We have seen that at birth the expectation of males is greater now by rather more than two years than it was in 1838-54. This increased expectation decreases steadily at each age with the decrease of the proportional decline in the death-rate. At the groups of ages 35—75, indeed, in which the death-rate of males was higher in 1876-80 than in 1838-54, the expectation of life is actually lower than it was, thus corroborating the letter though not the spirit of Dr. Rabagliati's statement that "the expectation is less now for useful ages than it was."

The increased expectation of life of males at 20 falls to 0·38 of a year, and at the four next decennial age periods the decrease of life expectation ranges from 0·07 to 0·52 of a year; after 75 years a slightly increased expectation again prevails.

The increased expectation of life of females at birth is, as we have seen, 3·40 years. This declines steadily at each successive age period to 0·15 of a year at 45, and at age 55 the expectation, owing to the increased death-rate, shows a decline of 0·06 of a year. The expectation of female life at 65 years and upwards again shows an increase, due to the decline in the death-rate at these ages.

So far our examination of the new Life Table teaches us that the true import of the reduced death-rates of 1876 80 is an increased expectation of life at birth of two years among males, and nearly three and a half years among females.

IV.—*Dependent and Useful Lifetime.*

The reason why the national gain arising from the recent general decline in the death-rate has been undervalued is, that whereas the increased death-rate of males aged 35—75, and of females aged 55—75, are simple facts, and therefore easily comprehended, the other fact that a larger proportion of those born survive to the useful ages is not so easily measured and appreciated. Let us therefore now, with the help of the figures in Table VII, consider the increase in the numbers of survivors at different ages, due to the recent decline in the death-rate. Of each 1,000 males born, forty-four more attain the age of 35 according to the Life Table of 1876-80 than by the previous Table of 1838-54.

Notwithstanding the slight increase of mortality among males aged 35 and upwards, a large proportion of these additional forty-four survivors live on to the higher ages. Of the 1,000 born the additional number of survivors is thirty-five at age 45, twenty-six at age 55, nine at 65, three at 75, and one at 85. This clearly proves that the gain to human life is not confined to childhood and youth. Although males over 35 years die at a somewhat higher rate than formerly, the marked decline in the death-rates up to that age causes such an addition to the number of survivors above that age, as materially to increase the number of years lived at all the subsequent ages.

This increase in the number of survivors to adult and middle ages is of course much larger among females than among males, owing to the much greater decline in the death-rate of females. Thus of 1,000 females born, sixty-one more attain the age of 45 by the Life Table of 1856-80 than by that of 1838-54. The additional survivors among females, by the more recent Life Table, are fifty-seven at age 55, forty at 65, twenty at 75, and six at 85. These figures show in a conclusive manner that much larger proportions both of males and females now survive to and live through the useful adult ages than survived thirty years ago.

When we consider that nearly 900,000 births occur annually in England and Wales, and that the effect of this reduction in the death-rate signifies the addition of 900 times 2,699 years of life to the lifetime of the English people each year; and further, that 66 per cent. of these years of added life are lived at the useful age period 20—60, it becomes possible to realise how vast will be the national effect of this reduction in the death-rate.

It would be impossible within the limits of this paper to attempt to discuss the causes that have most largely contributed to the changes that have recently taken place in the English death-rate, namely, the marked decline in childhood and youth, and the small increase in middle life. Dr. Rabagliati attributes the former mainly to the decreased fatality of zymotic disease, and the latter to the increase of anxiety and worry arising from intensified competition and struggle for existence. There is probably much truth in these assertions, but further investigation will probably show that decrease of zymotic fatality will account for only a portion of the marked decline in the English death-rate of males between 5 and 35, and of females between 5 and 45 years of age. We cannot implicitly accept Dr. Rabagliati's assertion that if zymotic diseases be excluded, human life can be shown to have actually shortened in recent years. Assuming, however, (what is probably to a great extent true), that the lowered death-rate and increased duration of life that we have been discussing, are in great measure due to the reduced fatality of zymotic diseases, these changes are none the less a national gain. Moreover, we doubt if Dr. Rabagliati has taken sufficiently into account the fact that if children be spared from the ravages of these preventible diseases of youth, one of the natural results of their survival is to render them liable in after years to the diseases incidental to adult life. This subject is, however, quite beyond the scope of the present paper.

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THE PHILOSOPHY OF VOICE.

By CHARLES LUNN.

Ten years have passed since I had the honour of making in the *Medical Press and Circular* (*a*) the first attempt to weld into a science the conflicting thoughts and opposing statements that then on voice-production obtained. And I propounded the hypothesis that voice training—that is, voice re-setting and voice development —is the work of a surgeon, not of a musician, the education of the former being more adapted to it while the developed sensibility of the latter is a direct impediment to it. The surgeon has only to have a rightly-trained voice to be able to demonstrate both true and false production, while his intellectual culture would enable him to join precept to example. With the view of gaining a number of helpers whose precepts science endorses, and whose personal art demonstration in after time would meet with natural acceptance by all persons possessing musical ears and cultured minds, those papers were then written. That good and evil have each come therefrom is clear, so now a brief retrospect is needed to show the loss and gain.

At the time of my writing no one had attempted to give a reason why the human voice in the adult requires training, the accepted view being that Nature made man defective and false. I went to show that, just as bad type will produce a physical injury to the eye, so spoken words will produce a physical distortion in the organs of voice. And this struck a new field of philological research, and accounted for the accidental repute and conflicting statements of many teachers, who, having trained musically pupils with true voices retained, obtained credit thereby as competent to restore to others their disturbed nature. Secondly, as the voice organs in man and woman are similar in form, and, as musicians allege, they are not identical in register, this conflict between physiologists and musicians I explained away by tracing the acoustical difference to difference in thoracic form and modes of breathing; and these physical differences, I ventured to suggest, were made by Nature for obstetric reasons.

History tells us the old Italian school of Porpora and the elder Garcia obtained uniformly nearer three than two octaves of notes, two octaves being the minimum admissible compass. The silent evidence supplied by the writings of dead composers proves they had then voices of such compass (see Boosey's "Opera Albums"), and experiments with the detached larynx corroborate this compass. This old school, secure in its results, was content with its facts, but its representatives gradually became fewer before the inroads of pianists who vicariously undertook the art of voice training in conjunction with their own. It is to Emanuel Garcia we are indebted for the salvation of such of its truths as we have (circa, 1840), and in him we get the point of departure when he gave up distortion and strain of voice under laryngoscopic observation in order to retain quality of tone. The laryngoscopic proposition before E. Garcia was this—he had either to annoy his ear by harsh sounds to gratify his eye, or to be content with such restricted vision as Nature inviolate accorded him, knowing that any "unnatural drawing back of the epiglottis" (Seiler, p. 40) must disturb conditions for true vocal emission and falsify voice, and that disgrams from such disturbed conditions represent the voice organs producing noise, not artistic sound. The proposition, or rather challenge, to which I am about to lead up, is this—Can we, by welding together known parts of physiology, natural physics, acoustics, and philology, found a school of training?

Here is the history of divergence: From Garcia's discovery of the laryngoscope two classes of observers sprang —one class trusting to ocular demonstration at any physical effort, the other class, believing voice a thing to be heard and not seen, trusting to auricular concurrence and logic. Of these observers, about some twenty years ago, there were two specially prominent—one in Germany, one in Scotland—each honestly working faithfully to obtain information about voice in action. One, Madame Seiler, took the laryngoscope and attached larynx strained; the other, Dr. Wyllie, took the excised larynx, and attempted to follow the mechanical laws therein. But the judgment of a trained artist had not at that time come. Now, Dr. Wyllie supplied a "cross proof," to use Prof. Huxley's words of my earliest text, of the old school of voice-production; Madame Seiler a condemnation of it. Dr. Wyllie proved there is a check action in the larynx, and so he accounted for the ease, the compass, and the endurance of the old singers and of our modern best; and Dr. Gordon Holmes lately discovered that the great old physiologist Galen held the same truths on voice, so that, as the experiments of Majendie and Müller went to corroborate Galen's suggestion there are two kinds of nerve, so now our experiments and our observations on trained singers go to sustain Galen's statement that the glottis is a double valve. By kind permission, I reproduce Dr. Gordon Holmes's translation, with his brief introduction.

"The views of Galen on this point (ventricular influence) illustrate well the remarkable scientific acumen of that indefatigable observer, and are interesting on account of having been recently revived by Wyllie quite independently from experimental considerations. And that an important function of the ventricles of the larynx has been indicated by both authors cannot, I think, be doubted by any one who has paid full attention to the question." And here, quoting Galen, "But this body (*b*) of the glottis is not only necessary to the organ of voice, but also to what is called holding the breath . . . to which action the nature of the aforesaid glottis contributes not a little, for to effect the said purpose the parts of it of the right and of the left approach, so as to fall together accurately, and close the passage. But should a small portion be left enclosed, not even this, as being unforeseen, has been disregarded by Nature, who has worked an opening on each side of the glottis, and placed in continuity with the aperture a cavity within by no means small. When, therefore, the air, making use of a wide channel, goes into the animal, and passes out again, none of it is turned aside into the cavity. When, however, the passage out is blocked, the air, being confined in a narrow space, is diverted forcibly towards the sides, and opens the mouth of the aperture of the glottis, which

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(*a*) Much of what I have written and am about to say, if solely addressed to the members of the profession, will appear redundant, if not impertinent; but the subject upon which I venture to treat is of such great importance, and so much wealth is risked thereon, that I have dared to address, through them, a wider constituency. I trust, therefore, that what may appear superfluous to the special class to whom I immediately appeal may be forgiven me for the greater number whose welfare is involved.

(*b*) Galen considers the "body" which he calls glottis to consist of the vocal and ventricular bands of both sides, with the ventricles between them.

hitherto has been closed by the folding together of the lips. The cavities in the glottis of the larynx being thus filled with wind, it is, of course, necessary that the swelling so produced should bulge towards the passage of the breath, and shut it with exactitude, even if a small part had previously been left open" (Oribasius I, xxiv., c. 9.).

And here, Wyllie: "The physiology of these ventricles, and of the superior ligaments of the larynx is thus, after all, so beautifully simple as to render it very surprising that their action was not long since recognised."

We may now go a step further. This physical description by Galen is the only one that fits a vocalist's experience, and under such experience the sound-producing parts cannot be entirely seen. On the other hand, if Madame Seiter and her representatives who are now putting out photographs of the vocal organs "in the act of singing" be true, then the pictorially reproduced voice must be acceptable to an ear as a beautiful sound! Of course, such photographs may be interesting to some —they are not to artists—but only by comparing them side by side with the voice producing them, which must of itself be beautiful, can they be of service to the public. Under laryngoscopic observation it is impossible for me to produce a note of any musical value; nor is such sound as that produced capable of accurate response to will. The testimony of known artists will, of course, be of far greater value than my own unsupported word, so, before proceeding to strengthen my past arguments by additional proof, the following extracts from letters with which I have been favoured should be read:—

Mr. Maas writes: "My experience is that, when required to sound my voice with the laryngoscope inserted at the back of my mouth, it is utterly impossible for me to make a vocal sound; the only utterance I can make is a noise like the baa of sheep, or rather like one would imagine the sound would be in strangulation."

Mr. Santley writes: "Some few years ago I did try to produce a note while my medical man was examining my throat with a laryngoscope. I could not produce much sound, and what there was I should say was decidedly unmusical."

Mr. Sims Reeves is even more emphatic, and lays his finger on a deep metaphysical point which our cruder materialistic photographers seem incapable of appreciating. He writes:—"My advice is, let the laryngoscope alone. Students who wish to learn to sing had better apply themselves to the Art. It is my opinion that a singer should avoid looking down his own throat, too intimate a knowledge of the mechanism of the same would render him nervous and timid." Compare this with what I wrote in the *Medical Press*, 1873:—"It is better to illustrate by abstraction, as physiological sketches are, to the living subject, useless for teaching purposes, and indeed confusing rather than aiding."

Madame Nilsson has also referred to this metaphysical side: "At the least unexpected event, especially if it be anything of the nature of a disappointment, she may become hoarse, and her vocal organs refuse to respond. It has been found absolutely impossible to train the voice sufficiently to enable it to overcome such causes of depression."

It may be advanced, as against this evidence of artists, that although the voice under laryngoscopic strain sounds "harsh," that this is owing to second causes, the instrument blocking the caverns that multiply created sound; and that, therefore, there is no reason to suppose but that the organs act the same under modest neglect as obtrusive observation. This hypothesis is disproved by the fact that trained singers can produce the same unmusical note at will when the laryngoscope is withdrawn.

The question before physiologists is—"What are the physical differences in the organism when producing musical and unmusical sounds?" Or, to put it another way—"What are the physical differences between a wrong note seen and a right note unseen?"

(*To be continued.*)

Clinical Records.

ROYAL ALBERT EDWARD INFIRMARY, WIGAN.

Under the care of Mr. WILLIAM BERRY.

Case I.—*Deformity of Femur after Fracture—Forcible Straightening.*

J. B., æt. 26, admitted November 25, 1882. Six months previous to admission the patient had received a fracture of the left thigh bone at the junction of lower with the middle third. This had been treated with a long splint for two months, and the patient returned to work with a comparatively straight limb four months after the accident. He says that it gradually bent, and got weaker. On examination a large amount of callus was found around the seat of fracture; there was two and a-half inches of shortening, and the bone seemed firmly united at an obtuse angle. On the 14th December, 1882, osteotomy was proposed, and the patient was placed under chloroform. Before operating, however, it was considered advisable to try the effect of forcible pressure. After applying a great amount of pressure, it was found to have straightened somewhat. A long splint was then applied, and a piece of gutta-percha moulded over the seat of fracture was firmly bound on. This treatment caused absorption of some of the callus, and resulted in the straightening of the limb after an application of four weeks. The patient was discharged on January 17, 1883, with the limb considerably straighter and a trifling amount of shortening. Three months afterwards he was seen, and the union was found to be quite firm, the leg straight, and the man walking with very little lameness, and shortly after this recommenced his ordinary work.

Case II.—*Sarcoma of Superior Maxilla (Left)—Removal—Recovery.*

Betty H., æt. 68, admitted February 17, 1883.

Family History.—Mother's brother and patient's sister died from cancer of breast and lip respectively.

History of Case.—Patient has always enjoyed good health until seven months ago, when she noticed a small lump over left lateral cartilage of the nose. During the last three months the lump increased rapidly in size, but without pain. About a month ago a little discharge of bloody serum escaped from nostril. On puncturing the tumour, which now had become painful, and was blocking up the eye, nothing, except a little blood, escaped. On further examination, the left nostril was found to be filled with the tumour, the growth extending two inches to left of median line of nose, one and a-half inches from free edge of alveolar process of jaw to half-an-inch from inner canthus of left eye.

On February 22nd the tumour was removed by the ordinary incisions and by dissecting back the flaps, then by dividing with bone forceps the nasal, alveolar, and palate processes of maxillary bone, the tumour was then easily removed with the bone.

The wound in the face healed rapidly, and the patient was discharged on March 18th cured.

Case III. — *Ovarian Tumour (Multilocular) — Removal — Recovery.*

E. H., æt. 57, married, and mother of a large family, admitted April 23, 1883.

History.—About twelve months ago she noticed an enlargement of the abdomen, chiefly on the left side. This was occasionally painful, and gradually enlarged, until it assumed its present proportions. She now finds it burdensome to move about, and has to lie on her back in bed for comfort. She measures forty-seven inches over the umbilicus; the skin is stretched, and white spaces are well marked. Notwithstanding the fact that her appetite has been poor for some time, and although everything she has latterly taken has been rejected, she has not lost much flesh. At intervals of three, and sometimes of six weeks, a discharge (sometimes lasting for a week) resembling menstrual fluid takes place. The bowels are rather constipated. On examination per vaginam, the uterus was found somewhat drawn up, the os patulous, but the cavity admits a sound to its normal length.

On the 10th of May the patient was placed in a special ward. Chloroform was administered. The bowels and bladder having been previously emptied, an incision about six inches long was made, and the parietes were found thickened with adipose tissue. Before opening the peritoneum, it was sepa rated from the sheath of the rectus to a slight extent by mistake. After opening the peritoneum, the tumour being exposed, a few adhesions were broken down, and a Spencer Wells' trocar introduced, but the contents of the sac being gelatinous did not escape. The other cysts were then emptied by a long trocar and canula, by which means about six quarts of dark grumous fluid were removed. The tumour was then drawn out through the abdominal wound, and the pedicle found to be very short, and closely attached to left side of uterus. This was secured with silk whipcord and divided; the pelvis was sponged free of all fluid, and pedicle dropped into the cavity. Before closing up the wound, it was found that the pedicle allowed some oozing; it was therefore taken up, and ligatured in three portions very firmly. After all oozing had ceased, the edges of the wound were brought together by deep wire sutures about one inch apart, including the peritoneum in them. One of Keith's drainage tubes was placed to the bottom of the pelvis at the lower angle of the wound. An absorbent pad of cotton wool and a flannel binder were then applied. A morphia suppository was given, and the patient placed back to bed, with hot tins to feet, and well covered with a blanket.

One teaspoonful of brandy with soda water was given every two hours.

Evening.—Pulse 120, temp. 100·2.

May 11th.—Pulse 108, temp. 99·2, in morning. Patient passed a good night. Evening: pulse 108, temp. 100·2. Patient a little sick; a suppository of morphia ordered night and morning, and for food a little chicken broth.

12th.—Passed a pretty good night. Temp. 99. A good deal of discharge in the pad, and about an ounce removed by syringe through the drainage tube. Evening: temp. 100·2, pulse 130.

14th.—Dressed yesterday and also to-day. A good deal of discharge in pads. Wound looks very well.

17th.—Still improving. Takes food (chicken broth), with soda water and brandy. Brandy now reduced to six ounces daily. Evening temp. since May 14th, 99, and pulse 100. Drainage tube removed on 16th.

19th.—Wound almost healed, except where drainage tube was inserted. All sutures removed. A good deal of discharge from this opening; looks as if the wound itself discharged freely. Morning temp. 98, pulse 94; evening temp. 99·2, pulse 104. Takes two or three glasses of koumiss in the day, and plenty of chicken broth. Bowels not moved, but sleeps well.

21st.—Feels uncomfortable for want of bowels being moved; inclined to be sick. Morning temp. 97·6, pulse 96.; evening temp. 99, pulse 104. Ordered to have a little codfish; to have three grains of calomel night and morning till the bowels are properly moved. Patient passed a little motion with pain last night. Ordered suppositories of belladonna instead of morphia.

22nd.—An injection of warm water was given, but very little fæces came away. Wound discharging as usual. Patient feels sick.

23rd.—Passed two motions in the night (liquid). Calomel stopped. Patient had some codfish, and feels more inclined for food. Takes egg and milk daily. Morning temp. 97·8, pulse 95; evening temp. 98·4, pulse 97. Wound still dressed every day with dry pads and a flannel bandage.

25th.—Had a lamb chop. Keeps well. Ordered a quinine mixture.

Patient now progressed uninterruptedly, and was discharged on May 14, 1883, cured. The wound where the drainage tube had been was not quited healed.

Remarks by Mr. Berry.—In Case I. we had a very favourable result by forcible pressure and extension, and by pressure over callus with a splint firmly applied. In cases like these I should strongly advise this before performing osteotomy.

In Case II. it would have appeared scarcely worth while undergoing the risk of an operation considering the age of the patient, but the comfort and improved appearance, however, amply justify what was done.

In Case III. we have a proof of what the peritoneum can stand. No doubt the separation, which was unfortunate, prevented earlier closing of the wound. A good result was obtained by careful nursing; attention to the bladder every three or four hours by the catheter for the first few days, perfect rest being insisted on. Keith's drainage tube was very useful, and I think to this free drainage much of the good result was due. Koumiss was much liked by the patient.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

Diabetes.—At the meeting of the Academie de Médécine a member read a report on the treatment of diabetes by bromide of potassium. According to this communication, bromide of potassium would form a good adjuvant in certain cases, but as it had a very depressive effect on the system it should only be used concurrently with other remedies which would raise the tone of the constitution. M. Bouchardat agreed with the author of the report. He believed that the salt in question was useful in certain cases, but should be used with prudence. He thought that preference should be given to *régime* and gymnastic exercises. M. Lanier said that in the cases of children and the aged, bromide of potassium should not be used. M. Hardy could not adopt the views of his colleague; he obtained very good results from the bromide in diabetes. He gave it in the dose of a drachm daily, and instead of the strength of the patient diminishing under its influence, it increased. The opinion of your correspondent, who has had the opportunity of using it in this malady is that it certainly is of great use, as it effectually calms the great agitation of the patient, especially at night, when the great thirst prevents sleep.

Colotomy is an operation very rare in France, as the French surgeons have considered it a dangerous and useless operation. M. Pollaillon brought a case under the notice of the Academy. The subject was 21 years of age, who had a hernia on the left side since infancy. Two years ago the hernia became irreducible, and a neuralgia of the testicle of the same side, which was attributed to the weight of the tumour. No bandage could be borne under these circumstances. M. Pollaillon attempted the radical cure with an entire success. M. Guérin criticised the operation of M. Pollaillon, which, according to him, was not equal to his own, which he practised over forty years ago, and which consisted in practising a series of subcutaneous wounds, the exudation resulting formed a cicatricial tissue which completely obstructed the canal, and thus effected the radical cure of hernia.

Typhoid Fever and Ether.—A provincial doctor has published five cases of typhoid fever treated by subcutaneous injections of ether, which he considers as the best mode of administering stimulants in the adynamic forms of the disease. Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia, these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

Copper Plates as a Prophylactic against Cholera.—M. Burcq, the great metallotherapist, recommends the application of copper plates as a prophylactic against cholera. His experiments were founded on the innocuity observed from that disease amongst the workmen of the great copper works of Toulon during the epidemic of 1865. Of 300 workmen who continued to work but one fell a victim to the disease, and this man had left off a few days previously. M. Burcq, who relates his personal observations of that period, recognising the effects of the metal upon the malady determined to put the matter to the test, and for that purpose went deliberately into the most infected quarters armed with over 50 discs of copper which, applied closely to the skin, resembled a coat of mail. Besides these plates he took the sulphate of copper internally, by the mouth and by enema. The action of the cupric salt was to produce an obstinate constipation, which, however ceased immediately on the suppression of the treatment. The conclusions of the report of M. Burcq are as follows :—All sheds destined to receive cholera patients should be saturated with a solution of sulphate of copper. The bed, covering clothes, &c., should be dyed with a solution of the salt. Disinfection of all dejections with a five per cent. solution. As to individual preservation, he recommends a belt of copper plate to be worn around the body, and garters of the same metal on the legs. Further, a flannel shirt dyed in a strong solution of copper should cover the chest and abdomen, and from one to six of the following pills should be taken daily :—Bioxide of copper, 18 grains ; extract of liquorice, 3 drachms ; divide into 100 pills. The author is confident of the success of this treatment.

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PERSONAL EXPERIENCES OF THE CHOLERA EPIDEMIC IN EGYPT.

The following narrative by Mr. F. Ernest Taylor, M.R.C.S., who was one of the medical staff sent out to Egypt by Her Majesty's Government, will be read with nterest.

Mr. Taylor arrived at Alexandria on August 2nd, and proceeded at once to Cairo, which city he reached on the following day. Cairo was in a state of panic. After an interview with Salim Pasha, President of the Conseil de Santé, and Baker Pasha, he and his fellow surgeons got their orders to start for their different destinations. On the 6th Mr. Taylor, with Dr. McNally, started for Zagazig, accompanied by their dragoman. On reaching Zagazig they started on a tour of inspection, but found the "house" which the Mudir had provided for them a most unsavoury place of residence, it being situated in the middle of mud huts, and little better than its environs. They naturally refused to take up their quarters here, and returned to the station, where they fortunately secured two empty rooms. But even here their experiences were the reverse of favourable, bats, mosquitoes, and sandflies combining to render sleep out of the question. Early on the morning of the 8th they went out to see the cholera cases, and one of the first pieces of information they received was that the native doctors had run away at the commencement of the epidemic. They found five cholera tents pitched outside the town. The wretched patients, who were for the most part prisoners in chains, had not been seen by doctors for two days, and had had no medicine. The heat underneath the tents was horrible. Mr. Taylor observed that most of the cholera cases in Egypt were in the huts, the poor people having a great dislike to the hospital. They next proceeded to the General Hospital, and found ten or a dozen men suffering from various diseases, but no cholera, and the condition of the institution was such that English doctors could well understand why the people had a horror of it. The sight which met their gaze beggared description. The filth and dirt were disgusting, and the stench suffocating. They found a woman in the deadhouse cooking the breakfast a yard from an open *latrine*, and this latter experience they found to be the rule rather than the exception throughout Egypt in the poorer houses. After breakfast they started for the cemetery, which they found very crowded, learning on good authority that the official reports as to the mortality were incorrect, the number of deaths greatly exceeding the numbers stated. They found that the bodies were not buried (except in those cases where the deceased were rich) more than one foot in depth, and as a consequence the jackals dig them up in the night time. The stench here, again, was horrible, and in the middle of the cemetery a man was observed drawing water for drinking purposes. Mr. Taylor goes on to say : "I believe there is some religious feeling prevailing that water here (in the cemeterg) is holy ! No wonder cholera is spreading. Religion is the greatest obstacle we have to contend with, especially amongst the poorer and less educated classes. Their belief is one of pure fatality. 'You cannot fight against God' is their cry, and some regard it as perfectly impious to administer medicine. One man told me 'if God meant him to die he would die, and if he were to live he would live,' and so he refused medicine." The chief doctor in this neighbourhood was an Arab, and a man of European education, but as he did nothing to assist the English surgeons he was discharged forthwith. It was found that scientific medicine was impossible, and so the Englishmen became more "scavengers" than doctors, but notwithstanding their limited opportunities they became very successful in their treatment, hypodermic injections of morphia being especially beneficial in allaying the pain of the cramps. By the 12th of August they got the town in a little better order, thanks to the powers with which they had been invested by the authorities. The hospital was whitewashed, and its floors, which were mud, boarded, whilst fresh windows were put in, and some huts adjacent were burnt down. The streets were, moreover, well cleaned, swept, and watered ; whilst a great number of buffalo carcasses, which had been allowed to accumulate because the people wished to avoid a tax which is levied upon every head of cattle that is interred, were liberated from the stream, and sent, as the doctors hoped, out to sea. In this good work much valuable assistance was lent by Col. Oliver, chief of the gendarmerie. It had by this time been discovered that typhoid fever was rampant, and this was scarcely to be wondered at, seeing the recklessness with which the people poisoned the water.

At Sirwias it was found that the main drain opening into the canal, the water in which, though at this time of the year as thick as pea-soup, was drunk indiscriminately by all classes, and in great quantities, without being filtered or boiled. Mr. Taylor expresses the opinion that the water in some of the small villages, especially in Upper Egypt, where the streams are smaller and less rapid, must be pregnant with typhoid germs. On the 14th cholera was found fast declining at Zagazig, and Mr. Taylor was summoned to Cairo by Salim Pasha, and ordered by him to proceed to Fayoum, in Upper Egypt. The latter place he reached on the 17th, whither he was accompanied by Fadir Bey, a professional gentleman of whom Mr. Taylor says, "that he knows no English, very little French, and still less of medicine." At Fayoum, he found himself the only European out of a population of 35,000. Here, the native doctors did not present a higher standard of proficiency than in other places. Their ignorance, except in a few cases, was extreme. They are, it appears, very badly paid if holding a Government appointment, and consequently do nothing without "backsheesh," a state of things which necessarily falls hard upon the poor people. Mr. Taylor divided the Fayoum district into four parts, and having supplied each of the native doctors under his charge with medicine he sent them off. On the 19th he went to Linoris, a distance of twelve miles, his *modus operandi* during the journey being as follows :—He carried medicines with him, which he gave to such "cases" as he saw, and left medicine with them. Then, through his dragoman, he read them a short sermon on the best plans to follow in the matter of sanitation. A day or two later he visited a place called Agameen, about nine miles from Fayoum, where he found the people very dirty in their habits—so dirty, indeed, that he abruptly told the Sheik that if the village were not cleaner when he came again he would have him punished.

Mr. Taylor continues:—"It is not my province to dwell upon the internal administration of Egypt, but I can only say that knowledge procured by living at Cairo is quite as trustworthy as that got by residing in London. The people don't know who to look up to as their rulers, and the whole affair seems to be a perfect farce from beginning to end, the people looking with distrust at the 'puppet,' which is made to move with an invisible hand behind it. The Arab people (by people I mean the poor) are very harmless, and are mere children in their ways. They can be more easily led by a kind word than a kick, and seem to understand a pat on the back more than a blow. If you hit one, he is, of course, terribly frightened; whether or no this is due to a reminiscence of late date I am unable to say. Up to the present our work has been very arduous, and I am afraid what good we have done has been but the proverbial 'drop in the bucket.' The drawback to treatment here is having to go from mud-hut to mud-hut. You go into a room reeking with filth, and there you find man, woman, or child as a rule, in the collapse state of cholera. They never think of sending for a doctor before you raise them from their filth and dejection, and administer medicine. You are attending, perhaps, to thirty such cases, and it is impossible to stay with one. The consequence is if you leave medicine to be taken it is never given. It must be distinctly understood that Arabs never take medicine, and the poorer people think European doctors wish to poison their patients. In fact, a doctor is not thought much of in Egypt. There is no doubt of one thing. It is very satisfactory to say that Egypt has never been so clean as it is at the present moment, and although we have saved comparatively few deaths, the numbers being so great, I thoroughly believe the English contingent, including the army officers, have been instrumental in preventing the further spread of the disease."

INTERNATIONAL MEDICAL CONGRESS AT AMSTERDAM.

The International Medical Congress opened its proceedings at Amsterdam, on Wednesday last. The attendance was very large, delegates having arrived from almost every civilised country on the globe, and amongst the representatives of England were Sir Joseph Fayrer, and Drs. Dyce Duckworth, Barclay, and Scriven, of London; Professors Lewis and De Chaumont, of Netley; Dr. Ewart, of Brighton; Dr. Catts, of Victoria; Dr. Sydney Jones, of New South Wales; and Professor Norman Chevers, of Calcutta. The Congress was opened by Professor Stockvis, of Amsterdam University, and the Burgomaster of Amsterdam, who welcomed the members to the Dutch capital. The inaugural address was delivered by Professor Stockvis, after which the Congress proceeded to its more special work under different sections, and at night the Burgomaster entertained the members at a brilliant reception at the Town Hall.

On Thursday, the question of Quarantine was under discussion, when Professor Vandencorput, of Brussels, suggested that there should be an International organisation for the systematic record of observations upon epidemic outbreaks and an International Association for concerting measures which would render quarantine unnecessary. Sir Joseph Fayrer and Dr. Ewart both spoke on the treatment of diseases introduced from tropical climes in countries of the temperate zone; while Dr. Scriven reported the result of the latest experiments in the injection of quinine as a remedy for malarial fever.

The propriety of holding annually an International Medical Congress to deal with hygienic questions specially affecting countries and colonies in the tropical portions of the globe was also mooted. Sir Joseph Fayrer, whose long experience in British India enabled him to speak with the highest authority, declared that, in his opinion, the colonisation of the plains of tropical countries by Europeans would never succeed. After three generations European families always died out. Even in the hilly districts of the tropics it was doubtful whether pure European blood could permanently perpetuate itself. Dr. Lewis stated that the children of English soldiers in India who were brought up in the hills from five thousand to seven thousand feet above the sea level were always more or less unhealthy and weak in constitution, though if they were sent to Europe in time they might generally lay the foundations of robust health.

The business of the sections was concluded on Friday, after which, at a general meeting, the question of the foundation of a special school for the training of physicians for the Colonies in tropical countries was discussed. The proposal of Professor Vandencorput for the establishment of an International Association to deal with the problem of epidemics was referred to the Special Committee for further inquiry, with instruction to report the result to the next Congress, which will be held in the Hague twelve months hence. The principal members of this Commission are Professors Vandencorput, De Chaumont, Lewis, Leroy, De Méricourt, and Da Selva Amado.

The proceedings of the Congress finally concluded on Saturday by a trip *en masse* to the charming seaside resort of Scheveningen, and a banquet in the great hall of the Cursaal there.

The Queen has, it is notified in last week's official *Gazette*, been pleased to grant unto Surgeon-Major Francis Bramley Baker, Grenadier Guards, late Senior Medical Officer of the Brigade of Guards in Egypt, Her Majesty's Royal license and permission that he may accept and wear the Insignia of the Third class of the Order of the Medjidieh, which the Khedive of Egypt has been pleased to confer upon him in recognition of his services during the recent operations in that country.

We understand that the Home Secretary has remitted three years of the sentence of five years' penal servitude passed upon Dr. Story, at the Bedfordshire Winter Assizes of 1881, for setting fire to his house at Linslade, with intent, as alleged, to defraud the West of England Fire Assurance Company. At the trial, evidence was called to prove that the prisoner, who was sixty-eight years of age, had suffered from sunstroke, and was subject to fits of temporary insanity. Dr. Story will be released next month.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 20, Bombay 38, Madras 30, Paris 24, Geneva 17, Brussels 22, Amsterdam 23, Rotterdam 23, The Hague 17, Copenhagen 23, Stockholm 21, Christiania 18, St. Petersburg 28, Berlin 28, Hamburg (State) 20, Dresden 25, Breslau 35, Munich 38, Vienna 22, Prague 31, Buda-Pesth 29, Trieste 26, Rome 24, Turin 28, Venice 24, Lisbon 33, New York 32, Brooklyn 29, Philadelphia 24, Baltimore 22.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 12, 1883.

IRISH PRISON SURGEONS AND THEIR GRIEVANCES.

THE Royal Commission to inquire into the management of Irish prisons is about to recommence its sittings, and will shortly, we believe, examine some of the medical officers. The investigation would be incomplete without a searching inquiry into the grievances of these officers, and the defects alleged to exist in the provisions for the care of sick prisoners. We trust, therefore, that as large a number as possible may be called, and the selection made representative, so that the well-grounded complaints of these officers, which have appeared in our columns from time to time, may be thoroughly sifted. That they should be is manifestly for the benefit of the public service. No department can work smoothly or well, in which the officers feel that they are suffering from injustice, and treated with harshness. This appears to be the case with regard to prison surgeons, and we have frequently been obliged to expose and comment, on what appears to us, the unwarrantable manner in which the Prisons' Board and Executive have treated them.

The duties of prison surgeons are defined in I. George iv. cap. 74, sec. 72, and 40 and 41 Vic. cap. 49, sec. 53. To the duties thus imposed others have been added by the Prisons' Board; and one of the complaints of the prison surgeons is, that although their pay was always inadequate, a very heavy addition has been made to their work, and no remuneration given therefor. That with duties analogous to, and quite as arduous and extensive, as that performed by the surgeons of English prisons, their pay is less. That either as the result of legislation for temporary emergencies, or to meet exigencies of the Prison Service, excessive demands are made on their time, and increased responsibilities imposed, and yet although their entire time is not given to the Government Service, remuneration for the extra duty is always refused. Thus for the heavy work connected with the care of the "suspects" the Government declined to consider their claims; and medical officers of local prisons are put in charge of convicts without any additional pay.

The duties imposed by the Acts of Parliament are not only arduous and responsible, but such as would, without careful and judicious administration, lead to friction between the medical officers and the Executive. In fact, there is no part of the prison discipline with which the surgeon has not to deal. He has, as it were, to stand between the Executive and the prisoner, and while on the one hand it is his duty to see that the punishment of imprisonment and hard labour is not unduly mitigated, on the other he has to take care that neither the life of the prisoner shall be endangered, or health injured, either by the necessary conditions of prison life, or the infliction of special punishment for refractory conduct.

He has likewise to inspect and report on the condition of the prison, on its cleanliness, the quality of the provisions, the sufficiency or the reverse of clothing and bedding, and on "any cause which may affect the health of the prisoners," duties which obviously may lead to unpleasant complications with the other officers.

For the performance of these duties it is essential that the medical officers should be independent of the local officials, and that they should have the confidence and support of the Board.

Yet their well-founded complaint is that the Board has not given them its confidence, that it has assumed an aggressive position, and unduly interfered with, and hampered, them in the due discharge of their duties.

Thus to pass over secret instructions to the governors to report as to their visits, discourteous minutes and remarks on their reports, regulations have been adopted which are distinct efforts to prevent them exercising, according to their discretion, the duties imposed by statute. For instance, the prison dietaries are framed to give so much nourishment as shall maintain, under ordinary circumstances, an average prisoner in health. If he thinks it necessary the surgeon is bound to order extra diet. This power the Board cannot interfere with directly, but it has made the exercise of it punitive, by ordering that in such a case the prisoner shall be considered sick, shall be seen every day, his name entered on the continuous treatment book, all involving considerable extra work and trouble. It has interfered with the statutable power of the surgeon to call in additional medical assistance, and has left them without any provision whatever for the nursing and care of the sick.

The medical officers have no one on whose report of the condition or progress of a patient they can depend, or any guarantee that their orders will be efficiently or intelligently carried out. If a prisoner is not ill enough to be admitted to hospital, he is left in charge of his class warder, who, as best he may, must administer medicine, make poultices, apply stupes, &c., if he has time to do so with his ordinary duties to discharge. If a prisoner is admitted to hospital, if the case is a bad one, the Board, on application, will sanction the employment of a nurse, provided one can be obtained. If not, the prisoner must be left in charge of two others of his or her class, with an occasional visit from the warder on duty. As classification depends on sentence, the danger of the moral contamination of prisoners from such association is obvious, while on medical grounds the arrangement is most objectionable. Yet the Board have turned a deaf ear to all the remonstrances of the officers.

The Board have required medical officers to attend the families of warders residing outside the prison, although counsel has advised that such an order was *ultra vires;* and have enforced the gratuitous examination, for the Civil Service Commissioners, of candidates for the Prison Service, although until he has passed the Civil Service examination and produced a medical certificate the candidate cannot enter the Service.

In fact, the Prisons Board do not seem to have at all comprehended the position and duties of the medical officers, and instead of treating them with the confidence and consideration which they deserve, and the welfare of the Service demand, it has adopted a policy which has not only interfered with the efficiency of the department, but has caused the gravest discontent.

We do not presume to anticipate the decision of the Commission, or to pre-judge a case, still *sub judice.* But from an intimate acquaintance with our subject, we have no hesitation in expressing our opinion, that for the thorough efficiency of the Department, it is necessary that at least one member of the General Prisons Board and one member of the Inspecting Staff should be medical men.

No purely lay Board could possibly form a correct judgment on the medical and sanitary matters which crop up, while the powers of the medical officers, and their duty to interfere with discipline, or to recommend on subjects of health, sanitation, food, and management of the prisoner, are so extensive, and so interwoven with the entire system, that, in our opinion, it is absolutely essential that the Board should have the assistance of a medical member and a medical inspector.

We do not put forward an imaginary case when we say that any day a difference of opinion may arise between a governor and medical officer as to the fitness of a prisoner for hard labour or punishment, or the necessity of his removal to hospital. In such a case it is obvious that a lay member of the Board or Inspecting Staff, is quite as incapable of deciding the question as the governor, and that it would hardly conduce to the benefit of the service to call in an outsider to solve the point.

We have a very strong opinion that such appointment should be made from the ranks of the prison medical officers. We know that there are men in the service whose scientific attainments and administrative abilities fully qualify them for such offices, and whose promotion would add to the strength and efficiency of the Board.

Apart from our special interest in the welfare of the medical officers, we, as well as the public at large, are deeply concerned in the management of prisons.

The prevention of crime and reclamation of criminals is a question which vitally affects all classes of society; and because we are convinced that a most important part in this work devolves on the medical officers, we urge on the Commission a thorough and exhaustive examination of the grievances and proposals of the medical officers, and that we suggest the addition to the Board and Inspecting Staff, of medical men who have acquired a thorough knowlege of the peculiar nature, difficulties, and extent of prison work; in whom the medical officers can have confidence; who can consult with them; and through and by whom sanitary, hygienic, and professional recommendations can be explained to the Board, and carried into effect.

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PURPURA.

Among the subjects selected for special discussion at the late meeting of the British Medical Association at Liverpool, none probably was more intrinsically interesting, or debated with greater prospect of future advantage than that of purpura, which Dr. Stephen Mackenzie introduced by a paper styled by the chairman of the Medical Section, with characteristic justice, as complete and philosophical. That our knowledge of the affection denominated purpura is halting and unsatisfactory is sufficiently and freely admitted, and nothing has tended to illustrate the truth of this suspicion so much as the discussion initiated by Dr. Mackenzie. Beyond the fact that under certain circumstances a condition that is not inappropriately known among the people as "purples" is produced, that the characters of this disease may be manifested as complications of various other affections, that it may apparently be sometimes induced by the toxic influence of certain drugs, and that it occasionally imports the gravest possibilities, are mainly the facts mentally associated with the picture called up by the name itself. More than this has scarcely yet become a matter of general information in connection with it; and it is eminently hopeful in the way of future advance that the consideration of the whole question is at length placed upon a basis that, while being speculative, is at the same time essentially philosophical.

Dr. Mackenzie's primary proposition, to the effect that purpura is a *symptom,* is, we venture to affirm, destined to find a wider circle of adherents than assented to it when propounded in the arena of discussion at Liverpool. While the position to be assumed in this regard was subject to vagaries incident on changeful interpretations of verbal meanings, it was absolutely impossible to arrive at any definite conclusions; but by assigning to phenomena of universal observation a strictly limited meaning, as is now virtually done for the invariable attendants of purpura, it is at length possible to consider the relations of this affection in the light of scientific reason, and with the assistance of scientific discoveries. It has been due to the fevered haste of descriptive writers hurrying to *describe* that which is only imperfectly understood that most of the confusion surrounding many of the problems of medicine is due; it is only by approaching the solution of these problems afresh, and with a determination to bring to the task every resource of modern discovery that chaos can be successfully re-ordered and converted to system and precision. In the words of Dr. Dyce Duckworth, "it is better to confess ignorance than to be over-confident on the basis of an unsettled foundation."

That the basis of explanation of purpura has hitherto been an unsettled foundation is shown in the history of medicine; that we are about to approach its consideration with a legitimate chance of obtaining elucidation in connection with it, is a fair and justifiable belief; and we may assume further that a beginning at least has been made in the right direction. That there is a subtler connection than any hitherto recognised between the phenomena of purpura and constitutional peculiarities may be taken as certain; as also that it is irrational to look for complete explanations of these phenomena in the present deficient knowledge that is possessed in regard to the agencies which originate them. Perhaps, however, the most gratifying feature of later investigations is the tacit understanding of this connection evinced on the part of observers, foremost among whom are they who boldly make appeal to the facts of heredity and constitution for hints in carrying out their inquiries.

The varieties of purpura are better classified without reference to the merely physical appearances they present than when these are trusted to entirely as differentiating elements; and that arrangement proposed by Dr. Mackenzie embodies the twofold merit of simplicity and suggestion. He would collect the forms under the four heads of (1) vascular, (2) toxic, (3) mechanical, and (4) neurotic, a plan which is sufficiently logical and inclusive to embrace all the cases that usually present. It may, of course, be urged that every instance noted may be placed in the category of neuroses, inasmuch as the effects produced on the nervous system by toxic, mechanical, or (indirect) constitutional agency are in the end those which cause reaction on the vascular apparatus. But such a rigid demarcation of causes in place of simplifying would rather confuse the consideration of the question, so that a more liberal use of sub-classes is indicated at the expense of strict scientific precision of nomenclature. There is, however, a *bonâ fide* advance made by the acceptation of the formula which assigns to purpura the position of a symptom, and in the clear appreciation of the *rôle* played in its production by the complicated mechanism termed *diathesis*. Thanks to latter-day workers, to the catholic spirit of inquiry which unites in a common desire to know, the most speculative philosopher dreaming back into the ages of unknown ancestry and the most stubborn positivist steadily unravelling the knotted skeins of facts that claim his best attention, and to the daily enlarging field of vision swept by the eye of science, we of this age are rapidly approaching to such understanding of the causation of disease as could never have been imagined by our predecessors of but a few generations earlier. Nothing short of the true spirit of research could have worked the wonders already witnessed by living men of not extravagant age; and the same spirit is fortunately alive and grows increasingly restive in proportion as its conquests over ignorance attain to greater perfection.

In a minor degree the treatment of purpura must be made dependent upon the importance of its symptomatological character. The indications for remedial measures directed to the radical ailment will be completely understood only when we are able to associate each instance of purpura with the particular constitutional affection giving rise to it, and the nature of which it is fairly within our power to appreciate. Then, also, numberless connections of a puzzling kind that now arise to perplex every calculation, will cease to be provocative of failure in treatment; such, *e.g.*, as the tendency exhibited towards recurrence in the same individual, its obstinate resistance to restraint in those more serious cases of the hæmorrhagic description, and the baffling attacks of purpura sometimes met with, and of such evil augury, in fevers and diabetes.

It has already been suggested that purpura would form a suitable subject for attentive investigation; no common affection can be too insignificant to repay the bestowal of time and attention in the manner proposed; and no disease, if diligently and assiduously studied by many careful observers, will be found unremunerative of valuable information. But purpura is especially worthy of this extended inquiry, for it is so intimately, but as yet obscurely, related to *conditions* rather than to organs or systems, that nothing but advantage can accrue from its investigation.

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DUBLIN HOSPITALS.

THE Annual Report of the Board of Superintendence of the Dublin Hospitals was issued for the current year in the month of July, and during the session of Parliament—a change in the period of issue which greatly increases its value, and which makes it manifest that the Board and its secretary, Dr. Martin, are anxious to meet the public wish by the arrangements of their department It appears, indeed, from the Report that much of the delay in its issue which has heretofore occurred, and many of its imperfections, are due to the laziness and unbusiness-like habits of the persons whose duty it is to render the information from which the Report is compiled. The Board complains that "some of the hospital authorities seem to be determined to adhere to their former dilatory method," and states "that the late publication of the Report is due to the impossibility of getting the returns sooner. The chairman of our Board had to, in several cases, address three letters to the boards of the hospitals before we could get the returns furnished."

This neglect of duty—not to speak of courtesy—on the part of hospital officials is altogether indefensible, and, in our opinion, it deserves to be dealt with by the Board by a vigorous exercise of the *fortiter in re* rather than the *suaviter in modo* which has in vain been employed toward these functionaries. These hospitals are largely subsidised from the public fund, and we imagine that an intimation that if they did not comply with the request of the Board their default would be brought under the notice of the Treasury would at once remedy the fault of which the Board has had occasion to complain.

The introduction of the telephone system into hospitals is noticed approvingly, and the authorities of many of the hospitals have already shown their appreciation of the value of this method of intercommunication by using it to bring their surgeons within ear-call of the institutions.

According to the statistical tables published in the Report, the number of patients admitted into the whole of the subsidised Dublin hospitals during the year was 9,414, making the total under treatment 10,140, of whom 9,085 left the wards cured, relieved, or were dismissed for other causes.

The mortality was 4·6 per cent. on the cases estimated on the numbers who have been discharged, or who have died, or whose cases have consequently been treated to a termination. 816 patients remained under treatment in the wards in the present year. The total average daily number of beds occupied in all the hospitals throughout the year was 719·47. The time spent in hospital by each patient under treatment averaged 20·28 days.

The reports upon individual institutions present some points of interest. As regards the Westmoreland Lock Hospital, the Board has been informed that owing to the great prevalence of venereal disease amongst the troops composing the Dublin garrison, it has been suggested as a means of reducing this disease to increase the accommodation in this hospital, so as to render it more adequate to meet the demands made upon it. The War Department have proposed an offer (subject to the sanction of Parliament) which the Governors have accepted, of a supplemental grant of £250 a year for the maintenance of ten beds, and to pay a further sum of £25 per bed per annum on the condition of new wards being opened for twenty beds. The grant in all not to exceed £500. This would enable the Governors to treat continuously the number of eighty patients as a daily average. The time spent in hospital by each patient averaged thirty days, and the average daily number of beds occupied during the year was 67·49.

The report on Steevens's Hospital expresses regret that the ward allotted to venereal patients is in an unsatisfactory condition. As a great part of good nursing consists in preserving cleanliness, we naturally surmised that the patients do not receive due attention in this respect. No special nurse is attached to this ward. "In last Report we noticed with disapprobation the condition of this ward, and we regret that our suggestions have not since been carried out with regard to the appointment of a male attendant."

The state of the Meath Hospital is spoken of in favourable terms, and especial mention is made of the establishment of an observation ward, and of the new arrangement which allows a patient to take a bath and resume his own clothes after he leaves the hospital, thus obviating the danger of carrying infection to his home.

Cork Street Fever Hospital is reported to be "in a very satisfactory condition as regards the comforts of the patients and the internal working of the institution."

The Committee of the Convalescent Home for Infectious Diseases have recently placed over £900 at the disposal of the Governors for the purpose of remodelling the part of the institution which has been heretofore devoted to small-pox cases. A contract has been entered on which will render this building admirably suited to receive convalescent patients.

As regards the very heavy expenditure of the Cork Street Hospital (over £100 per bed), the Board explains that the number of cases under treatment during the past year was less than in preceding years, which renders the cost per bed much higher than in other hospitals. This expenditure is to be accounted for by the necessity of maintaining a staff and establishment in readiness for any sudden increase in the number of patients. It would be unsafe to the community at large not to have a considerable number of spare beds always available to meet the requirements made upon the hospital during the prevalence of epidemic diseases.

We are not entirely satisfied with this explanation, and venture to suggest that the Board might with great advantage inquire more minutely into the outlay in this institution. We doubt that any other instance will be found amongst the fever hospitals of the world in which it costs 15s. for officials and establishment to outlay 5s. for the benefit of the patient; and if it be true that, in order to be prepared for emergency, a staff is permanently maintained which is three times larger and more expensive than ordinary requirements of the public demand—which we greatly doubt—we think it the duty of the Board of Superintendence and of the hospital managers to make an effort to devise some more elastic and less exorbitant method of doing business. We fancy that a ready indication of the cause of the preposterous expense per bed of the Cork Street Fever Hospital would be found in its detailed accounts, and we shall certainly look for something more satisfying in the way of an explanation when the next Report of the Board comes to be issued.

The House of Industry Hospitals are, as regards their general condition and management, fully approved by the Board; but a correspondence between the Governors and the Castle is printed which makes it manifest that the building is hopelessly unfit for its purpose, and only worthy of being razed to the ground and rebuilt, and we trust that before this time next year an understanding will have been arrived at to replace these effete constructions by buildings worthier for their purpose.

The paragraphs in reference to the Rotunda and Coombe Lying-in Hospitals are altogether laudatory. In the Rotunda the mortality of the labour patients, deducting the 201 non-parturient cases, was 1·18 per cent., and that of the chronic class was 4·78 per cent. In the Coombe, deducting 38 non-parturients, the mortality was 2·18 per cent. for labour cases, and 4·68 for chronic cases. The expenditure of the Coombe Hospital is monstrous. Each bed occupied costs just £72, of which sum only £21 goes to the patient, while £50 is absorbed by officials and establishment. Comparing the outlay on this hospital with that of the sister institution—the Rotunda—we find that the establishment of the latter is only £39, and the total cost per bed £59. Considering that the Governors of the Coombe are suspected of an intention to provide for this extravagance of administration out of the pockets of the teaching staff, we feel ourselves entitled to ask for an explicit explanation of the exorbitant outlay of the institution. The Board of Superintendence seems to have asked in vain, for the Report says: "In our previous reports we have on several occasions adverted to the high cost per bed. The explanations of the Governors have not always been satisfactory; at the same time, it must be remembered that a great portion of expenditure is incurred by the dispensary department, in which most of the medicine purchased is given out." We do not believe that the outlay on medicines for externs has anything to say to the monstrous establishment charges of the Coombe Hospital, and we must certainly hold the Board of Superintendence responsible for a further and fuller inquiry, and some more satisfactory information on this subject.

We have pleasure in acknowledging the marked change for the better in the Report of the Board. It has now become a useful document, and we hope that the use we have made of it to criticise the financial administration of certain hospitals will not be without a result which, if attained, must be credited to the labours of Dr. Martin and his Board.

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Notes on Current Topics.

Epithelioma of Cervix Uteri—Recovery without Operation.

Cases of the above have been recorded from time to time, and upon perusing the reports of such cases carefully one can scarcely arrive at any other conclusion than that if actual recovery does not take place, such a degree of improvement does that we can scarcely blame the fortunate attendant for designating the result as recovery.

It has long been observed that under certain circumstances, such as high general pyrexia, as in the case under notice, erysipelatous inflammation around the affected part, other inflammations, such as that produced by the injection of irritants in the vicinity of the diseased portion (Duplouy), or like that produced by the actual cautery in the affected mass (Gallard), or around it (Nussbaum), a normal cell growth may, and occasionally does, take the place of the abnormal growth characteristic of cancer.

Such a case has been recently reported in the *Deutsche Med. Zeitung* by Dr. Staffhorst, of Ottendorff, Hanover. There appears to be no reason to doubt the accuracy of the diagnosis. The case was under observation several months; it resisted every method of treatment, the patient going almost steadily from bad to worse, and it was not till an unexplained attack of pyrexia, preceded by violent rigors, occurred, that any improvement took place. It might be supposed that the pyrexia was due to an attack of pelvic cellulitis, or peritonitis, and that this in some way modified the cell development of the diseased portion; but the report appears to negative this supposition. No mention is made of pelvic inflammation, and it is scarcely likely that such a complication should have remained undiscovered, or that no mention should have been made of it had any been noticed. Whatever the cause may have been, the progress of the disease seems to have been arrested immediately after the occurrence of the pyrexia: the hæmorrhages and offensive discharges ceased, and in the course of a few weeks the ulcerated surfaces were covered by cicatricial tissue. Some shortening of the vagina had taken place, posteriorly the cervix had become attached to the vagina, and some tenderness remained in the hypogastrium, especially after long standing. The patient's appetite was good, and she had increased in weight and strength, so that up to the date of the report, four months after cicatrisation, the improvement promised to be permanent. Upon the whole, we may conclude from the report of this case, taken in conjunction with expressions by other recent writers, that the prognosis in any particular case is not absolutely unfavourable, and it remains for us to follow up the faint glimmerings of hope that are here and there vouchsafed us.

Wandering Kidney.

In the *Charité-Annalen*, 1883, Professor Senator contributes an account of 32 cases. He proposes the name Ectopia renis as being more in accord with fact than the name at the head of this notice. According to him, ectopy of the kidney occurs once in every 139 women seeking advice, and that it is as common amongst the poorer as amongst the well-to-do classes. He considers the opposite conclusion, arrived at by some authors, to be based on insufficient or inexact data. He does not look upon the disappearance of fat as the cause of the abnormality. He considers the peculiarities of sexual life and of the clothing of women to be predisposing causes. Of 42 cases observed by Landau, 40 had borne children, whilst of 27 of Senator's, 22 were mothers; the writer therefore looks upon repeated pregnancies and the consequent softening of the abdominal walls as factors in the production of the affection. Displacements of the sexual organs, hydronephrosis, and tumours of the kidney are spoken of as possible causes. Tight lacing he looks upon as a sin that must be held responsible for its share in the production of the malady, and he considers the fact that the affection is more frequently right than left-sided as a justification of this accusation, as pressure is more likely to be continued through a solid organ, such as the liver, than through a space occupied only by the colon and the spleen, which is comparatively insignificant in point of size. As regards diagnosis, the only reliable sign he considers to be the discovery of the tumour, and he recommends as the most suitable position of the patient the supine, with the thighs passively raised. The position of the examining physician appears to be a matter of indifference, or rather habit, as he and Landau recommend different sides of the patient's body as best on which to make the examination.

Fever Generators.

It is perhaps too liberally conceded that sanitation, when carried out to the extent observed in large towns, where the influences of civilisation hold undisputed sway, is equal to successful contest with disease in all its forms; at any rate, Londoners, even, are occasionally reminded by serious outbreaks of contagious fevers in their midst, of the possibilities of danger lurking in the very centres they are accustomed to regard as safe from invasion; and such an experience as this has just recently brought home the truth of the reflection that immunity can be purchased at no cost less than absolute carefulness and constant attention. For some time past complaints have been made against the objectionably dangerous state of the Regent's Canal; and with a strange irony of comparison, the worst evidences of an unhygienic condition have been apparent in and about St. Mary's Hospital, where the stench from decomposing accumulations of filth exposed in the canal has been so bountifully disseminated as to evoke indignant protests at the supineness of the local authorities in permitting such a nuisance to exist at all. The amount of mischief possible to be created by an abomination of this description in such a neighbourhood is easily imagined, and offers a grave reflection on the absence of measures calculated to prevent the evil consequences that might be produced. Again, in the parish of St. Pancras, an outbreak of typhoid fever has been noticed, from the effects of which about thirty persons are known to have been sufferers, and the origin of which has been traced to milk supplied from a house where the first case arose. That an occurrence of this kind should be possible when the etiology of disease is so well understood as is true of typhoid, is, at least, unfortunate, and argues with irresistible force in favour of the adoption of a system of inspection which should be an efficient preventive of its future recurrence. Some time hence we may hope that incidents so destructive of a feeling of security in sanitary supervision will cease to disturb the householder's sense of protection; but until a much more complete plan of local and general hygiene is resorted to as a matter of course this desirable end is not likely to be attained; and meanwhile, we must continue to be subject to occasional ravages of epidemic ailments as the price paid for negligent sanitation.

The Social Science Association.

If the value of the work to be achieved at this year's meeting of the Social Science Association, which commences at Huddersfield on October 3, at all equals in importance the subjects to be discussed, there will be good reason for congratulating the members on their labours. The council of the Association have arranged for debates on a certain number of special questions, one of which, that of legislative enactments in the direction of amending the Sale of Poisons Act, is to be introduced by Mr. Meymott Tidy, M.B., Lecturer on Chemistry to the London Hospital. The discussion will turn on the need for and means of obtaining regulations preventive of employing purchased poisons with a criminal intent, and there is unfortunately too much reason at the present time why careful attention should be given to the problem. Dr. Clifford Allbutt, of Leeds, is announced to read a paper in the Health Section of the Congress on the question, "Is the modern system of education exerting any deleterious influence upon the health of the country?" a subject which has recently derived especial importance from the attention called to supposed evils arising from over-education. Several writers are down to communicate essays on the spread of zymotic diseases through the agency of milk supply, and the possibility of preventing the ills so arising in towns; and Dr. Norman Kerr will once more invite discussion on the Habitual Drunkards Act by suggesting the lines on which it requires amendment.

A Curious Cause of Death from Dyspnœa.

Occasionally there are met with in hospital and in private practice cases in which the only prominent symptom is dyspnœa, and the causation of which it is impossible to discover. Frequently such instances of difficult breathing are dependent on the growth of mediastinal tumours, malignant or otherwise; and at other times the active cause is aneurism, pressure on the trachea, or one or other bronchus being always the immediate cause of dyspnœa. In a case communicated to the Pathological Society of Philadelphia by Dr. Eskridge, and reported in the *Medical News*, the dyspnœic attacks were produced by a hæmatoma two inches long and one and a-half inches wide, found, *post mortem*, lying on the lower anterior surface of the trachea, embedded in connective tissue, and firmly held by old adhesions. It occupied a position just above and behind the transverse portion of the arch of the aorta. Three of the rings of the trachea, in the position where the greatest pressure was exerted by the semi-solid mass, presented a dark colour, and one of the spaces between the discoloured tracheal rings was nearly ulcerated through from the effects of pressure. The tumour consisted of more or less clotted blood, but no ruptured vessels or disease of any of the arteries was found. The calibre of the trachea was much reduced at the seat of the hæmorrhage. Dr. Eskridge explained the circumscribed position of the tumour to the presence of old adhesions between pleuræ and pericardium; but for them the blood must have gravitated downwards. The circumstances favouring its retention above would, however, favour also the rupture of small vessels, these latter being greatly stretched by the contracting tissue, and hence giving rise to the hæmatoma. The patient was a porter, accustomed to carry heavy weights, and difficult breathing first occurred after carrying an unusually heavy trunk for some distance. He lived some days in hospital, during which time several attacks of dyspnœa occurred, unrelieved by treatment, and he finally died during one of these paroxysms.

On Thursday afternoon, while two inmates of the Haddington District Lunatic Asylum, named Andrew Buchanan and Robert White, were in the lavatory, the former seized the latter by the throat, knocked him down, and while kneeling on his body, pounded his face with his fists in so dreadful a manner that he died in five minutes. White's face was so mutilated as to be hardly recognisable.

Copper and Cholera.

APROPOS of the controversy now raging respecting the prophylactic virtues of copper against cholera, Dr. F. A. Castle suggests, in a letter to the New York *Medical Record*, that copper workers enjoy the immunity ascribed to them by reason of their contact with mineral acids and acid salts, necessitated by the nature of their employment. Dr. Castle quotes Surgeon McClellan, of the United States army, to the effect that sulphate of iron and dilute sulphuric acid are prophylactic against cholera, and asks, "if we accept this opinion respecting the value of sulphuric acid as a preventive of cholera, is it not easier to account for the immunity of copper workers, who use it almost constantly in their art, than to presume that the metal itself affords the protection?"

The Death of Marwood.

WHATEVER criminal braggadocio may assert and large-eared credulity receive, there can be no question that Marwood died from natural causes; for lobar pneumonia with degeneration of the liver and kidneys is just a pathological condition which cannot possibly be mistaken for the effects of any poison or combination of poisons, vegetable or mineral. Had he died of apoplexy or angina pectoris or dysentery, or any one of a score of other diseases that might be named, there might have been room for the speculation that he had fallen a victim to the secret practices of those who have felt aggrieved by his professional conduct and have threatened his life; but, as it is, it is certain that his death has been neither violent nor untimely, but after the ordinary visitation of men. The degenerative changes in the liver and kidneys revealed by the autopsy must have been going on for some time, and may perhaps by their effects on his general health explain the want of coolness, nerve, and calculation which have been perceptible in some of his recent performances. The stories which we now read of Marwood's artistic conception of his work and of his secret of the long drop, which has died with him, are more than apocryphal; they are transparent nonsense. Greed, a love of notoriety, and a large share of that mawkish taste for the hideous and the horrible which keeps the *Police News* going, were doubtless the motives which led him to take up his gentle craft, and he hanged away by a crude rule of thumb which was often at fault in its application. His death will, it is to be hoped, call the attention of the Home Secretary to the whole question of capital punishment, and lead to its infliction henceforth in a more humane way than we have been accustomed to. Meanwhile, there is something akin to humiliation in the consciousness that the death of Marwood the common hangman is a matter, if not of national interest, at any rate of national concern. So long as the state of society is such that death penalties are necessarily enacted by retributive justice, so long must we retain the services of the Calcrafts and Marwoods *et hoc genus omne* as active agents for carrying out the requirements of the law. Optimists, however, would fain hope that by-and-by the hangman will no longer be a necessary element in the national life; and this not by reason of his place being taken by a more effectual and scientific destroyer of life, but because the instincts of inhumanity bred in the breasts of murderers will cease to find development. Be that as it may, the present must needs take care of itself, and unquestionably the hangman or his equivalent is still an essential safeguard to society. But in the embarrassment created by Marwood's somewhat sudden decease it may very well be considered whether his successor may not be chosen with a due regard to decency and good feeling, so that the peculiarities indulged in by Marwood may be less obtrusively imposed on public attention. The hangman's office need not necessarily entail individual disgrace, but nevertheless popular prejudice is opposed to surrounding it with any but unlovely circumstances; and, popular prejudices being long-lived and irresistible, it might well be made incumbent on the State executioner to abstain from parading the nature of his calling offensively in the intervals when he is not officially engaged. The interests of public morality, and indirectly, of public health, would be alike conserved by such a proceeding, the advisability of which may be commended to those who will be called upon to make a fresh appointment in the place of the dead official.

The Metropolitan Asylums Board and Cholera.

THIS very energetic and useful public body has sent a letter to the secretary of each of the London hospitals, stating that, with the view of carrying out the intentions of the Legislature with regard to the Diseases Prevention (Metropolis) Act, 1883, the managers desire to enter into negotiations with the several metropolitan hospitals, and to ascertain from them whether, in the event of emergency arising, they would be willing to place at the disposal of the Board a certain number of beds for the treatment of patients suffering from cholera. By the general adoption of such a course the managers anticipate that the expense of providing and maintaining a large number of special cholera hospitals may to a great extent be obviated. The letter points out that the whole of the expenses incurred incidental to the treatment of cholera patients in hospitals would be defrayed by the managers out of the Metropolitan Common Poor Fund. A similar letter has also been addressed to the several metropolitan boards of guardians having detached infirmaries, or other suitable places, under their control. As we are not desirous of prejudicing the course which the councils of the several institutions concerned may feel disposed to take in this matter, we shall defer our comments until the replies have been received by the Asylums Board.

Retiring-rooms for Females.

WE are glad to learn that the first of the proposed retiring-rooms for women whose duties or inclinations lead them to spend any length of time in and about the streets of London is now opened at 114 Gray's Inn Road. There is no charge made to those who make use of the convenience, but a box for voluntary contributions is placed in the building. Efforts are being steadily made to raise funds for the supply of similar retiring-rooms in all the principal thoroughfares, and the object in view is so eminently praiseworthy that we trust the movement may be completely successful.

The Marshall Street School, Edinburgh.

In a recent number of the *Medical Press and Circular* our readers were informed that the Marshall Street School of Medicine had come to an untimely end, this being the construction put by our Edinburgh correspondent on the announcement contained in the *Scotsman* of August 24 to the following effect:—

"Notice.—In reference to Mr. Urquhart's notice of the 22nd inst., I think it fair to the public to explain that, instead of my receiving dismissal, I, along with ten out of eleven of the medical officers, including all the consultants, resigned all connection with the dispensary and school in Marshall Street.

"Ths. W. Drinkwater."

We have received from Mr. Urquhart, secretary to the said school, a somewhat peremptory demand by telegram for the withdrawal of our correspondent's statement, and, being unwilling to be the cause of disseminating error, we are glad to explain, as shown above, that, though deprived of almost its entire staff, the Marshall Street School is still *in esse*.

British Pharmaceutical Conference.

The British Pharmaceutical Conference is this year to hold its annual meeting in Southport, under the presidency of Professor Attfield, F.R.S., on Tuesday, the 18th, and Wednesday, the 19th inst., in the Assembly Rooms of the Prince of Wales Hotel. An opportunity will be afforded to members on Wednesday to inspect the works of the Glaciarium, and a demonstration of Gamgee's process of making the ice will be made. The members will visit St. Helen's on Thursday, and permission has been obtained for the inspection at St. Helen's of the Union Plate Glass Works, the Copper Smelting Works of Messrs. Bibby, and the Chemical Works of Messrs. Kurtz. The return journey will be made in time for members to be present at a garden party to be held in the Botanical Gardens, Churchtown. Amongst the papers promised are the following:—Report on Tincture of Nux Vomica, by R. Dunstan, F.C.S.; The Preservation of Medicinal Herbs by Ensilage, by Professor Quinlan; The Pharmaceutical Aspects of the Mullein Plant, by Professor Quinlan; Aconitine for Internal Exhibition, by T. B. Groves, F.C.S.; Suggestions for Combinations of Collodion, by J. B. Barnes, F.C.S.; Sweet Spirit of Nitre, by A. C. Abraham; and, Does Cod-liver Oil contain Iodine, by E. Stanford, F.C.S.

How Small-Pox is Spread.

An outbreak of small-pox, introduced from Birmingham, has just occurred at Leicester, and has already resulted in one death. A young woman, working at Leicester, went to Birmingham to visit her mother, who is engaged as a nurse at the Small-pox Hospital there. The mother gave her daughter a dress which she had worn while nursing. The daughter took the dress to her home at Leicester and began to unpick it, but before she had completed her task she became ill, and was found to be suffering from a serious attack of small-pox. She was removed to the Leicester Small-pox Hospital, where she died. On Saturday two other cases of small-pox broke out in the house where the deceased girl lived. As a precautionary measure, to prevent the further spread of the disease, all the inmates of the house were induced to go into quarantine at the Small-pox Hospital, where they will be well provided with necessaries and amusements for fourteen days.

The medical staff recently sent out from England by Her Majesty's Government to Egypt will, with the exception of three, return home on the 17th inst.

London has been particularly free from fatal cases of summer diarrhœa this season, notwithstanding the great heat of the last three weeks in August. Last week the mortality from this cause only reached 1·0 per 1,000 of its population. During the same period it was somewhat excessive in the following large cities:—New York Brooklyn, Berlin, St. Petersburgh, and Paris.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Halifax, Norwich 13; Bristol 15; London, Derby, Hull 17; Edinburgh, Oldham, Bradford 18; Sunderland 19; Leeds, Blackburn, Wolverhampton, Cardiff, Huddersfield 20; Nottingham, Birkenhead, Birmingham, Bolton 21; Portsmouth 22; Dublin 23; Liverpool, Salford 24; Plymouth, Sheffield 25; Brighton 26; Leicester, Glasgow, Preston 27; Manchester 28; Newcastle-on-Tyne 29.

We regret to announce the sudden death of Dr. William Goodfellow Laidlaw, of Birkenhead. Deceased attended to his professional duties as usual on Friday last, and on Saturday morning he was found dead, lying across his bed, having previously dressed, gone out, and returned. Deceased, who held the M.D. and M.B. degrees of the University of Glasgow, was forty years of age, was a native of Kilmarnock, and held two appointments under the Birkenhead Guardians. The inquest will probably reveal the fact whether death was due to suicide or to natural causes. We hope the latter.

The highest annual death-rates from diseases of the zymotic class in the large towns last week, were from measles 1·6 in Salford, and 3·5 in Newcastle-upon-Tyne; from scarlet fever 1·8 in Leeds, and 1·9 in Sheffield; from "fever" 1·2 in Birkenhead, and 1·6 in Portsmouth; and from diarrhœa, 7·0 in Brighton, 7·7 in Leicester, and 9·0 in Preston. The death-rate from diarrhœa, which did not exceed 1·0 in London, averaged 3·7 in the provincial towns. The 30 deaths from diphtheria included 19 in London, and 5 in Glasgow. Small-pox caused 4 deaths in London, 2 in Birmingham, and 1 in Sunderland.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Edinburgh.—Health of the City.—The mortality in Edinburgh for the week ending with Saturday, the 1st inst., was 73, and the death-rate 16 per 1,000. There were 18 deaths under 1 year, and 23 above 60 years, of which 5 were above 80 years. Diseases of the chest accounted for 20 deaths, and zymotic causes for 4, of which 2 were due to scarlatina, and 1 to measles; the intimations of these diseases were 6 and 42.

Vital Statistics for Scotland.—From the Registrar-General's official returns for the eight principal towns during the week ending with Saturday, September 1, we learn that the mortality was 22·1 per thousand of estimated population. This rate is 1·0 above that for the corresponding week of last year, and 1·0 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 13·6 per thousand; and the highest in Glasgow, viz., 26·9 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 4·3 per thousand, or 0·9 above the rate for the previous week. Diarrhœa and whooping-cough were the most fatal epidemic diseases, the mortality therefrom being most marked in Glasgow. Acute diseases of the chest caused 59 deaths, or 8 less than in the previous week.

Bazaar for the Sick Children's Hospital, Aberdeen.—Arrangements have now been completed for the holding of a bazaar in aid of the funds of the Hospital for Sick Children, and the Princess Beatrice, as previously mentioned by us, has graciously consented to take part in the opening ceremony on Thursday, the 27th inst. The hospital was opened in September, 1877, with fourteen beds; but such was the pressure on the accommodation that the directors had to increase the number of beds as rapidly as their funds permitted. There are now thirty in the hospital, and these are always full, the number of patients for a long time past having never been less than 32. Additional space is urgently required, not only for the reception of patients, but for the proper carrying on of the work of the hospital; and the bazaar has been promoted to enable the directors to make an addition to the building. From £2,000 to £2,500 will be required to carry out the plans. The appeal made by the directors has been very heartily responded to, and there will be a grand display of goods at the fancy fair. The bazaar will be held in the music-hall on the 27th, 28th, and 29th instant.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 1st inst., were at the rate of 27 per 1,000 per annum, as compared with 25 in the preceding week, and 23, 21, and 23 in the corresponding weeks of 1882, 1881, and 1880.

The Old Infirmary Buildings, Edinburgh.—The Lord Provost's Committee of the Edinburgh Town Council had on the 5th inst. under consideration a proposition that, as a step towards the disposal of the old Infirmary property remaining in the hands of the Corporation, after providing the necessary fever hospital accommodation, the building should be pulled down and the ground cleared. It was ultimately agreed to remit to a sub-committee to consider what course should be taken in regard to the property as a whole, so that the council may be in a position to indicate what portion of the ground, if any, they may decide on keeping open, and for what purposes the area offered to the public will be available.

Correspondence.

POSITION IN LABOUR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In an original communication published by you in the number of Aug. 22nd, under the above title, and written and read by Dr. M'Donald at the British Medical Association, Liverpool, I find his deductions as to the value of the new position founded on a published 25 primiparous cases, and out of these 25 cases, 60 per cent. had ruptured perinæums, a simply awful percentage to contemplate. To begin with, out of 25 primiparous cases, to have 11 forceps, I should say alone shows undue haste, and the worst is, that out of these 11 cases none escaped rupture more or less. Of the 14 left to Nature, 10 only succeeded in the new position so well as to be delivered without injury.

Now I will take 25 cases of primiparous women delivered in the old position, and I find my books show only 2 cases of forceps instead of 11 (in one of these the patient was 42 years of age), and I am happy to add that neither was ruptured. In the remaining 23 cases one was ruptured, but not enough to require an operation afterwards. Now I think this 4 per cent. of accidents favourably contrasts with 60 per cent. shown above.

I am, &c.,
Edmund O. Day.

Royal Hospital for Children and Women,
Waterloo Road, London.

THE NEW ACT FOR THE PREVENTION OF THE SPREAD OF EPIDEMIC OR INFECTIOUS DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you permit me to correct an error into which you have inadvertently fallen in your issue of the 5th inst.

At p. 207 you say "the Bill introduced by the Government to make better provision for the prevention of outbreaks of formidable epidemic, endemic, or infectious diseases, &c." I beg to say the valuable Bill now passed into law for the United Kingdom was not introduced by the Government, but by Mr. E. D. Gray, M.P. Though endorsed by Mr. Brooks and myself, the entire credit of the measure is due to Mr. Gray. By inserting this you will oblige,

Yours faithfully,
Charles Dawson, M.P.,
Lord Mayor.

The Mansion House,
Sept. 6th, 1883.

MR. PARSON'S APPLIANCE FOR FRACTURED PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is not my duty as one outside the medical profession to discuss with Mr. Robert Jones the propriety or otherwise of acting on the novel suggestion in his letter of June 21, to transform saddlers and blacksmiths into assistant surgeons. I may, however, be excused if, having been the patient whose case was treated by Mr. Henry Parson by means of the appliance described in that gentleman's letter, which he designed and himself made for me, I remark that, in my humble opinion, Mr. Jones has, in several important particulars, misrepresented—unintentionally, of course—the statements in Mr. Parson's letter. I would in particular draw attention to what must, I presume, be deemed a vital point in estimating the relative value of Mr. Parson's appliance, and one which, curiously enough, Mr. Jones does not make the slightest reference to—viz., that the fracture for which his appliance was designed was the third to the same limb, and the second in the same part of the patella. Mr. Jones makes the following curious remark:—"Should the patient, however, not commence to walk until imperfect union has occurred, Mr. Parson urges that movement of the fractured ends will produce sufficient activity in the parts to complete the union." No such statement occurred in Mr. Parson's letter; no such theory animated his treatment of my case; nor, I apprehend, could any surgeon understanding his profession think for a moment of putting forward such an entirely ridiculous principle of treatment. I may state that Mr. Parson was not called in until the sixth day, and after I had travelled about 300 miles from abroad, a journey involving many changes of position. On the occasion of my first accident I went through the orthodox course of treatment, involving eight weeks in bed in one position, the subsequent use of crutches, &c. I may, therefore, without desiring to argue mere surgical points, be allowed to express my opinion that Mr. Parson's appliance, from its simplicity and efficiency in securing apposition conjoined with immobility, is perfect, and appears to obtain the results that formerly, I believe, were only looked for from the somewhat perilous, and, at all events, unpopular use of Malgaigne's hooks. How this appliance can be described as "a much older method of procedure" than another that Mr. Jones mentions I cannot understand, as it was made and applied for the first time to my own case just over a year ago.

Surely such an appliance ought not to be curtly dismissed, and by a medical man, on an imperfect representation of its character and principle, or the mind of the profession prejudiced against what would, I am convinced, be gladly welcomed by those who, like myself, may chance, and have the misfortune, to be the victims of a fractured patella.

I am, yours, &c.,

Guildford, Sept. 5, 1883. A. F. W.

P.S.—Having been from home travelling, I have only recently seen Mr. Jones's letter.

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Literature.

TUBERCLE. (a)

In the course of 240 pages, illustrated by nearly as many engravings, Professor Hamilton furnishes us with a clear statement of his views. As he observes, many points in his book may excite adverse criticism, but we think that those who differ from him will admit the necessity of carefully weighing what he has to say. The book originates in a series of papers contributed to the *Practitioner*, in 1879-80, but is now presented in a complete form with such alterations as to bring the subject matter up to the present day. After expounding the pathology of bronchitis and its complications, the author passes to pneumonia and tubercle, endorsing largely Niemeyer and Virchow. The most interesting point to many readers will be the last consideration—viz., the tubercle bacillus. Prof. Hamilton repudiates the notice that this bacillus is the unique cause of phthisis. He is not prejudiced against such a mode of origin. Indeed, when the papers appeared first, he avowed that a ferment produced in a caseous mass is the probable means by which a tubercular eruption is originated. Koch's discovery, therefore, could not be otherwise than probable, and it is admitted that he has isolated a bacterium which, when inoculated into animals, is capable of producing an outbreak of tubercle. But this is all, and many of Koch's conclusions are pronounced misleading. Among the difficulties which the bacillus theory does not explain are the common facts in reference to meningitis and laryngeal phthisis. Cohnheim holding the inhalation theory, does not tell us why the bacilli do not always affect the larynx first, and we know that organ is usually only secondarily involved. He does indeed mention the old notion of the sputum causing this complication, but why does the bacillus first pass through it to the lungs? Diphtherial poison, when inhaled, settled in the fauces. Should not the bacilli also? As to meningitis again, it is suggested that the bacilli are inhaled into the nares, and thence make their way up to the base of the brain! If so, we may ask, with our author, "why do the nasal membranes and *dura mater* escape infection, while the *pia mater*, which is disconnected in its blood-supply, and otherwise from the skull and its membranes proper, is selected as the seat of the tubercle deposited?" Other difficulties are freely stated by our author who, before laying down his own views, thus concludes his objections to the new notions:—"It seems to me that in all this there is a want on the part of those who hold these doctrines, of clear reasoning. Because we find the same bacillus in a caseous mass, and in a miliary tubercle, are we therefore to conclude that they are alike, and that the bacillus is the cause of both? Such logic seems almost incomprehensible in men professing to have a scientific training. We might as well conclude that, because croton oil taken out of a glass bottle produced a pustular eruption when applied to the skin, therefore the croton oil was not only the cause of the eruption, but had also called into existence the glass bottle, and that both the glass bottle and the eruption were in their constitution alike." Thus is the gauntlet thrown down. In following Virchow and Niemeyer the practitioner will find himself in accord with Prof. Hamilton's pathology, and certainly will not fold his hands in the hopeless manner of some fatalistic physicians at the earliest appearance of phthisical symptoms. Perhaps for this reason, besides others, the more hopeful views may have sufficient attraction for many to induce them to thoroughly master the very interesting volume before us.

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FOSTER'S PHYSIOLOGY. (a)

How great a debt of gratitude to Dr. Foster has been incurred by English students of medicine it would perhaps be difficult to estimate; but that the reality of the burden is abundantly appreciated is shown by the rapidity with which successive editions of the "Text-book of Physiology" have been exhausted. The work, indeed, is universally accepted as the classical treatise on the subject, and its appearance has admittedly been largely productive of the improved position now held by physiology as compared with the condition of things in this connection a few years ago. A better proof, however, to the same effect is yielded by the fast diminishing frequency of the complaint formerly made—somewhat irreverently, it must be admitted—by the average medical student, to the effect that the "Text-book" was accessible only to those who had mastered the study of "Fosterese" as a preliminary linguistic exercise. Dr. Foster's precise and scientific diction is, however, invested with special clearness of its own which has successfully conquered the dislike originally experienced towards it by those who had not been prepared for such reading by previous scientific training. This it was which served to render the introduction of the work as the most usually adopted introduction to physiology by licence-seekers; and the extension of its perusal throughout their ranks is almost the healthiest sign we could obtain of the higher standard of latter-day education in the medical sciences.

The plan on which Foster's Physiology is written is sufficiently well known to make it unnecessary for any general sketch of the work in this place. The fourth edition, however, presents certain notable changes in arrangement and contents, of which brief mention may be made. Thus, the division of the text into large-print sections, dealing with the fundamental bases of physiology, and smaller-typed paragraphs devoted to an account of controversial views, has been abandoned in this edition, methods and apparatus being in it alone relegated to the distinction of place conferred by reduced typography. This change, however, is less important than the omission of those lengthy narratives of disputed views in relation to certain moot-points which found a place in preceding editions. By students preparing for higher University examinations this loss will be deplored; but the announcement made in the preface to the effect that Dr. Foster and his colleagues are engaged in producing a special treatise on these advanced parts of physiology will more than counterbalance the disappointment.

In its present form, the Text-book is a magnificent treatise on general physiology, and we may well be proud that such a work is the production of an English teacher. As an exposition of the facts and theories of the science, and of the experiemntal bases on which it reposes, it is unrivalled in the language; and we again assert that its acceptance by students is the best possible evidence of the growth of a sound scientific spirit among them.

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HOLMES' MEDICAL ESSAYS. (b)

Of the nature of *writing*, in the direction, that is, of composition, the productions of Oliver Wendell Holmes' pen obtain universal recognition as among the choicest ornaments of literature. Poet, philosopher, scientist, and physician, he is probably himself the most admirable example that could be cited of the class of men who, by devotion to the duties of life, and by cultivation of the opportunities it presents for improvement have won the frequent expression of unbounded admiration. In this volume there are collected together some of the most characteristic of the author's orations; it includes those delivered by him on different occasions at opening and closing school ceremonies at Harvard University, and others read at various societies. In all, nine subjects are treated, but one only, "The Contagiousness of Puerperal Fever," is directly technical in character. This, however, is a most pitiless and unanswerable refutation of the non-contagion theory against which it is mainly directed; and in it are to be discovered all that force of argument and picturesqueness of style for which the veteran author is widely known. In point of brilliancy it may be thought that the essay on "Homœopathy and its Kindred Delusions" is the most noticeable in the collection; certain it is that if it were to be generally read by adherents of "delusions" at the present time we might probably hear less even than is the case of the rampant quackery that parades unblushingly in our midst. Dr. Holmes is unsparing in his exposure of the utter foolishness of the system he condemns, and nothing finer or more convincing than his demonstration of the historical connection between various forms of humbug in medicine can be found in contemporary literatnre.

(a) "On the Pathology of Bronchitis, Catarrhal Pneumonia, Tubercle, and Allied Lesions of the Human Lung." By D. J. Hamilton, M.B., F.R.S.E., Professor of Pathology (Erasmus Wilson Chair), Aberdeen. London; Macmillan & Co. 1883.

(a) "A Text-book of Physiology." By Michael Foster, M.D., F.R.S. Fourth Edition. London: Macmillan and Co.

(b) "Medical Essays." By Oliver Wendell Holmes. London: Trübner and Co.

We could most earnestly desire that present day theorists on medical education would attentively read the address on "Scholastic and Medical Teaching" contained in this volume. Too surely is it to be feared we are drifting away from the clinical standpoint of medicine in favour of dogmatic teaching *ex cathedra*; and too surely likewise as this proceeds will practitioners grow to be less purely students of disease than students of opinion respecting disease. It would be the best possible thing that could happen if only this essay were to be read as the "opening address" at every medical school in the Kingdom next October.

Anything in the shape of actual criticism of these papers is out of the question. To disparage would be impossible; to praise would be presumption; we can only admire, and having read, regret that the volume is unique and that its author has not supplemented it with other similar reflections of his many sided genius.

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DR. G. BECK'S THERAPEUTICAL ALMANACK. (*a*)

This handy little pocket-book professes to give a short account of, or a reference to, all the recent changes that have taken place in therapeutics during the past year. We cannot show the success it has achieved better than by giving an extract taken at random. Let us take the subject of whooping-cough—

"℞ Pot. brom., grm. 2;
Sod. brom., grm. 4;
Am. brom., grm. 2;
Syr. chloral, grm. 50.

"M. ʒj to ℥ss in a glass of milk with the yolk of an egg. *Dujardin Beaumetz.—Journ. de Med. et de Chirurg. Prat.* 1882, p. 181.

"℞ Acid carbol., grm. j.;
Aq., grm. 50;
Syr. menth., grm. 40.

"M. Three to four tablespoonfuls a day. *Oltramare.—Allg. Med. Centralzeit.*, 1882, p. 292.

"℞ Acid carbol., 0·012-0·025 grm. for a dose in infancy. *Macdonald.—Virchow's Jahresbericht*, 1881, I., p. 464.

"℞ Quin. hydrochl. twice daily as many decigrammes as the child is years old, in aqueous solution; also tannate of quinia in double the dose. *Beckel.—Allg. Med Centralzeit*, 1882, p. 528.

"℞ Tinct. eucalypt, 3 grm.;
Glyc., syrup, aa grm. 15;
Aq., grm. 100.

"A dessertspoonful every three hours. *Witthoner.—Allg. Med. Centralzeit*, 1882, p. 1220.

Amyl nitrite, belladonna, aconite, benzoin, bromide of ammonium, carbolic acid, cerium oxide, chinoline, hyoscyamine, pilocarpine, ol. terebinth, salicylic acid, chloral, quinine, see 1882."

Then follows a reference to the general literature.

The above extract is a fair sample of what is to be found under the different headings.

The subjects are classified conveniently for reference. There are besides two copious indexes, the last of which alone would have been amply sufficient. The price is very moderate, 1·60 m. (about 1s. 7½d.) The language employed is so largely compounded of the Latin ordinarily met with in medical literature, that those who are not German scholars will have little difficulty in making themselves masters of the contents of the volume.

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OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m., and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Notices to Correspondents.

The Students' Number, 1883-84.—The annual educational number of this Journal will be published on Wednesday, September 19th. Deans, Registrars, and others connected with the various medical schools throughout the United Kingdom, will oblige by forwarding the latest prospectus and such other information as will assist the Editors in the compilation of this important number.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

WOOD-WOOL AS A SURGICAL DRESSING.

In reply to Dr. Johnson, Mr. Slater, Dr. Wilson, Mr. Green, Mr. Richardson, and Mr. Stuart, as to where the "wood-wool" dressing referred to in an article in our issue for August 29 is obtainable, we would mention that the only manufacturers known to us are P. Hartmann, Heidenheim, Würtemberg, Germany, whose name was mentioned in the article alluded to, and the affiliated firm of Hartmann and Kiesling, of Hohenelbe, Bohemia. Glass-wool has been in pretty general use on the Continent for some time past, and could no doubt be procured through the same firms. A letter addressed direct to Herrn P. Hartmann, Verbandstoff-Fabrik, Heidenheim, Würtemberg, Germany, in English, would doubtless receive attention; or the wood- and glass-wool could be procured through any good English firm if they were put into possession of the name and address of the German manufacturers. We would suggest the Maltine Manufacturing Co., as we notice they are extensive advertisers in the German papers, and as likely to have correspondents abroad.

ERGOT IN WHOOPING-COUGH.

To the Editor of the Medical Press and Circular.

Sir,—I have been trying above with considerable success, and should like to know the experience of any other of your readers who

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(*a*) "Dr. G. Beck's Therapeutischer Almanack." 10 Jahrgrang, 1883. Des Taschenbuches der Neuesten Therapie. III. Baüdchen I. Heft. Bern: J. Dalp. Tenth year.

have been doing the same. The preparation I used was Hewlett's liq. ergotæ purif.
Yours obediently.
Battersea Park, S.W. A. Phillips Hills.

Death of an Attested Centenarian.—A man named David Mitchell, who had completed his 104th year, died on Sunday last in Lanchester (Durham) Workhouse. He had been ill for some time, but was hale and hearty up to a few months ago. Mitchell was born at Fettercairn, a small village at the base of the Grampian Hills. When 18 years old he was apprenticed as a seaman, and followed that vocation until 1840. He was captured by a French privateer, and was confined as prisoner at Valenciennes along with the late Lord Barrington, Sir Thomas Clavering, and others. We was of a sociable and cheerful disposition, and retained to the last the full possession of his faculties. For a long period he has been an inmate of the same workhouse, was abstemious in his habits, and enjoyed better health during the latter portion of his life that he did fifty years ago.

Dr. Rumbold (St. Louis).—Our exchange list is already so full that we regret we cannot extend it.

Dr. Sunter (Isleworth).—We hope to insert your communication in our first issue after the Students' Number.

Dr. Summers will receive a private note after the necessary inquiries have been made. Upon the face of it, assuming the correctness of your version, the gentleman concerned would appear to have committed an egregious blunder.

FISH *VERSUS* MEAT FOR PAUPERS.

At a weekly meeting of the Wrexham Board of Guardians, on Friday last, it was reported that the experiment of fish dinners for the inmates had been tried, and the majority of them were decidedly in favour of beef. Some of them said that after eating a fish dinner they felt hungry. It was thereupon resolved to abandon the fish, notwithstanding its smaller cost and consequent saving to the ratepayers.

Student.—We think the list may be taken as fairly representative; of course, it is almost impossible that it should be absolutely perfect, as new books and new editions are so continually superseding others. The text-books on anatomy and surgery mentioned by you are reliable.

Dr. Gardner.—Numerous forms of special food preparations for invalids are manufactured by Mr. Brand, of Little Stanhope Street, and may be absolutely depended upon for purity and strength. Hazeline may prove efficacious in the case you mention. It should be used as an embrocation.

THE IRISH MEDICAL DIRECTORY.

The issue of this book for the year 1884 is now in preparation. The editor earnestly requests the members of the profession in Ireland who have not already done so to return to him, without delay, the circulars already forwarded to them, in order that accuracy may be secured. If medical men would only consider the trouble and expense which the reissue of circulars involves, and the injury which a Directory sustains by the publication, year after year, of inaccuracies which are not remediable by any system of editing, they would not omit to take the infinitesimal trouble of returning their circulars. The editor especially solicits a note of any inaccuracy throughout the work which may be observed by readers.

Mr. George Stevens.—You will find all the particulars for which you ask in our special Students' Number, which will be issued on September 19.

Dubiens.—Dry cupping is an operation that can be very readily performed, and may occasionally be productive of benefit. Special glasses are not requisite: the employment of wine glasses even may be resorted to, the principal objection to them being that the thin lip may produce inconvenient pressure on the skin. A taper will serve the purpose of a torch quite as well as the regular instrument.

Nil Admirari.—We cannot admit your proposition. It is neither justified by the events, nor itself in good taste.

A Suburban Practitioner.—The consultant should not have paid a second visit to a patient about whom you had called him in consultation without your knowledge. We should like to know the name of the physician who has acted so, and to be convinced that you do not labour under any error in the matter.

Dr. Collier.—It is a rule in hospitals, or at any rate in all we know of, for certificates to be given, whenever requisite, by the staff, entirely without fee.

DR. MOUAT AND MR. SNELL "ON HOSPITAL CONSTRUCTION AND MANAGEMENT."

To the Editor of the Medical Press and Circular.

Sir,—In reading over the very kindly notice of the joint work of Mr. Snell and myself "On Hospitals," in your issue for August 15, I find an accidental error, which I think is deserving of correction.

The hospital of Mons. Tollet to which I referred was the military hospital at Bourges, an artillery station where there is a large cannon foundry. The hospital of St. Eloi, at Montpellier, is still in course of construction, and will probably not be ready for occupation for another couple of years. Kindly make known this to the reviewer and to your readers, and oblige,

Yours, &c.,
Local Government Board, Whitehall. F. J. Mouat, M.D.

F. A. P.—We cannot recommend you to "pin your faith" to any special theory of pathology of uterine disorders. The safest view is surely the broadest, and you will find the most intelligent authorities the first to admit this truism. The "mechanical" system is that which attributes all disordered conditions to the effects of displacement; the "phlogistic" (though this term is now very rarely employed) that which assigns to inflammation the *fons et origo*. You will be well repaid for the time expended if you make a careful study of the history of gynæcology.

Dr. Robertson.—Each hospital is understood to possess a special operating day or days every week, when those operations which can be with propriety fixed for any particular time are performed, with the object of enabling students to gather instruction from witnessing them. Urgent cases, of course, come under immediate treatment at every institution. Wednesday is the special day at the London Hospital, the hour 2 p.m.

Mr. Andrews.—There are numberless ways of combining the sulphate of magnesia to make a reliable and more or less non-repulsive mixture. We can recommend the following:—℞ Mag. sulph., ℥ss.; acid. sulph. aromat. ♏xv.; syrupi zingiberis, ʒj.; aq. chloroformi ad ℥j.

A Midland Doctor.—There is no place so beneficial to strumous cases as Margate, whither you will do wisely to send your patient. By communicating with one of the medical practitioners resident in the town you will have no difficulty in obtaining information as to boarding establishments. There are a great number of these places, and as a rule most excellently managed.

The Successful Candidates for the Army Medical Service.—We notice with much satisfaction that at the last competitive examination for appointments in the Army Medical Service, eight out of the twenty successful candidates were educated in Ireland, a fact which contrasts strongly with the circumstances to which we recently called attention, that at previous examinations, although a number of Irish candidates were successful in passing, scarcely one received an appointment.

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Vacancies.

Cavan County Infirmary.—Surgeon. Salary, £94. Applications by September 18.

East London Hospital for Children, Shadwell, E.—Resident Clinical Assistant. Applications by September 19.

Hospital for Women, Soho Square.—House Physician. Applications to the Secretary on or before September 20.

Kent County Ophthalmic Hospital.—House Surgeon.—Salary, £100. Applications to Canterbury by October 1.

Parish of Canisbay, Caithness.—Medical Officer. Applications to Peter Keith, Esq., Barrogill Castle by Wick, by September 19.

Parochial Board of Killean and Kilchenzie.—Medical Officer. Salary, £150. Applications to the Chairman of Board, Glencreggan, Kintyre, Argyllshire.

Sheffield General Infirmary.—House Surgeon. Salary, £120. Applications by September 20.

Sheffield Public Hospital and Dispensary.—Junior Assistant House Surgeon. Salary, £50. Applications by September 21.

St. Peter's Hospital for Stone and Urinary Diseases, Covent Garden London.—House Surgeon. Honorarium, 25 guineas, with board, &c. Applications to the Secretary on or before September 25.

Appointments

Bairstow, T., L.R.C.P. & L.R.C.S., Assistant Medical Officer to the Edinburgh Provident Dispensary.

Brunton, C. E., M.B. Cantab., M.R.C.S., Assistant Medical Officer to the County Lunatic Asylum, Colney Hatch.

Collins, W. J., M.D., B.S., B.Sc. Lond., M.R.C.S. Eng., Surgeon to the Western Ophthalmic Hospital.

Heuston, F. T., Lecturer on Anatomy in the Carmichael College of Medicine, Dublin.

O'Neill, P. L., Coroner for the Southern Division of the co Kildare.

Births.

Hallowes.—September 4, at 11 King Street, Maidstone, the wife of A. H. B. Hallowes, M.R.C.S. Eng., of a daughter.

Nixon.—September 3, at 2 Merrion Square North, Dublin, the wife of C. J. Nixon, M.B., of a son.

Marriages.

Maturin—Scot-Skirving.—September 3, at St. Giles's Cathedral, Edinburgh, Leslie Maturin, M.K.Q.C.P., of Newtown, to Leila, only daughter of Robert Scot-Skirving, of Drummond Place, Edinburgh.

Oldfield—Williams.—September 5, at St. Saviour's Church, Herne Hill Road, S.W., Frank Oldfield, L.R.C.P., of Boyson Road, S.E., to Eliza Angel (Lily), youngest daughter of E. W. Williams, Esq., of Bermondsey, S.E.

Parkes—Bayley.—September 5, at Palace Gardens Church, Kensington, W. E. Parkes, M.D., of Soho Hill, Birmingham, to Mary Constance, third daughter of J. Clowes Bayley, Esq., 26 Ladbroke Gardens

Deaths.

Callaway.—September 4, at 2 Courtnay Terrace, West Brighton, Mary Ann, widow of Thomas Callaway, F.R.C.S., of Blackheath, aged 80.

Hardy.—September 5, at Rock House, Pembrey, South Wales, Frederic Hardy, M.D., of Southport, aged 77.

Kearney.—September 4, at his residence, Gofton Hall, Finglas. Edward Barrett Kearney, Staff Assistant Surgeon (late 4th King's Own).

Lawlor.—August 28, at his residence, 8 Day Place, Tralee, William H. Lawlor, M.D., L.R.C.S.I., late Surgeon to the County Kerry Gaol and Infirmary.

Master.—September 3, Alfred Master, F.R.C.S., J.P., of Norwich, aged 67.

Merry.—September 4, at Marloes, Hemel Hempstead R. Rosier Merry, M.R.C.S., L.R.C.P.L., aged 48.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 19, 1883.

STUDENTS' NUMBER.

PREFATORY.

"Contrary to expectations expressed in the Student's Number of the *Medical Press and Circular* for 1881, we are no nearer solving the great problem of medical reform at this moment than we were twelve months ago." This, which formed the opening sentence of our special number, bearing date September 20, 1882, very exactly expresses the condition of affairs at the present time; but it remains to be added that the past few months have witnessed a strong effort to bring to pass that which has long been felt to be so desirable in the best interests of medicine. A "Medical Acts Amendment Bill" has in truth been drafted on the lines laid down in the Report of the Royal Commission appointed to inquire concerning existing abuses and the need for reform; it has been introduced into the House of Lords, and with sundry modifications passed the third reading in that Assembly; and has been once read in the House of Commons. It is now, however, sufficiently notorious that in the declining days of the Session the measure was finally shelved, owing, it must be said, to the unfortunate backwardness of interested corporations in assenting to clauses which were absolutely necessary to secure that the Bill shall be a reliable instrument, but, at the same time, calculated to limit the profitable exercise of the prerogatives such corporations enjoy under existing arrangements. It would be affectation to pretend that this fiasco is less than a misfortune; it would be unjustifiable, under all circumstances to entertain more than a hope that next Session will be more fruitful of results in this connection; but, nevertheless, it is impossible to conceal that the task we are now called upon to perform, that, namely, of presenting a conspectus of the regulations made familiar by frequent repetition, is very disappointing, inasmuch as it had been confidently anticipated that the passing of a new Act during the Parliamentary year 1882-83 would have necessitated substantial changes in the original programme submitted for the consideration of intending medical students.

MEDICINE AS A PROFESSION.

Each year about this time the prospect of medicine as a means of obtaining a livelihood becomes a question of concern to large numbers of young men and their parents and guardians, who are debating the best adapted profession for selection; and spite of all that is said and written on the subject, it still remains undoubtedly true that, through error or false judgment, very many who are unfitted to become successful practitioners make their way to hospitals as aspiring new students, and tend to swell the ranks of "living mistakes." How well it would be if all the physical, mental, and moral qualities necessary to the making of a sound physician and surgeon were carefully and intelligently considered by those whom we shall, in the next month, be called upon to welcome as new pupils! What an amount of future tribulation and unspoken regrets would be prevented if such considerations were permitted to have their legitimate bearing in deciding the momentous question destined to influence the whole future life of the many hundreds of young men now on the verge of becoming registered students of medicine! And how materially would the Profession be benefited if a certain indefinite, but none the less unqualified proportion of them should be led, at the outset of their studies, to perceive the hopeless nature of the task they are setting themselves, to the end that they may ultimately assume the responsibilities of practice!

We make these observations, ungracious though they appear to be, in no carping spirit of mere discontented criticism; but because we are, in common with every careful observer of the Profession as a whole, convinced of the unmistakable truth contained in the assertion that the Profession is "overstocked." But it is not, nor ever could be, overstocked with useful men, with men who possess the characteristic and essential qualities that fit a medical man to perform the duties of his calling; of these there are far too few to supply the demands existing for their services; and hence it is that empty places are too often filled by the incompetent many, who would have shone in usefulness had they but chosen another walk in life, but who, as doctors, are throughout existence ill-paid, because deserving little, unappreciated because undeserving of higher recognition—and disappointed practitioners. The exercise of a little forethought at the outset would have prevented misfortune; but too late the truth becomes apparent.

What is wanted to constitute a good medical man is a many sidedness of character that all young men leaving school or college do not possess. He should be endowed with an intelligent capacity that will enable him to grasp the principles that lie at the root of his studies, and to apply them when called upon to make experience with disease; and such capacity is incapable of being tested by means of a preliminary examination in arts alone, such as now forms the sole standard of fitness to which intending students are invited. Moreover, he should be physically strong enough to support the fatigu and strain that all but the most favoured practitioners are, for a time at least, compelled to undergo; and to this must be added that personal deportment for lack o which many otherwise excellently qualified men entirely fail to win the more solid rewards of professional work.

It is right and proper for every young student to hold before him as examples worthy of emulation those honoured lights of medicine who, by their attainments and their earnest services to mankind, have achieved the highest scientific and social eminence to which they can aspire. It is not too much to say that every man will meet his due if he preserve a steady consideration of right, and live up to the traditions that govern his relations with his brethren and the world. Should that position be one in which he can dispense power by and bye, he owes it to himself not less than to others to use this power for the professional well being; and equally, even though his lot be cast in humbler spheres, it will ever be his to frame his actions so that honour may be his own always. In medicine more than in any other profession there occur opportunities of doing good for its own sake. By accepting these occasions and rightfully employing them, not with a view to personal advantage merely, does he who utilises them exhibit the ennobling influences exerted over its followers by the highest of all human callings.

REGISTRATION.

There is but a single portal through which intending medical students can pass to the commencement of their special education for practical professional life. This is the Students' Register, kept by the General Council of Medical Education and Registration, the high authority in all matters pertaining to the instruction and qualification of medical men. This Council was created in 1858 with a view to maintaining order and dignity in the profession, and empowered to carry out this duty. Its mode of performing the work entrusted to it, however, has always been peculiar, and has mainly consisted of incessant additions, subtractions, multiplications, and distractions of the elementary examinations admitting to the register of students. At present every such student must, before registration, give evidence of having passed one or other of a large number of arts examinations, among them being all recognised University examinations, such as the local, the various degree examinations, the examinations of the College of Preceptors, &c., &c. Several of the qualifying bodies also hold a special preliminary, success at which equally admits to the Students' Register. Following registration the actual medical education commences, and may be pursued either at a hospital medical school, or for a time under a registered medical practitioner. No time spent in the study of those subjects on which future examinations for licences, &c., to practise are held, *before* registration is recognised as forming part of the minimum period over which the curriculum must extend, save in the case of physics, chemistry, pharmacy, and osteology, these being subjects on which attendance on lectures prior to registration is acknowledged.

THE CURRICULUM.

The life of the medical student is minutely marked out for him by the regulations of the licensing boards, which all agree in certain principal features. Thus, no student is admitted to final examination for a licence to practise until the termination of forty-five months spent in medical study, nor until he has succeeded in passing an examination in anatomy and physiology not earlier than the end of his second winter session as student. There is, likewise, general agreement as to the subjects of examination, these including all the principal branches of medical knowledge and practice, such as medicine, surgery, midwifery, materia medica, and therapeutics, pathology, medical jurisprudence, &c. Moreover, in order to ensure that the curriculum has been appropriately pursued, all candidates must procure evidence of having attended certain lectures and demonstrations in duly recognised schools of medicine, and of having obtained practical acquaintance with disease in the wards of general hospitals. Hence the consideration of the student's career naturally divides itself into two sections, one Education, the other Qualification. We shall consider it under each heading, giving an account first of the various educational institutions, and subsequently of those which confer licences, &c. to practise. For purposes of easy reference also the three divisions of the United Kingdom, England, Ireland, and Scotland, will be treated separately, and we shall conclude the number with a general chapter on the Services, &c.

STEPPING-STONES TO THE PROFESSION.

Adopting for the nonce the Darwinian theory of the "survival of the fittest," we desire to point out that the most competent students are, as a rule, the most successful practitioners. It is true that, in order to secure a large ordinary practice, a man must have *diplomacy*, and exercise a certain polite discretion; but a large *ordinary* practice is not the only aim of the ambitious student, or the "worthy scholar," as Fitche would call him. Our allusion to the "survival of the fittest" is here made with the desire to induce those who contemplate the study of medicine to make themselves the "fittest," so that they may "survive" in the great competitive struggle.

There are certain young men who ought *not* to think of entering upon the study of medicine. These, we need scarcely say, are those who seek a life of ease and inaction, and who have no inclination for work. The selfish cannot succeed in our profession, and a boy who, at school, cannot play fair, and evince a chivalrous disposition towards his playfellows, is unfit for medicine, in which such great demands are made upon charitable and philanthropic feeling. But not only should fitness be considered as a preliminary condition; it is essential that there should be taste and culture in the education of the student's observational faculties, and he should strive to school his hands and eyes to make the best use of whatever comes before him. To one who has had such preliminary training, the profession of medicine offers as wide and as good a field as any other, and to such the following pages will be a storehouse of information.

Partnerships in General Practice.—Many men, looking over the voluminous accounts of college curricula and university regulations, either for themselves or their sons may naturally draw a deep sigh over the work to be done or the money to be spent, and exclaim, "What then?"

Of course, the full and complete reply to this question would fill a volume or two; but we may briefly indicate what can and what cannot be done, *as a rule*. There are many exceptions, but we advise no one to think that he will escape the general rules which affect the mass of men.

First, there is private practice as a destiny and ultimatum. In Ireland and Scotland it is generally found that private practice worth having only exists in large towns; elsewhere in these two divisions, medical men live chiefly on their appointments. In England this is not so; the appointments are subordinate to the practice everywhere; the succession to a practice can be very generally secured by purchase; but this is not so in Ireland or Scotland. But in England there are practices which cannot be bought; no money will command the highest class of practice; it is a personal thing which attaches to a man, and cannot be transferred. Partnerships are regarded as safe introductions to practice; but apart from the notorious charges for partnership, we regard them as greatly over-estimated in value. In considering a sphere for practice, the first question is the adaptability of the purchaser to what he contemplates. A suitable man will, as a rule, succeed to any practice where he is favourably and systematically introduced to the patients by his predecessors; but no man will undertake to resign his appointments and introduce a successor without a *quid pro quo*. Unless, therefore, a man has capital, he should not think of purchasing a practice.

For a partnership a considerable amount of capital is absolutely necessary, for the following reasons:—1. A share in a partnership, if of any value, is not likely to be had for less than £1,000. 2. The junior partner has to live upon his own resources until the money *earned* in the practice after the date of his entry is paid, *i.e.*, until the first year's bills have gone out and been honoured by the patients.

Assistantships.—An assistantship is a capital discipline for any man. Such engagements are not what they used to be, the assistant in a medical practice being now treated as a gentleman.

Medical assistants may be divided into two classes—qualified and unqualified; but the salary which either will obtain is far more a question of actual experience than of the diploma which may be held in any given instance. The experience obtained by an assistant in England, even though unqualified, may be sufficient to enable him to obtain a far higher salary than many gentlemen of much higher qualifications, but who are without knowledge of English practice.

To act as "locum tenens" it is essential that previous experience of practice should have been obtained, a full knowledge of dispensing being absolutely necessary, dress and personal appearance going also a long way towards securing an engagement.

An assistantship "with a view to partnership" is a thing that people read and write of, but seldom see. Experience shows it to be a mistake on both sides. If the assistant has money, he had better not appear in the practice as subordinate; if he has not the probation will not, as a rule, assist him to get a share in the practice.

If, however, a successful student declines to enter private practice as purchaser or as assistant, he may enter the public services—Army, Navy, or Indian—through the open doors of competitive examinations.

Colonial and Ship Appointments.—There are certain appointments, however, which are obtained without difficulty which are often inquired about. The postal service to and between the West India Islands is an unhealthy service, but is not a bad one for men who can control themselves. The salary and perquisites are equal to about £200 a year, with board and lodging. If a man lives through a few years, and does not fall a victim to the many temptations which present themselves, he may ultimately get promotion into the Cape line, which is regarded as a very good service.

To the Peninsular and Oriental Steam Company it is almost impossible to obtain entrance except by the personal influence of the directors. The same may be said of other steam lines which are popular. We have known candidates to wait with their names put down for two years without being sent for.

Colonists forming a new district sometimes club together to secure the services of a surgeon, and pay into a bank in the colony a guarantee fund. Such appointments are placed in the hands of respectable medical agents who have representatives in the colony.

In conclusion, it may be stated that, whilst we have indicated generally the portals to success *after* the diploma has been obtained, we have no intention of ignoring the fact that men of decision of character, good antecedents, and high qualifications can and do secure distinguished positions in the profession, and occupy a large space in the eye of the world. But genius is the heritage of the few, and the great majority of men will do well to moderate their ambition, and seek to do their duty in the customary spheres of life in which many noble-hearted men have lived, worked, and died, leaving the world somewhat better than they found it.

England.

I.—EDUCATION.

The first point to be decided by the English student of medicine is which of the numerous schools in London and the provinces he will select as the scene of his pupilage. In determining the question thus raised a large proportion of new students will naturally be influenced by particular circumstances to choose particular centres of instruction. Thus, those whose friends or relatives have themselves been students will be led to attach themselves to hospitals already familiarised to them by name; others will be attracted by the comparative fame of members of the visiting and teaching staff of certain institutions; and yet others will be guided in their choice by that very fallacious criterion of importance, the percentage of examination successes. In most cases, however, it comes eventually to be chiefly a matter of selection between a provincial or a metropolitan hospital, and, as most young men beginning their career as medical students are necessarily compelled to dwell in lodgings, the differing expense of town as compared with provincial existence is too little to be very materially considered. It may, however, be said, apart from this, that where by attending a non-metropolitan school for a couple of years the advantages of frequent home-visiting among the pupil's own immediate friends can be enjoyed, it is wise to so arrange that these preliminary years shall not be passed in London.

At the present time anatomy and physiology are so well taught in the majority of non-metropolitan schools that London schools enjoy no superiority in this respect, and, if the comparative tables issued each year by the Royal College of Surgeons have any value at all, they demonstrate this fact very clearly indeed.

When, however, the purely professional work is entered on—the study of medicine and surgery—it must be admitted that London hospitals present opportunities which it is impossible for country institutions to offer, and at least one year of study should be passed at a great hospital by every student before qualification, or, if he can afford it, more than one. To those who aspire to hold resident appointments this course may seem unwise because of the restrictions which confine such appointments to perpetual pupils, but in such cases arrangements are possible by which the payment of half the composition fee at some places, or even less, confers the desired privilege.

COURSE OF STUDY.

The curriculum of study is practically the same for all students at all hospital schools, and is regulated by the requirements of examining boards. The first eighteen months is mainly spent in acquiring a knowledge of anatomy and physiology, with a view to passing the first professional examination in these subjects, and at the same time the subject of chemistry is taken up. During the winter session, particularly, assiduous attendance in the dissecting-room is enforced, and will be faithfully carried out by every student who is mindful of his own interests, while during the intervening summer he should make the most of the opportunities he will be afforded of being instructed in practical physiology and histology.

The commencement of the second winter is at many hospitals taken as the period at which attendance on lectures in medicine and surgery should commence; but we would strongly advise the *neglect* of such subjects until the primary is successfully put away, for until that is accomplished any distraction from the pursuit of the studies connected with it cannot but assist the chances of misfortune. Such knowledge, moreover, as may possibly be gained from the lectures which could be attended during the second winter in medicine and surgery will be as satisfactorily acquired during the summer, when the primary is over, by laying a foundation by reading for systematic attendance in the succeeding winter session. In the same way we would recommend avoidance of the wards for the same reason until after the first examination is passed, or the second in the case of those bodies which require three to be gone through by candidates for qualification under them.

FEES.

An unfortunate appearance of competition is afforded by the contrast of fees exacted at the various London hospitals. With the exception of four of these institutions, a composition fee of 125 guineas is charged to full pupils, who, for this same, obtain admission to all the lectures, demonstrations, and hospital practice required for the different examinations. The four hospitals whose scale is not thus arranged charge from 90 to 100 guineas for the same return, and it, of course, becomes a matter of considerable debate in many cases whether the saving of from 25 to 35 guineas on the whole cost of education to be effected by joining a cheap hospital may not be advisable. It cannot be disguised, however, that these more economically priced hospitals do not secure so desirable a class of students on the whole as those where the fees are higher, and it is impossible not to feel that this is mainly due to the reduction, which is eagerly availed of by the less desirable class of commencing students of medicine. In time this must affect these schools, to their detriment, by collecting at them, in overpowering proportions, men who are not always influenced in action by the motives which weigh most with persons of culture and refinement. Indeed, it is sincerely to be hoped that the existing differences in respect to fees may not long continue to exercise the ill-effect it is calculated to encourage.

Scholarships and Prizes, however, offer a means by which diligent students may materially assist their resources, and even obtain assistance sufficient to all but cover their total expenses while *in statu pupillari*. At most hospitals "entrance" scholarships, equivalent to the total "perpetual" fee, are awarded at the commencement of each winter session to new students; and in each year valuable money prizes and exhibitions worth from £5 to £50, or more, are regularly awarded after competition. Particulars relating to them will be found below.

LONDON SCHOOLS.

The Schools of Medicine in London are the following, the scholarships, prizes, students appointments, fees, &c., being set forth in connection with each place named :—

St. Bartholomew's Hospital.—*Appointments:* Four house-physicians and ten house-surgeons are appointed annually without fee; each except the five junior house-surgeons, is provided with rooms, and all receive a salary of £25. A resident midwifery assistant and an ophthalmic house-surgeon are appointed every six months; they are provided with rooms, and receive a salary of £25 per year. Two assistant chloroformists, salary £50 and £25 and rooms; in-patient clinical clerks; clerks and dressers to the assistant physicians.

Scholarships, etc.—There are two open scholarships in science, value 130*l.*, tenable for one year, and a Jeaffreson exhibition, value 50*l.*, tenable for two years; preliminary scientific exhibition, value 50*l.*, tenable for one year; three junior scholarships, of 50*l.*, 30*l.*, and 20*l.*, respectively; preliminary scientific scholarships, value 50*l.*; Treasurer's prize for practical anatomy; Foster prize for practical anatomy; senior scholarship, value 50*l.*, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas for medicine, surgery, and midwifery; two Brackenbury scholarships of 30*l.* in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine.

Scale of Fees.—Fees for perpetual attendance on lectures and hospital practice, 132 guineas, payable in the following instalments: First winter, 40 guineas; first summer, 46 guineas; second winter, 46 guineas; or a single payment of 125 guineas. Fee for general subjects for students of dental surgery :—First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas.

Charing Cross Hospital.—*Appointments:* Medical and surgical registrars, each with a salary of 40*l.* a year; resident medical officer, assistant medical officer, resident surgical officer, assistant surgical officer, resident obstetrical officer, assistant demonstrator, pathological assistant, clinical clerks and dressers. The resident officers are provided with rooms and commons, and the assistant officers with commons, in the hospital.

Scholarships, &c.—Two entrance scholarships of 30*l.* and

20*l.* respectively, tenable for one year; the Llewellyn scholarship of 26*l.*, open to all matriculated students who have completed their second year; Golding scholarship of 15*l.*, open to matriculated students who have completed their first year; the Pereira prize of 5*l.*; the Governor's clinical gold medal. Silver and bronze medals and certificates of honour are awarded to the most deserving candidates in the various classes.

Scale of Fees.—Composition fee for matriculated students 91*l.* 7s., payable in instalments of—First year's fees, 38*l.* 17s.; second year's fees, 36*l.* 15s.; third year's fees, 10*l.* 10s. Composition fee for the course of dental surgery, 42*l.* 2s. This school is now located in the complete and extensive new building erected for the purpose.

ST. GEORGE'S HOSPITAL.—*Appointments:* House physicians and house surgeons are elected half-yearly from among the perpetual pupils. They are entitled to hold their appointments for twelve months, and to board and reside in the hospital, free of all expense. Assistant house physician; assistant house surgeon; obstetric assistant with a yearly salary of 100*l.*, and board and residence in the hospital; pathological curator, with a salary of 50*l.*; microscopical pathologist, with a salary of 25*l.*; medical and surgical registrars, each with a salary of 50*l.* per annum; assistant medical registrars; assistant surgical registrars; ophthalmic registrar; ophthalmic assistant; demonstrator of anatomy, with a salary of 50*l.*; senior assistant demonstrator, with a salary of 20*l.*

Exhibitions, etc.—The Brown exhibitions, one of 100*l.* per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of 40*l*, per annum, tenable for two years, and open to students in their third year. The Brackenbury prizes: one each in medicine and surgery. The Clarke good conduct prize, the Thompson medal, value 32*l.* 5s 11½d., the Brodie clinical prize in surgery, the Acland clinical prize in medicine, the Johnson memorial prize in anatomy, the Treasurer's prize, and three general proficiency prizes of ten guineas each.

Scale of Fees.—Composition fee for perpetual pupils, 125*l.*, or in the following instalments: First year, 45*l.*; second year, 45*l.*; third year, 40*l.* For attendance on the hospital practice and lectures required by the examining corporations, 45*l.* for the first year, 45*l.* for the second year, and 20*l.* for each succeeding year. The latter scale of payment does not entitle the pupil to become house physician or house surgeon, or to compete for the Brown exhibitions. The fee for general subjects in dental surgery is 55*l.*, payable in two instalments: first year, 30*l.*; second year, 25*l.*

GUY'S HOSPITAL.—*Appointments:* Six house surgeons and house physicians, twelve obstetric residents, clinical assistants and dressers, are selected from the students, according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships, etc.—Open scholarship of 125 guineas, in classics, mathematics, and modern languages. Open scholarship of 125 guineas, in chemistry, physics, botany, and zoology. Six scholarships, varying in value from 10*l.* to 50*l.* each, for general proficiency in medical study, open to students of different years. The Joseph Hoare prizes; the Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery, the Gurney Hoare prize of 25*l.*, for clinical study; the Sands Cox scholarship of 15*l*, per annum for three years, for physiology and physics; the Michael Harris prize of 10*l.*, for anatomy.

Scale of Fees.—For the entire course of lectures and hospital practice, 125 guineas, if paid in one sum on entrance, or by two equal instalments of 66*l.*, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of 50*l.*, 50*l.*, and 37*l.* 10s., payable at the beginning of the first, second, and third years respectively. Fee for the dental course, 63 guineas, or in two annual instalments of 40 guineas and 23 guineas.

KING'S COLLEGE HOSPITAL.—*Appointments:* One physician's assistant, two house-surgeons, and one physician-accoucheur's assistant appointed every six months. They are supplied with board and residence in the hospital on payment of 30*l.* each. Assistant house-physician, assistant house-surgeon, and assistant resident accoucheur appointed every six months; in-patient clinical clerks and dressers; out-patient clinical clerks and dressers; obstetric clerks, ophthalmic, dental, and aural assistants; post-mortem clerks, assistant demonstrators and prosectors of anatomy.

Scholarships, etc.—Three Warneford scholarships, each of the value of 25*l.* per annum, two tenable for three years, and one tenable for two years; one Warneford scholarship of 25*l.* per annum, tenable for two years, open to resident students; three junior scholarships of 20*l.* each, tenable for one year, and open to students of the first year; one second year scholarship of 30*l.*, tenable for one year; and open to students of the second and third years, ; the senior scholarship of 40*l.*, tenable for two years, and open to students of the third and fourth years; Daniell scholarship of 20*l.* per annum, tenable for two years, for work in the chemical laboratory; two Sambrook scholarships of 60*l.* and 40*l.*; two Sambrook registrarships, each of 50*l.* per annum; two science exhibitions of 50*l.* and 25*l.*; two Warneford prizes of 25*l.* and 15*l.* respectively; Leathes prize; Todd medical clinical prize; Jelf medal; Tanner prize of 10*l.* for obstetrics. Class prizes, each of the value of 3*l.*, are awarded annually in particular subjects.

Scale of Fees.—Payment for the entire course of hospital practice and college lectures may be made in one sum, viz., 125*l.* on entrance, or by the following instalments:—70*l.* and 60*l.*, or 60*l.* on entrance, 50*l.* at the beginning of the second winter session, and 25*l.* at the beginning of the third winter session. Fees for the dental course, 95*l.* 1s. 6d.

LONDON HOSPITAL.—*Appointments:* The resident and other hospital appointments are free to full students. The resident appointments consist of five house-physiciancies, five house-surgeoncies, and one accoucheurship; also four dresserships and two maternity assistantships. All these officers are provided with board and lodging free of expense. There are also—non-resident—three clinical out-patient assistants, receiving 80*l.* per annum each; and two registrars, each with a salary of 100*l.*

Scholarships, etc.—Two entrance science scholarships, value £60 and £40, and two Buxton scholarships, value £30 and £20, will be offered for competition at the end of September to new students. A £20 scholarship for first year's students in anatomy and physiology. A scholarship, value £25, in anatomy, physiology, and chemistry, to first and second year's students; a scholarship, value £20, in clinical medicine; a scholarship, value £20, in clinical surgery; a scholarship, value £20, in clinical obstetrics; the Duckworth Nelson prize, value £10 (biennial), in clinical medicine and surgery; the Letheby prize of £30 for chemistry. Prizes, value £60 to dressers of out-patients, in minor surgery.

Scale of Fees.—Perpetual fee for lectures and hospital practice, and two years' practical anatomy, payable in three instalments of 45, 40, and 15 guineas, at the commencement of the first, second, and third yeers respectively, 100, or if in one payment, 90 guineas. Composision fee for students entering at or before the beginning of their second winter session, their first year having been spent elsewhere, payable in two instalments of 45 and 30 guineas, 75 guineas; or if in one payment, 70 guineas. Fee for lectures alone, 50 guineas; fee for hospital practice alone, 50 guineas; dental students (general hospital practice and lectures) 40 guineas; fee for dental practice, 10 guineas. Special advantages in the shape of reduced fees are offered to full students, who, having attended classes in natural science at other places, succeed within a certain time in passing the preliminary scientific examination. The composition fee covers four years' attendance only.

ST. MARY'S HOSPITAL.—*Appointments:* There are four resident medical officers, appointed for twelve months, and one, the obstetric officer, for six months; all of them live, free of every expense, in the hospital. Two paid prosectors appointed annually; two demonstrators of anatomy, receiving £70 and £50, and a resident registrar, appointed annually, and eligible for re-election. Clinical clerks and dressers. Demonstrator of pathological anatomy, £15.

Scholarships, &c.—Four scholarships in natural science, value £50 each; class scholarships of £20, £25, and £30, and prizes awarded at the end of each year, value £2 to £5, for proficiency in various subjects.

Scale of Fees.—For unlimited attendance on lectures and hospital practice, 125 guineas if paid by instalments, or 119 guineas if paid in one sum. Fee for hospital practice and lectures required by the examining bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for dental students, 62½ guineas.

MIDDLESEX HOSPITAL.—*Appointments:* Two house-surgeons, and six resident physician's assistants. The above officers have residence and board in the hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 20 guineas. Clinical clerks and dressers.

Scholarships, &c.—One entrance science scholarship of £50; two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery; two entrance scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray medal and scholarship, awarded every third year; the Governor's prize of £21; clinical prize of £10 10s.; class prizes in particular subjects.

Scale of Fees.—General fee for the entire course of hospital practice and lectures, 90 guineas if paid in one sum on entrance, or by instalments of £40, £40, £20, and £5, payable at the commencement of the first, second, third, and fourth years respectively, Course of dental surgery, £42, or in two instalments of £30 and £15.

ST. THOMAS HOSPITAL.—*Appointments:* Two house-physicians, two house-surgeons, and one assistant for constant, a resident accoucheur, holding office for three or six months. The assistants are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. An ophthalmic clinical assistant, with salary of £50; surgical ward clerks, clinical clerks and dressers to in-patients and out-patients, obstetrical clerks, two hospital registrars, each with a salary of £100; assistants in the dissecting-room, prosectors, pathological assistants, and assistants in the physiological laboratory.

Scholarships, &c.—Two entrance scholarships in natural science of £100 and £60 respectively; for first year's students the William Tite scholarship of £30, and four college prizes, ranging in value from £10 to £20; for second year's students, the Musgrove scholarship of £42, and college prizes ranging in value from £10 to £20; for third year's students, three colleges prizes of £20, £15, £10, respectively. In addition there are awarded the Cheselden medal for surgery, the Mead medal for medicine, the Solly medal for reports of surgical cases, the Grainger testimonial prize of £20 for a physiological essay, and the Treasurer's gold medal for general proficiency.

Scale of Fees.—For the entire course of hospital practice and lectures, £123, paid on entrance, or £130 in two payments, £70 on entrance, and £60 at the beginning of the next year; or by three instalments of £60, £50, and £30, at the beginning of the first, second, and third years respectively. The fee for the attendance on the *general* subjects required of students in dental surgery is for the two years £55, or by instalments, £50 for the first year, and £10 for the second year.

UNIVERSITY COLLEGE HOSPITAL.—*Appointments:* Eight physicians' assistants, six house-surgeons, and four obstetric assistants are selected annually by examination from among the senior students without additional fee. They reside in the hospital, paying only for their board, and have charge of the resident patients in the absence of the physicians and surgeons. The offices of physicians' clerks, surgeons' dressers, surgical ward clerks, and ophthalmic surgeons' assistants are selected from among the pupils who are also students of the college, without additional fee.

Scholarships, &c.—Three entrance science exhibitions of £100, £60, and £40, respectively, tenable for two years; Atkinson-Morley surgical scholarship of £45 a year, tenable for three years; Atchison scholarship, value about £55, tenable for two years; Sharpey physiological scholarship, value about £105 a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value £30; Erichsen prize, operating case, value £10 10s., awarded for practical surgery; Dr. Fellows' clinical medal; the Liston gold medal; Alexander Bruce gold medal; Cruff memorial prize; class medals, &c.; gold and silver medals, or other prizes, as well as certificates of honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of £10 will be given in the class of hygiene. The Jews' commemoration scholarship of £15 for two years; the Tufnell scholarship of £100 for chemistry, two years; and the Clothworkers' exhibition of £50, for two years, can also be held in the Medical Faculty.

Scale of Fees.—125 guineas, if paid in one sum at the commencement of the course, or 130 guineas if paid by instalments, as follows: First year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital practice and clinical instruction, perpetual, £36 15s.; one year, £15 15s.; six months, £10 10s. Practical pharmacy, three months, £5 5s.

WESTMINSTER HOSPITAL.—*Appointments:* Curator and pathologist, receiving £52 10s. per annum; medical surgical registrars, each £40; senior house physician and chloroformist, £21; junior house physician, house surgeon, and assistant surgeon, resident obstetric assistant. These officers, except the three first named, are all boarded free of expense. Fourth year's students are appointed to be clinical assistants in the various departments.

Scholarships, &c.—Entrance scholarships, in October. The Fence, £40 a year for two years, and one other, value £40, and two exhibitions of £20 each. Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books are Ovid's Metamorphoses II., and Epistolæ exprits, I. There are also—an exhibition, value £10 10s. for first year's men; a scholarship in anatomy and physiology, value £21, for second year's men; prizes for clinical medicine and surgery of £5 each; the Frederic Bird medal and prize, value £15; the Chadwick prize for proficiency, value £21; and various class prizes.

Scale of Fees.—In one payment, £100; in two payments of 50 guineas each, payable on entrance and at the commencements of second year respectively, or by five payments distributed over five sessions, amounting to £115. There are no extras, except parts for dissection. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, £45.

SCHOOL OF MEDICINE FOR WOMEN.—The session at this school, which is situated at Henrietta Street, W.C., opens on the 1st October. Lectures are delivered during the usual educational session on all the subjects included in the medical curriculum, and there are available for the use of students a commodious dissecting room, physiological and chemical laboratories, and library, and numerous clinical lectures are regularly delivered at the Royal Free Hospital, Gray's Inn Road, which instruction is appropriated to the School for Women as a field of practical study and experience; clerkships, dresserships, and a pathological registrarship being tenable there without fee by lady students.

Scholarships, &c.—Entrance scholarship of £30. A scholarship of £50 for five years, to be competed for by ladies willing to prepare to become practitioners in India. £30 scholarship for three years to be competed for June 1884. £100 prize to be given shortly to a qualified lady physician who will study operative midwifery for one year abroad. Prizes and certificates awarded every session in all the classes.

Fees.—Tuition, evening instruction, &c., examination fees for L.K.Q.C.P.I. diplomas, £172 13s. For the Royal University of Ireland diplomas, £179 3s. For the London University M.B. and M.S. £18. Hospital practice only £45.

Medical students are admitted to the practice at the following metropolitan hospitals to which no medical schools is attached. More complete particulars will be supplied on application to the various secretaries.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—The largest institution for the treatment of affections of the chest in the United Kingdom; 192 beds, and in the new building, 137. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; perpetual, £5 5s.

HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W.; contains 21 beds; outposts, Newington Butts, Walworth, and St. John's Gardens, Notting Hill.—The practice of the hospital is open to students on payment: fee for three months' course, £3 3s.; for six months, £5 5s.; perpetual, £7 7s. Laryngoscopic demonstrations are given daily at half-past two.

CENTRAL LONDON THROAT HOSPITAL, Gray's Inn Road.—Twenty beds. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. Fees for three months' attandance, £2 2s.; six months', £3 3s.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—The hospital treats above 6,000 out-patients annually, and makes up 40 beds.

Hospital for Sick Children, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Fee for three months' attendance, £3 3s.; perpetual, £5 5s. Secretary, Mr. Whitford. There are now 121 beds in the hospital, Great Ormond Street, and 52 beds in the country branch; total, 173. The practice at the hospital has been thrown open gratuitously to pupils of the different hospitals and medical schools of London, on conditions which may be ascertained of the secretary.

The Hospital for Women, Soho Square, W.—The hospital contains 61 beds. Clinical instruction is regularly given in the wards and in the out-patient room daily at 10 to members of the profession and to students after their third year. Clinical clerks and assistants are appointed from time to time. Application to be made to the physicians.

British Lying-in Hospital, Endell Street, St. Giles's.—Twenty-five beds. This institution receives women only as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receive a certificate signed by the physicians, enabling them to practise midwifery.

The Samaritan Free Hospital for Women and Children, Lower Seymour Street, W.—Fifty-two beds.

Royal London Ophthalmic Hospital, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 100 beds.

London Fever Hospital, Islington.—260 beds.

Great Northern Hospital, Caledonian Road.

West London Hospital.—A well-appointed hospital at the western extremity of the metropolis, in the Hammersmith Road, recently enlarged, and containing 100 beds. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. Gilbert, at the hospital.

Bethlem Hospital.—This hospital is open for the admission of two resident medical students who have recently obtained their diploma to practise medicine and surgery for the the acquisition of knowledge regarding the insane. The next election takes place in October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

Royal Free Hospital, Gray's Inn Road.—This hospital contains 150 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. At this hospital the students at the London School of Medicine for Women take out their medical and surgical practice. Clinical clerkships and surgical dresserships are held by these students. The fees payable are £20 the first, and £15 each succeeding year. *The School of Medicine* is situate away from the hospital. The composition fee for all classes and lectures, except clinical, is £80 in one sum, or three payments of £40, £30, and £15.

PROVINCIAL MEDICAL SCHOOLS.

Birmingham—Queen's College.—Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, etc.—The Sands Cox Prize, value 20*l.* Open to students who have completed their curriculum. Subjects:—Medicine, Surgery, and Midwifery. Two Ingleby scholarships for obstetric medicine and surgery and diseases of women, Sydenham and Queen's scholarships of 30*l.* The Warden's prize, value 5*l.* 5s., for first year's students, for general proficiency. The Percy prize, value 5*l.* 5s., for German.

Fees.—College fees for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually: Senior medical prize for third and fourth year's students, first prize 5*l.* 5s.; second prize, 3*l.* 3s. Senior surgical prize for third and fourth year's students, first prize 5*l.* 5s.; second prize, 3*l.* 3s. Junior medical prize, for second year's students, first prize, 3*l.* 3s.; second prize, 2*l.* 2s. Junior surgical prize for second year's students, first prize, 3*l.* 8s.; second prize, 2*l.* 2s. Midwifery prize, 4*l.* Medals and certificates are awarded in each class. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, 42*l.*

Birmingham.—The Mason College.—The magnificent institution, founded, built, and endowed by the late Mr. Josiah Mason, and devoted to the spread of scientific information, is now open for the reception of students under a staff of eminent professors. Special facilities are offered at the college to intending medical students to complete the preliminary scientific work, without which they cannot hope to succeed in obtaining any one of the higher University degrees. Classes have been formed in chemistry, physics, biology, physiology, and practical work in all those subjects is carried out in well appointed and commodious laboratories. The fees for each course of lectures are payable in advance, and arranged on a scale of the most moderate kind, varying from half a guinea to three guineas for the whole. Further particulars will be found in the Calendar, to be obtained from the Secretary.

Bristol School of Medicine (University College).—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals—the Royal Infirmary, containing 250 beds, and the General Hospital, with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually. The certificates of this school are accepted by all the examining boards. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes are annually offered for competition amongst the students. The existing medical school is affiliated to University College, Bristol.

Scholarships, Prizes, etc.—Prizes and certificates of honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At the Royal Infirmary—Suple's medical prize, a gold medal and 7*l.* 7s.; Suple's surgical prize, as the medical; Clark prize (interest of 100*l.*) for third year's students; pathological prize, 3*l.* 3s. At the General Hospital: Martyn memorial scholarship, 20*l.*; Clarke scholarship (surgical), 15*l.*; Sander's scholarship (interest of 500*l.*), medicine and surgery; Lady Haberfield's prize (interest of 1,000*l.*), for general proficiency.

Clinical lectures are given at both institutions three and four times a week.

Fees.—School fees for unlimited attendance on all courses of lectures except comparative anatomy, 63*l.* For hospital practice, 35 guineas.

Leeds School of Medicine.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships. Besides the infirmary there is a large dispensary and a fever hospital, both of which are open to students of the school. Students at this school have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on mental diseases during the summer. The systematic lectures are given at the school, and the clinical lectures at the asylum, which now accommodates 1,500 patients.

There is the Hardwicke scholarship in clinical medicine, value 10*l.*, the Thorp, in forensic medicine, value 10*l.*; three surgeons' clinical prizes, of 8*l.*, 5*l.*, and 3*l.* respectively. Silver and bronze medals, books, and certificates of honour are awarded for proficiency in particular subjects.

The composition fee for attendance upon all the required courses of school lectures is 50*l.* 8s., to be paid on entrance; or 27*l.* 6s. on entrance, and a second sum of 27*l.* 6s. twelve months afterwards.

At the General Infirmary the perpetual fee for medical practice and clinical lectures is 26*l.* 5s. The same amount is charged for the perpetual attendance on the surgical practice and clinical lectures. These fees are not included in the composition fees for lectures, and are payable separately.

University College, Liverpool (**Royal Infirmary School of Medicine**).—The infirmary attached to this school, which contains 300 beds, with 40 special beds for the treatment of diseases of women, offers admirable facilities to students for gaining practical knowledge.

A payment of 60 guineas on entrance, or in two equal instalments (one-half on entrance, and the remainder within twelve months) entitles the student to attendance on all the necessary lectures and demonstrations. The Royal Infirmary contains nearly 300 beds. There are special wards for the treatment of uterine and other diseases of women. The Lock Hospital, adjoining the infirmary, contains 60 beds.

Two house physicianships and three house surgeonships, tenable for six months, and open to pupils of the school who have obtained a legal qualification; clinical clerks and dressers; post-mortem clerks.

Two Roger Lyon Jones scholarships, each of 21*l.*, for two years, one awarded as an entrance scholarship, and the other being open to students who have completed their second year; the Torr gold medal for anatomy and physiology; the Bligh gold medal for anatomy and physiology. School medals and certificates of honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for hospital practice is 42*l.*, and may be paid in two equal instalments, one-half on entrance and the remainder within twelve months.

Manchester.—Victoria University, Owens College School of Medicine.—This school, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a faculty of science as well as of medicine, with departments of law and arts. Since the amalgamation a new medical school has been built on the most improved principles at the western extremity of the College Estate, and largely increased accommodation is afforded by extensive new buildings to be opened in October next. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatre is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs—those of anatomy, physiology, and chemistry—are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are offered for competition in this branch as an incentive to original research. The hospital practice is taken out at the Royal Infirmary, which contains 315 beds. The Monsall Fever Hospital and Cheadle Lunatic Asylum also afford teaching facilities of great importance.

Appointments.—Resident medical officer, Royal Infirmary, 250*l.* per annum; resident medical officer at Cheadle, 150*l.*; resident medical officer at Monsall, 200*l.*; resident surgical officer, 150*l.*; eight house surgeons, six months each; four house physicians, for six months each; a registrar; a pathological registrar—100*l.* each.

Scholarships, Prizes, etc.—Turner scholarship, 25*l.*, for third year's men; Platt physiological scholarship (two), 50*l.* each, two years; one annually for physiology. Platt exhibitions (two), 15*l.* each, for physiology. Dumville surgical prize, 20*l.*; examination in clinical surgery. Prizes of books, instruments, &c., varying from 5*l.* 5*s.* to 3*l.* 3*s.*, for third, second, and first year's students. Entrance scholarships: Dauntesey natural science scholarships.—Candidates, not to be over 25 years of age, may be registered, but must not have studied at any medical school; value about 100*l.*, for one year. Successful candidates must at once enter on full medical course in the Owens College. Examination takes place in October. Subjects: General and comparative anatomy, physiological botany, chemistry, including practical work, either mathematics or Latin. Gilchrist scholarships: Three of 50*l.*, for three years. One is annually awarded to candidates standing highest at matriculation of London University in June (provided he be in the honours division); failing such, two of 25*l.* to the two candidates standing highest in the first division; candidates must be between 16 and 20 years of age. There are also grammar school scholarships.

Fees.—Composition fee, 63*l.*, or two sums of 31*l.* 10*s.* each. Hospital practice: composition fee 42*l.*, or two instalments of 22*l.* each. Further information may be obtained of Professor Gamgee, Dean of the School, or of the Registrar, Owens College, Manchester.

Newcastle-on-Tyne College of Medicine.—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bed-side. It is smaller than some of the provincial schools, but sound and successful teaching, attended with remarkably good examination results, are fast bringing it on a level with its competitors in point of numbers.

The Infirmary contains 230 beds. There are special wards for diseases of the eye, for lock cases, male and female, and for children. Pathological demonstrations are given as opportunity offers. Practical midwifery can be studied at the Newcastle Lying-in Hospital, which contains 12 beds. Opportunities for practical study are also afforded by the Dispensary, Fever Hospital, Eye Infirmary, Children's Hospital, and Coxlodge and Dunston Lunatic Asylums. Lectures are given on psychological medicine at the Coxlodge Lunatic Asylum by Mr. R. H. B. Wickham, Medical Superintendent. Mr. H. E. Armstrong lectures on public health.

Appointments.—An Assistant-Curator of the Museum is annually appointed from among the senior students, and receives £12 as an honorarium. Assistant demonstrators of anatomy, prosectors for the lectures on anatomy, assistant physiologists, pathological assistants, and assistants to the dental surgeon are also elected. Four times in the year two resident medical assistants, two resident surgical assistants, three non-resident clinical clerks, and sixteen non-resident dressers (eight for the in-patient, and eight for the out-patient department) are nominated by the Medical Board, and, if approved, appointed by the House Committee for three months. The medical and surgical assistants are provided with apartments and board in the Infirmary, on payment of £5 5*s.* for three months.

Scholarships, &c.—University scholarship, value £25 a year. for four years, for proficiency in Arts, awarded annually at beginning of winter session to perpetual students in their first year only. The Dickinson Memorial Scholarship, value £15 annually, for medicine, surgery, midwifery, and pathology; open to perpetual students who have passed the primary examination of a licensing body. The Tulloch Scholarship, interest of £400 annually, for anatomy, physiology, and chemistry. The Charlton Memorial Scholarship, interest of £700 annually, with Gold Medal, open to full students entered for the class of medicine at end of winter session. The Gibb Scholarship, interest of £500 annually, for pathology, at end of summer session. Goyder Memorial Scholarship in clinical medicine and clinical surgery, proceeds of £325 annually. At the end of each session, a Silver Medal and Certificates of Honour are awarded in each of the regular classes.

Fees.—Composition fee for lectures, £63, in one sum, or two instalments of £36 15*s.* each, or three instalments of £31 10*s.*, £20 5*s.*, and £21. Royal Infirmary perpetual fee, £26 5*s.*

Further information may be obtained from the Registrar, Dr. Luke Armstrong, Newcastle-on-Tyne.

Sheffield School of Medicine.—Students at this college obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 180 beds, and is provided with a museum and pathological and post-mortem theatres. The fees for perpetual attendance are £15 15*s.* for medical, and £21 for surgical practice; for twelve months' medical and surgical practice, each £10 10*s.*, and for six months, £6 6*s.* each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, £45. Prizes to the value of £30, and certificates of honour, are given annually. Some of the lecturers, and other local members of the profession receive house pupils; such a mode of residence will be found far preferable to life in ordinary lodgings.

Liverpool Royal Southern Hospital.—This institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, are recognised by all the examining boards.

Inclusive fees: Perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately, on payment of half the above fees.

EXTRA-ACADEMICAL INSTITUTIONS.

London School of Dental Surgery.—This institution is the oldest of the dental colleges in the United

Kingdom, and its teaching is recognised by the Royal College of Surgeons for the dental diploma, (situated in Leicester Square). General fee for special lectures required for the curriculum, 15*l.* 15*s.* The Saunders Scholarship of 20*l.* per annum, and prizes, are open for competition. In connection with the above is the Dental Hospital of London. Fees for two years' hospital practice, 15*l.* 15*s.* Fees for lectures and practice, 31*l.* 10*s.*

National Dental College.—This is a more modern institution, it having been opened for teaching purposes about six years ago. In connection with the College is the National Dental Hospital, situate in Great Portland Street, which was established several years before the school. The teaching at this school also is recognised by the College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the other dental school. Fees.—General fee for special lectures required by the curriculum, 12*l.* 12*s.*; fee for the two years' hospital practice required by the curriculum, 12*l.* 12*s.* Total fee for the special lectures and hospital practice required by the curriculum, 25*l.* 4*s.*

School of Pharmacy of the Pharmaceutical Society of Great Britain.—Lectures are delivered on —(1) Physics in relation to chemistry and pharmacy; (2) Inorganic chemistry; (3) Organic chemistry, botany, and materia medica. These lectures are delivered on Thursday, Friday, and Saturday mornings, at nine o'clock. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at two o'clock. Fee for ten months, according to hours of attendance, 12 to 25 guineas; for shorter terms in proportion. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

Cooke's School of Anatomy and Physiology—This is established for private tuition, and is situate close to University College, its principal being Mr. Thomas Cooke, F.R.C.S., Senior Assistant-Surgeon to the Westminster Hospital, whose private address is at 16 Woburn Place. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations, and such experiments as the law permits), and operative surgery (on the dead body), are gone through carefully every three months. Fees.— Anatomy and physiology, three months, 4 guineas; six months, 5 guineas. Special course for F.R.C.S., 5 guineas. Surgery—three months, 5 guineas; six months, 8 guineas. Special course for final F.R.C.S., 8 guineas. There is a well-appointed dissecting-room near the school.

South London School of Pharmacy—This school is situated at Kennington Cross, and is decidedly the most popular institution for the study of practical pharmacy and chemistry in London. It has accommodation for 120 students, instruction being also given in analytical chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate the subject taught as the lecturer proceeds. The percentage of pupils passing at the examination is exceptionally high from this school. The winter session commences a fortnight earlier than that of the medical schools.

School of Homœopathy—Homœopathy has now a school of students, which is situate in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 1st.

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II.—QUALIFICATION.

There are in England seven examining bodies which confer qualifications to practice medicine. Four of these are Universities granting degrees; two are Colleges of Physicians and Surgeons respectively, granting registrable diplomas; the remaining institution is the Society of Apothecaries. The following account of these institutions includes particulars of the regulations under which the various qualifications are granted:—

THE ENGLISH UNIVERSITIES.

The distinction of a university degree carries with it so many advantages, social and professional, that every student who can possibly obtain so desirable a qualification will be consulting his best interests by straining every point in its favour. Of late years the facilities for obtaining the highest class degrees have so much increased, that an earnest and hard-working student not afraid of a good deal of extra labour, and with even average abilities, may readily gain for himself the distinguishing mark of culture conferred by graduation at one of the older seats of learning. The numerous scholarships open to general competition, and awarded at Oxford and Cambridge, &c., for proficiency in many of the subjects included in the preliminary medical curriculum, offer a ready means of meeting the extra expenses to be necessarily incurred at a university, as compared with the cost of ordinary qualification; and to this must be added the similar money prizes which, with only a slight additional labour, may be gained at the various hospital schools of medicine, and which will suffice to meet the major part of extra-academical outlay. Moreover, the liberal alterations introduced of late years into the regulations for the medical degrees of Durham University present a means whereby, with the sacrifice of less than twelve months of time spent "in residence" within the University bounds—and even this can be passed in regular medical study at the Newcastle-on-Tyne School of Medicine—any duly registered medical student can proceed to the examination for the M.B. degree of that University. On one point there is a common agreement among the universities, that, viz., they will admit no one to their earliest examinations who cannot show himself to have received a sound preliminary education in arts; and the necessity for this on the part of future medical practitioners is recognised no less now by all the examining boards of the Kingdom. Whatever the future ambition of the student, it will be wisest for him to be prepared with a view to ultimate graduation at a university, as thus will he be most effectively fitted to pursue the path leading to that goal, should opportunities arise for doing so. We will now briefly detail the principle features peculiar to the different universities in in respect of graduation at each.

Oxford.

Every student in medicine must pass all the examinations for the degree of B.A., and date the commencement of his medical studies from the final examination in arts or science. For the degree of B.M. two examinations must be passed, the first including Anatomy and Physiology (Human), Comparative Anatomy (chiefly the entozoa), and Physiology, Botany, Chemistry (theoretical and practical), and Physics, with Mechanics. All candidates, however, who have obtained honours in the School of Natural Science, or have passed the Honour examination in Chemistry, Mechanics, and Physics, are not required to offer these subjects again at the first M.B. At the second examination the candidate is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some one modern author, as Morgagni, Sydenham, or Boerhave, as well as in the Principles and

Practice of Medicine and Surgery, the Diseases of Women and Children, &c., &c. The first, or scientific examination may be passed immediately; and two years must elapse after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B. before being eligible for the M.D. The medical examinations take place annually in Trinity Term.

Scholarships of value from 60*l.* to 100*l.* are obtainable at Christ Church, Magdalen, and other Colleges, by competitive examinations in natural science. Each year a Radcliffe Travelling Fellowship is competed for by those who, having taken a first-class at any of the public examinations of the University, or having obtained some University prize or scholarship open to general competition, propose to graduate in medicine. The Travelling Fellows receive 200*l.* a-year for three years, half this period being spent in study abroad.

During the past year a movement to utilise the clinical renown of the Radcliffe Infirmary for teaching purposes has been successfully inaugurated, and appointments have already been made with a view to giving effect to the intentions of reformers in this direction. Possibly Oxford may in time become what it is eminently fitted to be a successful and important School of Medicine.

Cambridge.

At the University of Cambridge, five years of medical study are required for the M.B., unless the student has graduated with honours as B.A., when four years suffice. He must have resided nine terms in the University, and have passed the "previous" examination in classics and mathematics. There are three examinations for this degree. The first is in chemistry, physics, and botany; the second in anatomy (human and comparative), physiology, and pharmacy; and the third, in the usual practical subjects. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore.* There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicine as is required by medical officers of health will in future be held. The examination for certificates in sanitary science will begin on Tuesday, October 2. The names of candidates, who must be on the Medical Register of the United Kingdom, should be sent to Professor Liveing, Cambridge, on or before September 28. The yearly expenditure of a student who keeps his terms by residence in a college is from £150 to £200 a year. This however, may include all payments to the University and the college—all fees, as well as clothes, pocket-money, travelling expenses, &c. Non-collegiate students have only to pay the University fees, which are very small. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

London.

The medical degree of London University is given to all and every one who succeds in satisfying the examiners of fitness to receive it. Women, as well as men, can proceed to it, irrespective of any consideration of residence or place of instruction, provided this has been obtained at a properly appointed hospital or hospitals.

Those students who intend to graduate at the London University should arrange their studies to pass the preliminary scientific examination *before commencing their regular medical studies,* taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained, which will go to clear the way for first year's studies, which would otherwise be much encumbered.

The preliminary scientific examination commences on the third Monday in July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be examined are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass in all these subjects, and shall also pass at *the same time* in the pure mathematics of the first B.Sc. examination, or shall have previously passed the first B.A. examination, shall be considered as having passed the first B.Sc. examination also. There are in this, as in every other stage of the graduate's career, examination for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science.

For the M.B. degree there are three professional examinations—namely, the preliminary scientific, the intermediate, and the final M.B. Before proceeding to the intermediate examination, which is held once a year, beginning on the last Monday in July, the candidate must have passed the preliminary scientific examination at least one year previously, and must produce certificates —1. Of having completed his nineteenth year; 2. Of having been a student during two years at one or more of the medical institutions or schools recognised by this University, and of having attended a course of lectures on each of three of the following subjects: Descriptive and Surgical Anatomy, Physiology and Histology, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Obstetric Medicine and Diseases peculiar to Women and Infants, Surgery, Medicine; 3. Of having dissected during two winter sessions; 4. Of having attended a course of Practical Chemistry; 5. Of having attended to Practical Pharmacy, and having acquired a practical knowledge of the preparation of medicines. Candidates are examined in Anatomy, Physiology and Histology, Materia Medica and Pharmaceutical Chemistry, Organic Chemistry. Candidates must show a competent knowledge in all the subjects. The examinations are conducted by printed papers and *vivâ voce* interrogation, by demonstration from preparations and specimens, and by dissections.

For the final or M.B. candidates must produce certificates—1. Of having passed the intermediate examination in medicine at least two years previously; 2. Of having subsequently attended a course of lectures on each of two of the subjects for which he had not presented certificates at the intermediate examination; 3. Of having conducted at least twenty labours; 4, and 5. Of having attended the surgical and medical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical surgery and clinical medicine; 6. Of having, after having attended surgical and medical hospital practice for at least twelve months subsequently to passing the intermediate examination in medicine, attended to practical medicine, surgery and midwifery, with special charge of patients, in a hospital, infirmary, dispensary, or parochial *union,* during six months, such attendance not to be counted as part of the hospital practice prescribed in 4 and 5; 7. Of having acquired proficiency in vaccination. The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. Candidates are examined in General Pathology, General Therapeutics and Hygiene, Surgery, Medicine, Obstetric Medicine, and Forensic Medicine. The examinations include questions in Surgical and Medical Anatomy, Pathological Anatomy, and Pathological Chemistry. The examinations are conducted by printed papers and *vivâ voce* interrogations; by practical examinations in obstetric preparations and apparatus; by examination and report on cases of medical patients in the wards of a hospital; demonstrations from specimens and preparations. Candidates are expected to write prescriptions in Latin without abbreviations.

The regulations relating to the examination for honours, prizes, &c., and to the M.D. and B.S. examinations, may be obtained from the Registrar of the University, Burlington Gardens, W.

A special examination is held once in every year in subjects relating to public health, to which those candidates only are admitted who have passed the M.B. examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food; meteorology, geology, physics, and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

All the medical degrees of the London University being open to women, valuable scholarships have been founded for their special benefit in connection with them.

University of Durham.

Two licences and three medical degrees are conferred by this University—viz., Licences in Medicine and Surgery, with degrees of Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. A certificate of proficiency in sanitary science is also awarded.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence at the Durham University College of Medicine, and in the case of non-university men an additional Arts examination to the professional examination must be passed.

Every candidate must be not less than twenty-one years of age, and must produce certificates of age, of registration as a student in medicine in the books of the General Medical Council, of good moral conduct, and of attendance on the usual lectures on hospital practice. In addition to the certificate of registration he must produce proof of having passed a somewhat higher Arts examination than those usually possessed before registration.

Candidates, however, who, at the commencement of their professional education passed the Arts examination for registration only, may pass in the extra subjects required either before or after presenting themselves for the first examination for the degree, but must do so before presenting themselves for the second examination.

There are two professional examinations, the first being held twice yearly, viz., in October and April, and the second twice yearly, in June and December. The subjects of the first examination are Anatomy, Physiology, Chemistry, Botany. The subjects of the second examination are Medicine, Surgery, Midwifery and Diseases of Women and Children, Pathology, Medical Jurisprudence, Materia Medica and Therapeutics, Public Health. The first examination will commence on Oct. 8th, 1883, and on April 21st, 1884. The second examination will commence on Dec. 3rd, 1883, and on June 23rd, 1884. The successful candidates for the first and second examinations for the degree of Bachelor in Medicine will be arranged in three classes—in the first and second (Honours), according to merit; and in the third (or Pass) in alphabetical order.

Candidates who have completed part of their curriculum elsewhere may pass their first examination *previously* to entering at Newcastle-upon-Tyne, and are recommended to commence their year of residence at Newcastle-upon-Tyne at the beginning of the winter session.

Full particulars relating to the M.D. (which is conferred under certain conditions without residence on Senior practitioners), B.S., and M.S. degrees may be obtained from the Registrar.

Royal College of Physicians of London.

Under the remodelled scheme of examination for the Licence of this College, which is a qualification to practise medicine, surgery, and midwifery, candidates are required to pass *three* examinations in all cases in which medical studies commenced subsequently to March 25, 1880. The *first* may be taken immediately after registration, and includes chemistry (with physics), materia medica, pharmacy, botany, and osteology. The *second* can be passed eighteen months after the first; subjects—anatomy and physiology. The *third* after forty-five months of study, and not until two years after the second. It includes anatomy, medical and surgical pathology, morbid anatomy, medicine and surgery, midwifery and diseases of women, forensic medicine, hygiene, and therapeutics.

Of the forty-five months of professional study, one winter and two summer sessions may be passed in either of the following ways: 1. Attending the practice of a hospital, infirmary, or other institution recognised by the College. 2. Receiving instruction as the pupil of a legally qualified practitioner, having opportunities of imparting a practical knowledge of medicine, surgery, or midwifery. 3. Attending lectures on any of the required subjects of professional study at any recognised place of instruction. Professional studies commenced *before* registration, except in the cases of chemistry, materia medica, botany, and pharmacy, will not be recognised.

Certificates required: First examination.—Evidence of having been registered as a medical student [by the General Medical Council: and of having received instruction in chemistry, including chemical physics (*i.e.*, heat, light, and electricity), in practical chemistry, in materia medica, in botany, and in practical pharmacy. (This examination includes osteology as well as] the subjects named.)

Second Examination.—Evidence of having passed the first examination; of having completed, after registration as a student, eighteen months of professional study at a recognised school or schools; and of instruction in anatomy and physiology.

Third Examination.—Evidence of being twenty-one years of age; of moral character; of having passed the second examination; of having been engaged in professional study not less than forty-five months; and of instruction in the remaining subjects of study mentioned in the tables, which will be supplied on application at the College.

The membership of the College is conferred after examination, which is conducted as follows:—Thursday: From 2 to 6, by written questions on medical anatomy, and on the principles of medicine. Friday: From 2 to 6, by written questions on the practice of medicine, including the principles of public health, and on psychological medicine. Saturday or Monday: The candidate's practical knowledge will be tested, either at the College, or in the medical wards of an hospital. Tuesday and Wednesday, by examination *vivâ voce.* This examination will commence on the last Thursday but one in January, April, July, and October.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a University in the United Kingdom, in India, or a British Colony, or who shall have obtained a foreign qualification entitling him to practise medicine or surgery in the country where such qualification has been conferred, wherein the courses of study, and the examinations to be undergone previously to graduation, shall have been adjudged by the Censors' Board to be satisfactory, shall, if the Censors shall think fit, be admitted to the pass examination. The nature and extent of this examination shall, in the case of each candidate, be determined by the Censors' Board.

Under certain conditions the membership is to be obtained by practitioners over forty years of age without previously passing the examination for the licence, of which proof must be given by all other candidates except graduates in medicine as above described. But Licentiates admitted before February 16, 1859, and extra Licentiates otherwise may be admitted Members by a vote of the College.

The fees for the licence are £14 15s., and for the membership £31 10s.

Royal College of Surgeons of England.

The College of Surgeons requires every candidate for its Fellowship and Membership to pass two examinations, and in the case of candidates who commence their professional education on or after October 1st, 1883, proof must be adduced of having passed an examination in elementary anatomy and physiology conducted by their teachers at the several medical schools at least six months before their presenting themselves for the primary. Such candidates also will not be admitted to the second or pass examination until after the expiration of two years from the date of passing the primary, except under circumstances which are particularised thus:—

1. When a candidate, before presenting himself for the primary examination, shall possess a recognised degree or diploma in medicine or surgery, or shall have completed the curriculum of professional education for the diploma.
2. In the case of a candidate who, being desirous of obtaining the Fellowship, shall fail to present himself for the primary examination for the Membership at the end of his second year of professional study, but who shall pass at the end of his third winter session the primary examination for the Fellowship; it being required in such case that no less than one year of attendance on the surgical practice of a recognised hospital shall intervene between the date of his passing the primary examination for the Fellowship and the date of his presenting himself for the second or pass examination for the diploma of Member.
3. In the case of a candidate who, having commenced his professional studies by attendance on the practice of a recognised provincial or colonial hospital, and having completed a year of such attendance, shall fail to pass the primary examination at the end of his second winter session of attendance at a recognised medical school; provided that in his case not less than one year shall elapse between the date of his passing the primary examination and the date of his presenting himself for the second or pass examination for the diploma of Member.
4. When a candidate, owing to illness, duly certified by one or more of the teachers of his medical school, shall be prevented from presenting himself for the primary examination on the completion of his second year of professional study.
5. And in the case of a candidate who, from some unforeseen circumstances, shall fail to present himself for the primary examination on the completion of his second year of professional study; it being left to the Court of Examiners to determine whether in such case the candidate shall or shall not be required to comply with the regulation.

The regulations affecting "referred" candidates have also undergone recent amendments by which the conditions under which subsequent study must be pursued are more rigidly defined.

The second or pass examination includes a written, *viva voce*, and practical test in surgery, surgical anatomy, pathology, medicine and midwifery, but candidates can claim exemption from examination in medicine and midwifery under the following conditions, viz.:—

1. The production by the candidate of a degree, diploma, or licence in medicine and midwifery, entitling him to register under the Medical Act of 1858, or a degree, diploma, or licence in medicine or midwifery of a colonial or foreign University approved by the Council of the College.
2. A declaration by the candidate, prior to his admission to the final examination for Membership or Fellowship, that it is his intention to obtain either of the qualifications in medicine and midwifery mentioned in the foregoing paragraph, in which case the diploma of the College will not be issued to him until he shall produce either the said medical qualification or proof of having passed the several examinations entitling him to receive the same.

Candidates for the Fellowship must be twenty-five years of age, and must pass two examinations also, the primary, including comparative anatomy and physiology to some extent as well as human. The fee for the membership is £22, of which five guineas are paid before the final examination, on failure 3 guineas more before re-examination. Pass examination fee is five guineas at each presentation. Fellows—Total fee to members 15 guineas; to non-members, £31 10s.

The Apothecaries' Society of London.

Examinations are held every week during the year by the Apothecaries' Society, and licences are granted by it admitting to the practice of medicine in the United Kingdom, as well as certificates which entitle the holders to dispense medicines. A four years' course of study is required for the licence, and two examinations must be passed: the first, or primary, in anatomy, physiology and histology, chemistry, materia medica, and botany; the second, or final, in medicine, therapeutics, pathology, midwifery with diseases of women and children, forensic medicine and toxicology. Graduates in medicine of British Universities are admitted to a modified examination, which includes a clinical and practical test in medicine, pathology, and midwifery. Every candidate is examined practically and *viva voce* at both examinations, and in all the subjects; and is required to produce proof of attendance on the classes and lectures included in the full medical curriculum, surgery excepted. The fees payable are three guineas on entering for each examination, none of which is returned to rejected candidates. The fee for certificates to dispense is two guineas.

HOURS OF THE INTRODUCTOY LECTURES

To be delivered at the different Metropolitan Schools.

St. Bartholomew's Hospital: None. Session commences Oct. 1st.
Charing Cross Hospital: None. Session commences Oct. 1st.
St. George's Hospital: W. H. Bennett, Esq., Oct. 1st, at 4 p.m.
Guy's Hospital: None. Session commences Oct. 1st.
King's College Hospital: H. W. Acland, Esq., Oct, 2nd, at 4 p.m.
London Hospital: Prof. Huxley, Oct. 1st, at 8 p.m.
St. Mary's Hospital: Dr. Handfield Jones, Oct. 2nd, at 3.30 p.m.
Middlesex Hospital: A. Pearce Gould, Esq., Oct. 1st, at 3 p.m.
St. Thomas's Hospital: F. Le Gros Clark, Oct. 1st, at 3 p.m.
University College: Prof. John Tweedy, Oct. 1st, at 4 p.m.
Westminster Hospital: Boyce Barrow, Esq., Oct. 1st, at 3 p.m.

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Ireland.

I.—EDUCATION.

The system of medical teaching in Ireland differs from that in England in important particulars. In London each clinical hospital has its attached medical school, which is fully equipped, and which educates the students of that hospital and, very seldom any other. In Dublin, the hospitals and schools are entirely separate (except that Sir Patrick Dun's Hospital is officially connected with the University), and a student of any hospital is free to enter at any school he pleases. In London, the student bargains with his hospiral and school—in the first instance—for a complete course of instruction, for which he pays—in whole or part—in advance, and his entire study is conducted within the one instution. In Dublin, on the contrary, the student enters for hospital and for courses of study separately, and takes the courses at any school he pleases which "gives best value." The teaching system—especially in Dublin—has recently entered on a new phase, by reason of the thorough and most necessary reforms contained in the new scheme of education and examination which the Irish College of Surgeons has decreed two years since. The future arrangement will be substantially as follows :—

1. The student will not be allowed, as heretofore, to defer his examination in general education until the eve of his final examination for his qualification to practise, but must pass his "preliminary," and register as a medical student not later than a fortnight from his commencing medical study.

2. The student will no longer be obliged or allowed to defer, as in times past, his first professional examination until the end of his third year of study. He will have to pass an examination at the end of each of his four years, and his course of education will thus be graduated from the elementary subjects to those more advanced and practical.

3. It will no longer be possible for the student to complete his course of study in a less period than three years and nine months, but the first of these years will be devoted to preliminary scientific studies, which *may* be worked at without coming to a medical school. No lecture or hospital attendances are *required* during this first year, but the student must prove that he has not been idle by passing an examination at its termination ; and, if he does not enter at a medical school, must satisfy the College that he has been *bona fide* pupil of a medical practitioner for at least nine months.

4. The payment of fees for lectures, &c, cannot any longer be deferred beyond one year, as the certificates of attendance *must* be produced for the examination which is to be passed at the end of that period.

5. The proofs of actual attendance at lecture and hospital will no longer be lax and unreliable, but will be stringently enforced.

These reforms will effect a most salutary change in the Irish medico-educational system.

COST OF EDUCATION IN IRELAND.

Should the student proceed on his own account, the lectures necessary for the diplomas of the Colleges of Physicians and Surgeons in Ireland will amount to about £75 ; hospital attendance, according to the new scale of fees, £36 ; lying-in hospital, from £4 4s. to £7 7s. These, with the diploma fees of £26 6s. for the College of Surgeons, and £15 15s. for the College of Physicians, represent the essentials, Thus, the absolute payment will amount to somewhere about £100, taking the minimum mode of payment. In addition to this sum are to be considered the payment for "grinding" or "coaching," by no means necessary to any industriously inclined student. The fixed sum is at present for private teaching usually £18 18s., *i.e.*, £9 9s. at commencement and £9 9s. after passing first half of the examination, for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £140 to £160 on a moderate scale.

This sum, or something like it, will secure to the pupi the advantage (?) of being "apprenticed" to a teacher, who will undertake all monetary responsibility for his education, and may be able to give him some special advantages as his own pupil at hospital, but the so-called apprenticeship is sometimes a simple contract for the payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice. Most of the apprentice holders will accept payment by instalments.

DATES OF ENTRY IN IRELAND.

The entry of names and commencement of study in Ireland is supposed to date from the 1st of October in each year, but the Session really does date from the 1st of November, and the entry of names may be delayed by the dilatory until the 15th of the same month.

The student begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and discussions. His vacations are a fortnight at Christmas and a week at Easter, and he finally returns home at the end of July.

LECTURE ATTENDANCE IN IRELAND.

The system heretofore existing, under which a student could obtain unlimited certificates of "diligent" attendance on lectures and hospital in Ireland, though he might never have seen the inside of the lecture theatre, or be able to recognise the professor on meeting him in the street, has, been forbidden, and the issue of sham certificates is now confined to a few teachers and to those students who, being engaged in other avocations, cannot possibly study honestly and must, therefore, buy their sham certificates from the teachers who make the trade in these documents a matter of business. The Council of the Irish College of Surgeons has passed ordinances under which the actual number of lectures delivered and attended must be guaranteed not only by the teacher, but by the Registrar of the school, and by the student himself, who will be required to sign a declaration that if any statement made in his certificate turns out to be untrue, he will deliver up his diploma to be cancelled. The method of checking attendances at school and hospital has also been revised and made more stringent, so that evasion of the rules will be in future very hazardous, but there are still a few persons who are willing, for a consideration, to connive at the system of attendance by deputy and other fraudulent practices.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

The clinical hospitals of Dublin are ten in number, exclusive of the Cork Street Fever Hospital, two lying-in hospitals, two Ophthalmic hospitals, two Dental hospitals, the Children's Hospital in Pitt Street, and other special institutions. Some of the clinical hospitals, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others, gaain, are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the Advertisement of each Institution in another part of this Issue.

The School of Physic is a medical school formed by an amalgamation of the Schools of Trinity College and of the College of Physicians. The School is governed jointly by the Provost and Senior Fellows of Trinity College, and by the

President and Fellows of the College of Physicians, and is situated in the College Park. The Professors in the school are *ex officio* medical officers of the Sir Patrick Dun's Hospital. The Arts students of the University have certain advantages in attending at this School, but it is freely accessible to all students, and the instruction provided occupies a high rank. Every student of the school must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable, but he need not attend any of the Arts courses unless he desire to obtain a licence or degree in medicine or surgery. No student is permitted to matriculate unless he has passed the first two years in Arts in Trinity College, in the preliminary examination of the Royal College of Surgeons in Ireland, or some other examination recognised by the General Medical Council. No student can be admitted for the Winter Courses after the 25th November.

Two Medical Scholarships are given annually in the School of Physic, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and institutes of medicine, comparative anatomy, chemistry, materia medica, botany, and experimental physics. Three-fourths of the lectures must be attended, and a daily roll is called by each Professor.

The Royal College of Surgeons' School of Surgery is attached by Charter to the Royal College of Surgeons, and has existed as a department of the College for nearly a century. It is carried on within the College buildings, and is specially subject to the supervision and control of the Collegiate Council, who are empowered to appoint and remove the professors, and to regulate the methods of teaching pursued in the school. By the order of the Council, and with the sanction of the Fellows of the College, the School has been recently enlarged, reconstructed, and fitted with the most approved appliances. The anatomical department has been completely remodelled. The lighting and heating of the dissecting-room have received particular attention. A valuable series of permanent typical dissections have been placed in position round the room, in order that the student may be enabled to study the accurately displayed parts, and compare his own work therewith. A new laboratory has been constructed for the special accommodation of students in practical physiology. Each student is provided with a microscope, re-agents, and all other necessaries for making, staining, and mounting microscopic sections. He is, while so engaged, instructed in the minute anatomy of the tissues, and is enabled during the course to form and retain for his own use a complete cabinet of about one hundred typical specimens.

The Carmichael College of Medicine.—The school buildings are entirely new from their foundation, and the directors have provided all the most recent improvements, and to render every department fully adequate to the requirements of the most advanced teaching of medicine and surgery. The School is situated in immediate proximity to the Meath and Adelaide Hospitals, and is connected by its teachers not only with these hospitals, but also with the Richmond, Whitworth, and Hardwicke, the Rotunda, and the City of Dublin. The dissecting rooms and the physiological laboratory are spacious, well-ventilated, and admirably lighted, and are completely furnished with every requirement for the practical training of students in physiological and histological research. A bone-room, in which bones, anatomical preparations, &c., are kept, and a students' reading room, have been added to the accommodation of the School. Two scholarships, the "Mayne" and the "Carmichael," each value 15*l.*, and prizes to the value of 97*l.*, on the foundation of the late Mr. Carmichael, are offered annually.

The Ledwich School was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed a life in an unceasing effort to promote its welfare. It is situated in Peter Street, not five minutes walk from the College of Surgeons, the Meath, St. Vincent's, Coombe Lying-in Hospital, and Mercer's Hospital, and in the same street with the Adelaide Hospital, and the Carmichael Medical School, and ten minutes' walk from the Catholic University School, the School of Physic, and the City of Dublin Hospital.

The Catholic University School is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its professors are physicians and surgeons of the Mater Misericordiæ, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University itself does not grant degrees in medicine or surgery, being as yet unchartered, but the School is instrumental in the education of a large proportion of the Catholic students of Ireland. The University grants an Exhibition of 20*l.*, a gold medal, value 7*l.*, and class prizes.

The hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiæ Hospital, in Eccles Street; Jervis Street Hospital; and House of Industry Hospftal.

CLINICAL HOSPITALS.

Richmond, Whitworth, and Hardwicke Hospitals.—The accommodation of these Hospitals is as follows: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds—total, 312 beds. (They are Government Institutions and under the supervision of the Lord Lieutenant. These hospitals are visited each morning at 9 o'clock by the physicians and surgeons, and in addition to the usual bedside instruction, clinical lectures are delivered on the most important cases. Special instruction is also given on various branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic and aural dispensary, and the respective surgeons give instruction in these important subjects. Eight resident clinical clerks and dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students, as formerly, but also to those who are qualified in medicine or surgery. A house-surgeon for the Richmond Hospital is elected biennially, and receives a salary. The Richmond Lunatic Asylum, containing 1,000 beds, adjoins these hospitals.

City of Dublin Hospital is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. There are special wards for ophthalmic and aural diseases, on which subjects a special course of lectures is delivered. There is a special ward for diseases of women, and a course of lectures given on diseases peculiar to women; there is also a ward exclusively for children. The Drummond Wing is set apart for fever and other contagious diseases. Clinical assistants to the physicians and dressers to the surgeons are appointed from the most deserving of the class. A house-surgeon is elected annually, and medical and surgical pupils are appointed by examination.

The Meath Hospital, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 127th year of its existence, ranks among the oldest of the charitable institutions of Dublin. It is situated on the southern side of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1570; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. 1852-53 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Woodhouse.

The Adelaide Medical and Surgical Hospitals are in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the Carmichael Medical College, the College of Surgeons, and Trinity College. From the 1st of October the physicians and surgeons visit the wards, and give instruction at the bedside, at the advertised hours. There is a large detached fever hospital and also wards for infants and children. Special hours are devoted to clinical instruction in the diseases peculiar to women, and students are individually instructed in the use of the stethoscope, ophthalmoscope, laryngoscope, and microscope. Three resident pupils are selected half-yearly. Prize examinations, including examinations for the Hudson Scholarship, 30*l.*, and a gold medal, and a senior prize of 10*l.*, and a silver medal, are held at the termination of the session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as of minor surgery and dentistry.

Sir Patrick Dun's Hospital is situated on the south-eastern side of the city, and about half a mile from the University School of Physic. It was founded by the School of Physic Act in 1800, and is now governed by the directions laid down in that statute and in the School of Physic Amendment Act, 1867, and it is officered exclusively by the professors and examiners in that school. Formerly all University students were compelled to attend this hospital, which was a purely medical institution, but some years ago the obligation was removed, and the hospital was opened for surgical cases. It is now perfectly free to all students.

Mater Misericordiæ Hospital.—This is one of the largest and best provided hospitals in Dublin, and is in great measure under the management and patronage of the Catholic Hierarchy; it contains 230 beds; 50 beds are reserved for fever and other contagious diseases. A special course of lectures on fever will be given during the session. A ward has been assigned for the treatment of ophthalmic diseases, in accordance with the requirements of licensing bodies. The Leonard prizes, value of 30*l.*, will be given at the end of the winter session. The Introductory Lecture will be delivered by Dr. Redmond on October 31st, at 11 a.m.

Mercer's Hospital, William Street, founded A.D. 1750.—This hospital, which is intimately associated with the Ledwich School though it educates students of all schools, is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are opened at all hours for the reception of accidents and of acute cases. Dispensaries are held daily and are largely attended. Special instruction is given in cutaneous, infantile, gynæcological, and ophthalmic diseases. From the large number of accidents which, from its position, come to the hospital, students are offered ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor surgery.

St. Vincent's Hospital was established as a middle catholic hospital, in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The hospital has 160 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the convalescent home at Linden Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. Cox, and Dr. J. S. McArdle. A special ward for the treatment of the diseases of women has been opened under the care of Dr. J. A. Byrne, gynæcologist to the hospital. The ophthalmic department is conducted by Mr. D. Redmond. The resident officers consist of a house-surgeon (Mr. Denis P. Kenna) and two resident pupils. The hospital is visited daily at 9 a.m., and patients are admitted at 10 a.m. Accidents and urgent cases, however, are admitted at all hours. Special arrangements have been made to afford facilities to the students for the study of infective fevers.

Dr. Steevens's Hospital, containing beds for 250 patients, is situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, occupying a position in the centre of one of the busiest manufacturing districts of the city otherwise unprovided with medical institutions. Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane. There is accommodation for residence of two medical and six surgical pupils, besides whom the house-surgeon receives house pupils. The fees payable for the privilege of residence are twenty guineas, winter; fifteen guineas, summer six months, which includes the fee for hospital practice for the corresponding terms, and the students in addition to their rooms and furniture are provided with coal and gas. The hospital is easily accessible by two lines of tramway, one of which terminates at the Kingsbridge station within one minute's walk of the hospital.

Jervis Street Hospital is one of the oldest-established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character supplies the hospital with an abundance of surgical cases. It is frequented by Catholic students, and its nursing arrangements are under the charge of a community of Sisters of Mercy. The hospital being found inadequate to the demands upon it, is in process of being rebuilt, and, when finished, will be one of the finest hospitals in Dublin.

SPECIAL HOSPITALS.

The special hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St. Mark's Ophthalmic Hospital, the National Eye and Ear Hospital, two Dental Hospitals, the Throat Hospital, and two Orthopædic Hospitals.

The Rotunda Hospital.—This well-known and time-honoured institution possesses a character as a school of midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be as also a great school of gynæcology. The institution consists, in fact, of two distinct hospitals—viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually; and the hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master is Dr. Macan, well known to gynæcology as Lecturer in the Carmichael College, and obstetrician to the City of Dublin Hospital. There is also a large extern maternity in connection with the hospital. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. The clinical clerkship, value 50*l.* a year, tenable for six months, is adjudged, after open competitive examination, to any pupil who has attended the full course of instruction in the hospital.

Coombe Lying-in Hospital.—This hospital, which was rebuilt, considerably enlarged, and refurnished some years ago, contains 65 beds. It was founded in 1826 by Mrs. Boyle, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than 2,000 in number. Moreover, the chronic hospital for the reception of cases of the diseases of females gives admission to about 200 patients annually. The fee for attendance is 8*l.* 8*s.* for six months as extern, and 18*l.* 18*s.* as internal pupil. During that period the student attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships and a clinical clerkship are obtainable half-yearly by all pupils who have obtained their midwifery diplomas from the hospital, and special certificates are given. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside.

Cork Street Fever Hospital and House of Recovery is the only special fever hospital in Dublin. It contains 200 beds, and is supported mainly by an annual Government grant, supplemented by voluntary contributions. A certificate of attendance on fever being now required of candidates for the licence to practise medicine of the King and Queen's College of Physicians in Ireland, arrangements have been made whereby the exceptional advantages connected with this institution can be utilised for purposes of clinical teaching. All particulars may be obtained on application to the Registrar and Resident Medical Officer.

The Pitt Street Children's Infirmary, established 1821, was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill are the medical officers.

Dublin Orthopædic Hospital, 11 Usher's Island, containing 30 beds for the treatment of every class of deformities and the practice of orthopædic surgery. The institution is under the management of Mr. Swan.

National Orthopædic and Children's Hospital for the treatment of club-foot, contractions and distortions of the limbs, spinal and other bodily deformities, and all non-infectious diseases peculiar to children, 7 Adelaide Road, Dublin. Mr. Ormsby attends on Mondays, Wednesdays, and Fridays; Dr. Woodhouse on Tuesdays, Thursdays, and Saturdays, from 10 to 11 o'clock, and gives clinical instruction on the intern cases. The hospital is capable of containing 30 beds, for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are performed on Fridays. Students and practitioners are allowed to attend the clinical instruction.

St. Mark's Ophthalmic Hospital and Dispensary for

Diseases of the Eye and Ear.—This hospital was founded by the late Sir William Wilde, and contains 38 beds. Clinical lectures are delivered on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour. An ophthalmic class meets at 4 p.m. on Mondays, Tuesdays, Wednesdays, and Thursdays.

National Eye and Ear Infirmary, Molesworth Street.—This hospital contains 26 beds. Clinical instruction in diseases of the eye, including the use of the ophthalmoscope, and a systematic course of lectures, is given daily. Operations at 12 o'clock. Instruction in aural surgery is also given. The certificate in clinical ophthalmology from this hospital is recognised by the Board of T.C.D. Students may enter their names for the three months' course any day from 1st October to 1st April.

The Dental Hospital of Ireland, 29 York Street, will re-open for the new session on Monday, October 8th, 1883. Courses of lectures in the special subjects required for the dental curriculum will be given at the hospital, viz., lectures on dental surgery, dental anatomy, mechanical dentistry, and metallurgy. Students will be admitted to these and to the practice of the hospital on the same conditions as are in force at the Dental Hospital of London. These conditions can be obtained from Mr. William Shea, the Hospital Registrar. In addition to the courses for the dental curriculum, the shorter courses for surgeons of three and six months' hospital practice will be continued.

II.—QUALIFICATION.

The Medical Licensing Bodies of Ireland are five in number, and, as a rule, medical students gravitate into one or other of three classes :—*a.* Those who enter Trinity College, and take a full graduation in Arts in addition to their professional degrees. *b.* Those who take the Licences of the College of Surgeons with that of the College of Physicians or of the Apothecaries' Hall. *c.* Those who will take their qualifications at the new Royal Irish University, because graduation in Arts is not necessary in that institution. A fourth minor class is constituted by those who pursue their studies in Ireland, but who, either to escape the extended course of study required in Ireland, or to save the consequent fees, or because they cannot pass the Irish examination, migrate to Edinburgh or Glasgow for their licences. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, almost without exception, in Dublin.

The Irish licensing bodies are as follows :—

The University of Dublin grants the degrees of M.B. and B.Ch. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to to those who have held for at least three years the grade of M.B. and B.Ch. It does not grant degrees to undergraduate students; consequently its licences hold the highest rank of social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession.

The expense of obtaining the degree of Bachelor in Medicine and Bachelor in Surgery in the University of Dublin is approximately as follows :—Lectures, £61 13s.; Hospitals, £44 2s.; Degree Fees, £31—£136 15s.

The expense of the degree of Bachelor in Arts, amounting altogether to £83 4s., should be added to the foregoing, making the total cost £230.

The University also grants a midwifery degree (M.A.O.) to its own medical graduates, at an additional fee of £5.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.—Candidates must be graduates in Arts, and may obtain the degree at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor of Medicine is of four years' duration, and comprises the following lectures :—

Winter Courses.—Anatomy; physiology; practical anatomy; surgery; chemistry; practice of medicine; midwifery; heat, electricity, and magnetism.

Summer Courses:—Botany; materia medica; and pharmacy; practical histology; medical jurisprudence; comparative anatomy. Hospital attendance on a medico-chirurgical hospital during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months' practical midwifery; six months' dissections; and three months' laboratory instruction in chemistry are required. The courses may be attended at any recognised medical school. The fee for the *Liceat ad Examinandum* is 5*l.* The fee for the degree of M.B. is 11*l.*

Doctor in Medicine.—A Doctor in Medicine must be M.B., or qualified to take that degree for three years. He must also read a thesis before the Regius Professor of Physic. Total fee for this degree, 13*l.*

Bachelor in Surgery must be B.A., have spent four years in the study of surgery and anatomy, and passed the M.B. examination. The curriculum comprises the following, in addition to the course for the M.B.:—Theoretical and operative surgery, one course; Dissection, two courses; Ophthalmic surgery, one course. Candidates are required to perform operations on the dead subject. Fee for the *Liceat ad Examinandum*, £5. Fee for the degree of Bachelor in Surgery, £5.

Master in Surgery must be a B.Ch. of three years' standing, and must read a thesis. For the degree of Master in Surgery, £11.

Master in Obstetric Science.—A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce certificates of having completed the following curriculum:—1. One Winter Course in Midwifery. 2. Six months' practice in a recognised lying-in hospital or maternity. 3. A Summer Course in obstetric medicine and surgery. 4 Two months' practice in the Cow-pock Institution, or in the Grand Canal Street Dispensary. Graduates of medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4. Fee for the degree of M.A.O., £5.

Candidates for the licence in medicine or surgery must be matriculated in medicine, and must have completed *two years in Arts.*

Licentiate in Medicine.—The course and examination are the same as for the M.B. An L.M. on proceeding to the degree of B.A., may become an M.B. on paying the fees without further examination. Fee for the *Liceat ad Examinandum*, £5. Fee for the licence in medicine, £5.

Licentiate in Surgery.—The course and examination necessary for the licence in surgery is the same as for the degree of Bachelor in Surgery. Fee for the *Liceat ad Examinandum*, £5. Fee for the licence in surgery, £5.

The Royal Irish University.—This institution entered on its work as a licensing body within the past year. The degrees of the University are granted on one year's Arts, *i.e.*, the matriculation examination of the University (none other will suffice) and a "first University examination" at the termination of the first year. The cost of the M.B. and M.Ch. of the University, with all the necessary curriculum, is about £69. The examinations are conducted not only in Dublin, but at certain local centres.

The University confers the following medical degrees :—

Bachelor of Medicine, M.B.; Doctor of Medicine, M.D.; Master of Surgery, M.Ch.; in Obstetrics, a special diploma; in Sanitary Science, a special diploma.

All degrees are open to persons of either sex. The examinations for women are held apart from those for men, but upon the same days.

The University examinations commence on the third Tuesday in September.

Candidates for any degree must have passed the Matriculation Examination of the University. *Students from other Universities are included.*

This examination shall be conducted not only in Dublin, but at certain local centres selected by the Senate.

Every candidate must send in to the secretaries his name and address, and pay a fee of 10s.

The following are subjects:—

I. Latin. II. Any one of the following languages:—Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic. III. English language. IV. Elementary Mathematics. V. Experimental Physics.

Candidates for all degrees must pass the First University Examination.

The courses for the degrees of M.B. and B.Ch., and the Diplomas in Obstetrics and in Sanitary Science, extend over at least four years. Candidates will be required, in addition to the First University Examination, to pass the following Examinations:—*a.* First Professional Examination. *b.* Second Professional Examination. *c.* The Degree Examination. They may, however, pass the First University Examination at the same time as the First Professional Examination.

Candidates for the M.D. may present themselves after the lapse of two Academical years from the date of obtaining the degree of M.B. Those candidates who are Students in Medicine in the Queen's University at the date of its dissolution shall be entitled, if they so desire, to obtain the degree of M.D., instead of the degree of M.B., upon passing the Degree Examination.

Students will be admitted to this Examination after one Academical year from Matriculation. Fee £1.

Candidates at this Examination will be required to answer in the following subjects:—

I. Latin. II. Any one of the following languages, viz.: Greek, French, German, Italian, Spanish, Celtic, Sanskrit, Hebrew, or Arabic. III. English language and Literature. IV. Mathematics. V. Experimental Physics.

The first period of Medical Study shall comprise—*a.* Chemistry, six months; *b.* Practical Chemistry, three months in a chemical laboratory; *c.* Botany, with Herborization for practical study, and Zoology; *d.* Anatomy and Physiology; *e.* Practical Anatomy; *f.* Materia Medica. The second period—*a.* Anatomy and Physiology, including Histology; *b.* Practical Anatomy; *c.* Theory and Practice of Surgery; *d.* Midwifery and Diseases of Women, six months; *e.* Theory and Practice of Medicine; *f.* Medical Jurisprudence.

Candidates are further required to have attended during the First period—Medical-Chirurgical, a winter of six months; and during the Second period—Practical Midwifery, Midwifery Hospital, six months, or six months at a Midwifery Dispensary where similar clinical instruction is given (the certificate must state that the candidate has attended at twenty labours); Medico-Chirurgical Hospital, eighteen months, including either three winters, or two winters and two summers.

Candidates must also before the Degree Examination produce certificates — (1) of personal attendance on fever cases; (2) of having compounded under an apothecary or pharmaceutical chemist for at least three months; (3) of instruction in vaccination; (4) of having attended a course of lectures (not less than 25) and clinical instruction on Mental Diseases.

FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The fee for this Examination is £1.

The subjects—*a.* Zoology; *b.* Botany; *c.* A Modern Language.

Candidates who have passed in a Modern Language at the ordinary First University Examination are exempt from presenting this subject.

SECOND UNIVERSITY EXAMINATION IN MEDICINE.

The Second University Examination in Medicine comprises the following subjects: — Anatomy, Physiology, Materia Medica, and Chemistry. Before being admitted to this Examination, each student must produce satisfactory evidence of having completed the course recommended for study during the first period. Fee, £1.

EXAMINATION FOR THE M.B. DEGREE.

Fee, £3. Each candidate must produce certificates of having completed all the prescribed courses. The Examination comprises the subjects recommended for study during the second period, and includes Examinations in Clinical Medicine and Clinical Surgery.

EXAMINATION FOR THE M.CH. DEGREE.

Conferred only on graduates in Medicine of the University. Fee, £5. The Examination comprises Theory and Practice of Surgery, including Operative and Clinical Surgery.

EXAMINATION FOR THE DIPLOMA IN OBSTETRICS.

Conferred only on graduates in Medicine of the University. Fee, £2. The Examination comprises Theory and Practice of Midwifery, and the use of obstetrical instruments and appliances.

EXAMINATION FOR THE DIPLOMA IN SANITARY SCIENCE.

Conferred only on graduates in Medicine of the University. Fee, £2. The Examination shall embrace the following subjects:—Climate, Chemistry, Geology, Physics; Vital Statistics; Hygiene, Sanitary Law. The Examination in Chemistry shall include a practical part on the chemical and microscopical examination of air, water, food, poisonous substances used in manufacture, &c. The Examination in Physics shall embrace the reading of plans, sections, scales, &c., in connection with buildings, sanitary constructions, &c.

EXAMINATION FOR THE M.D. DEGREE.

Fee, £5. The degree of Doctor may be conferred on any candidate who has obtained the M.B., and has produced a certificate of having been for the last two years engaged in hospital or private medical or surgical practice, or in the military or naval medical service, provided that the candidate shall submit to the medical examiners a thesis composed by himself, and approved by them. No thesis will be approved which does not contain some original or personal observations in Practical Medicine, Surgery, Midwifery, or in some of the sciences embraced in the curriculum, or else a full digest and exposition of the opinions and researches of others on the subject selected by the candidate, accompanied by precise references to the publications quoted.

Candidates settled for a period of two years in the colonies or foreign countries may, on satisfying the Senate to that effect, and complying with the conditions above described, have the degree conferred on them in absence.

The Royal College of Surgeons' licence, or L.R.C.S.I., is universally sought for by those students who do not resort to a University. Great and important changes have been made in the system of granting these licences within the past year. Henceforth every candidate must pass four professional examinations—one at the end of each year of study—as follows:—*a.* Preliminary scientific; *b.* Preliminary professional; *c.* Theoretical; *d.* Practical. The preliminary scientific (*a*) may be studied for at home; the other examinations involve teaching in a medical school. The College holds the only extra-university preliminary examination, save that of the Apothecaries' Hall. It grants the higher qualification of Fellow, or F.R.C.S.I., to those who are specially qualified and specially examined for that diploma, and it also confers a midwifery diploma on examination by a special Court of Examiners.

As it is our business especially to provide information for the student who is about to commence his first year of study, we substitute the new scheme, compulsory upon all students who commenced their studies after July, 1882, for the old regulations (which may be found in the Irish Medical Directory); but it is to be remembered that students who have already commenced medical study may present themselves either under the old or new system.

We call the special attention of students who intend taking the L.R.C.S.I. to the fact that for the future they *must* pass their preliminary examination, and register themselves at the Branch Medical Council, 35 Dawson Street, within fifteen days of the time at which they enter on medical study, otherwise their lecture and hospital certificates for courses commenced before they have done so will not count.

The Matriculation Examination of the Royal University and the pass in the requisite subjects at the Intermediate Examination are now recognised as equivalent preliminary examinations.

THE NEW SCHEME OF THE EDUCATION AND EXAMINATION FOR THE L.R.C.S.I.

Every candidate shall produce evidence—1. Of having, before entering on medical studies, passed the preliminary examination of the College, or an equivalent examination in general education, recognised by the General Medical Council; and, 2. Of having been registered by that Council as a student in medicine. Certificates of medical study will not be recognised by the College if the date of commencement of the course to which the certificate refers is more than fifteen days prior to such registration.

This College recognises as the commencement of professional study:—1. Attendance on the practice of a hospital or other public institution recognised by the College for that purpose; or, 2. Instruction as pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council; or, 3. Attendance on lectures on anatomy, physiology, or chemistry, by lecturers recognised by this College.

The letters testimonial of the College shall not be granted to any candidate at an earlier period than forty-five months subsequent to his registration as a medical student; or to any one who has not attained the age of twenty-one years.

Registered Pupils of the College.—Any student may be registered as a pupil in the College books on payment of a registration fee of £5 5s., for which credit will be given subsequently in his examination fee. No student can be admitted as a candidate to examination until he shall have been so enrolled, and passed the preliminary examination.

Examinations.—Every candidate must pass a preliminary examination and four professional examinations. Candidates who possess a diploma or degree in either medicine or surgery, or who have passed a sufficient examination in these subjects, may be exempted from compliance with this rule.

Candidates must return their names, fees, and certificates one week before examination.

Preliminary Examination.—All students *must* pass their preliminary examination before entering upon their professional studies.

The preliminary examinations are held quarterly—viz., on the 3rd Wednesday in Jan., April, July, and Oct., in the following subjects, with permission to the student to select French, German, or Greek:—1. English, including grammar and composition; 2. Arithmetic, including vulgar and decimal fractions; 3. Algebra, including simple equations; 4. Geometry, first two books of Euclid; 5. Latin—the first and second Books of the Æneid of Virgil, or the Jugurthine War of Sallust, or the Third Book of Livy; 6. Physics, as may be found in Ganot's Popular Natural Philosophy. The examination in physics may be passed either at the preliminary or the first professional examination.

Alternative subjects—one to be selected by the student:—1. Greek—the Gospel of St. John, or the First Book of Xenophon's Anabasis, or the Dialogue of Lucian, entitled "Menippus, or the Necromancy;" 2. French—Fénélon's "Télémaque;" 3. German—Schiller's "Wilhelm Tell."

Fees.—Registered pupils of the College free. Non-registered pupils, £1 1s. Rejected candidates, whether registered pupils or not, shall pay a further fee of £1 1s. for each re-examination.

Professional Examinations.—The 1st, 2nd, and 3rd professional examinations shall be held in the July and October of each year. Should the student fail to pass in July he may present himself at the examination held in October.

The examination of each year must be passed before a new session can be entered on.

First Professional Examination.—Candidates must, before admission to the first preliminary examination, produce evidence of having passed the preliminary examination, and of having been registered as students, and of having been engaged in study for at least nine months after registration.

Candidates are recommended to attend a course of lectures on practical anatomy, and one on chemistry, before this examination.

The examination shall include the following subjects, viz.:—1. Physic, if not passed at the preliminary examination; 2. The elements of chemistry, as may be found in Roscoe's Lessons in Elementary Chemistry, from chap. i. to xiii., inclusive; 3. Botany, as may be found in Oliver's Lessons in Botany, Part I., with descriptions of the following plants:—The buttercup, poppy, pea, strawberry, fox-glove, and dandelion; 4. Anatomy—human osteology; 5. Practical Pharmacy—Elementary.

Fees.—The fee for this examination shall be £5 5s., in addition to the registration fee of £5 5s. Neither of these fees shall be returned in case of rejection, but the candidate on paying an additional sum of £2 2s. shall be admitted to re-examination.

Second Professional Examination.—Candidates must produce evidence of having passed the First Professional Examination, also certificates of having subsequently attended: Hospital, nine months; Winter Courses: Practical anatomy, with demonstrations and dissections; physiology; surgery; chemistry (unless attended in first year); Summer Courses, three months: Practical chemistry, practical physiology, materia medica.

Fees.—The fee for this examination shall be £5 5s. Candidates who are rejected will be admitted to re-examination on paying an additional fee of £2 2s.

Candidates shall be examined in: 1. Anatomy—bones, joints, muscles, and topographical anatomy of the viscera of the chest, abdomen, and pelvis; 2. Histology, and the physiology of the circulatory, respiratory, and digestive systems; 3. Surgery—the signs, terminations and treatment of inflammation, wounds, hæmorrhage, burns and scalds, ulcers, and bandaging; 4. Chemistry; 5. Materia medica.

Third Professional Examination.—Candidates must produce evidence of having passed the second examination; also certificates of hospital; nine months as an extern pupil, or six months as a resident pupil. Winter Courses—Demonstrations and dissections, practical anatomy (unless attended in the first year), surgery, medicine. Summer Course, three months—Medical jurisprudence.

Fees.—The fee for this examination shall be £5 5s.; and for re-examination, if rejected, £2 2s.

Candidates shall be examined in: 1. Anatomy; 2. Physiology; 3. Surgery, not including operative, clinical, and ophthalmic surgery, which are reserved for the final professional examination.

Fourth, and final, Professional Examination.—The fourth examination shall be held in July and October, and in the following April. Candidates must produce evidence of having passed the third examination; also of having attended hospital nine months as extern pupils, or six months as resident pupils, unless a certificate to that effect has been accepted in the third year. Winter Courses — Dissections and demonstrations; midwifery, a midwifery hospital, or maternity, for six months, and of having been present at thirty labours. (May be attended in the third or fourth year, winter or summer.) Operative surgery. Practical instruction in vaccination. (May be attended at any time after registration.)

Fees.—The fee for this examination shall be £5 5s.; and £2 2s. for re-examination, if rejected.

Candidates shall be examined in: 1. Surgery, clinical, ophthalmic, and operative, with surgical anatomy; 2. Medicine; 3. Midwifery and diseases of women; 4. Medical jurisprudence.

The King and Queen's College of Physicians grants its licence, L.K.Q.C.P.—the usual medical qualification of the Irish student—which is almost always taken by the young surgeon immediately after his passing at the College of Surgeons, and for it the same curriculum of study is sufficient. The College has recently established a higher qualification of "Member," for which there is a special examination, and there is also the still higher grade of Fellow of the College, to which admission is by ballot, without examination or curriculum.

The cost of obtaining the L.R.C.S.I., with the L.K.Q.C.P.I., and the licence in midwifery, is nearly as possible as follows:—

Lectures, &c.	£65	0	0
Hospital	37	16	0
Diploma fees, L.R.C.S.... ...	26	5	0
Diploma fees, L.K.Q.C.P Diploma fees, Lic. Mid. ...	16	16	0
	£145	17	0

A certificate of study in vaccination and a course of

clinical instruction in ophthalmology are now required. A course of attendance at a midwifery hospital is required for the midwifery diploma. With these additions, the total expense of the Dublin double diploma may be set down at £155.

THE MEMBERSHIP OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

I.—The grade of Members is distinct from that of the Fellows, and the members as such are not members of the Body Corporate.

II.—Members alone are eligible to the Fellowship. They have the use of the reading rooms and library.

III.—Licentiates admitted before December 12th, 1878, are entitled to be admitted Members of the College without payment or examination, on giving six weeks' notice, in writing, to the Registrar.

IV.—Every candidate for membership must produce evidence—1. Of being over 25 years of age. 2. Of being a licentiate of the College for three years at least; or, a licentiate of one year's standing, if also a graduate of arts; or, a licentiate of one year's standing, if also a registered practitioner of seven years' standing at the time of his obtaining the licence. 3. Of professional conduct and moral character. 4. That he is not engaged in trade; and that he does not dispense medicine, or make any engagement with a chemist or any other person for the supply of medicine; nor practise medicine or surgery in partnership, by deed, or otherwise. (Candidates for the membership by examination must, in addition to the above, show proof as follows):—5. Of having been for six months resident physician, or resident pupil, in a recognised hospital; or for same period as clinical clerk in the medical wards, or in medical charge, for at least twelve months, of any public institution for the treatment of the sick. 6. Of having paid the fee of twenty guineas.

V.—Every candidate must pass *examination in the following subjects*:—1. Principles of Medicine, including Pathology, Medical Anatomy, and Medical Chemistry. 2. Practice of Medicine, including Principles of Public Health. 3. Clinical Medicine.

Oral Examination.—This examination includes the investigation of morbid specimens, the qualitative analysis of animal products, the detection of poisons, and the use of the microscope.

LICENCES IN MEDICINE AND MIDWIFERY.

I.—Examinations for the licences of the College in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either licence must return his name to the registrar, and lodge his certificate, bank receipt of fees, and his schedule, at least *four* days before the first Friday in each month.

THE L.K.Q.C.P.I.

Every candidate is required to produce satisfactory evidence—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects at recognised schools:—

Practical Anatomy, two courses. Physiology, or Institutes of Medicine, one course. Chemistry, one course. Practical Chemistry, one course. Materia Medica, one course. Medical Jurisprudence, one course. Practice of Medicine and Pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months' attendance at a recognised medico-chirurgical hospital, in which clinical lectures and clinical instruction in medicine are given, the attendance not to be for more than nine months in any one year, and of having for not less than three months studied fever in a recognised clinical hospital containing fever wards, and recorded, from daily personal observation, at least five cases of fever to the satisfaction of the attending clinical physician, as attested by his signature.

6. Of having attended practical midwifery and diseases of women for six months at a recognised lying-in hospital or maternity; or, where such hospital attendance cannot have been obtained during any part of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments; not less than twenty labour cases to be actually attended.

III.—The professional examination is divided into two parts—

First Part—Anatomy, physiology, practical histology, chemistry, and materia medica.

Second Part—Practice of medicine, clinical medicine, pathology, medical jurisprudence, midwifery, hygiene, and therapeutics.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the licence of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

THE LICENCE IN MIDWIFERY.

Candidates for the licence in midwifery who are not licentiates in medicine may be admitted to examination on the following qualifications:—

(1) The degree or licence from any University or College in the United Kingdom; (2) Testimonials as to character; (3) Certificates of having attended (a) a course of lectures on midwifery in a school recognised by the College; (b) practical midwifery and diseases of women, for six months, at a lying-in hospital, or maternity, recognised by the College; or, *where such hospital attendance cannot have been obtained during any period of the candidate's course of study*, of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment, the certificate in each case to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such licence, may be admitted to examination for the licence in midwifery on lodging their fees, and signifying their wish to the registrar a week at least before such examination.

Any registered practitioner of *five* years' standing shall be admitted to examination for the licence in midwifery on producing his certificate of registration, with satisfactory reference; and he shall have the privilege of being exempted from the examination by printed questions.

A Certificate in Sanitary Science is granted to licentiates of the College who shall pass an examination in the following subjects—viz., Ætiology and prevention of disease, sanitary law and engineering, chemistry, vital statistics, and meteorology with climatology.

Examinations for this certificate are held on the Thursday following the first Friday of January, April, July, and October, and at such other times as the President shall appoint.

Every candidate for the certificate must be a licentiate of the College, and must return his name to the registrar a week before examination, and lodge a testimonial of character from a Fellow or Member of a recognised College.

FEES FOR LICENCES AND EXAMINATIONS.

Licence in medicine, 15 guineas, which may be divided as follows: For examination at the termination of the first period of study, 5 guineas. For final examination for the licence, 10 guineas.

N.B.—The fee for the licence to graduates in Medicine and Arts of any University in the United Kingdom—*five* guineas.

Licence in midwifery, 3 guineas.

Fee for examination for the licences in medicine and midwifery, if obtained within the interval of a month, 16 guineas—to be lodged in one sum.

Fee for special examination for the licence in medicine, 20 guineas.

Fee for special examination for the licence in midwifery, 5 guineas.

Fee for the certificate in sanitary science, 5 guineas.

The Apothecaries' Company grants a registrable licence (L.A.H.), which is accepted by the Local Government Board and by the Army and Naval Boards as a medical qualification, and which, in addition, entitles the holder to keep open shop and sell drugs in Ireland. It only costs 10s., and it is taken in lieu of the licence of the College of Physicians by a few students to whom the money cost of their qualification is vitally important, or who intend to open an establishment in some of the provincial towns for the dispensing of medicines. The cost of the L.A.H., with the necessary curriculum of study, is about £59; that of the L.R.C.S.I., combined with the L.A.H. and a licence in midwifery, is about £130.

THE ARTS EXAMINATIONS

Will be at the Hall four times in the year—viz., the third Thursday in the months of January, April, July, and October, at the hour of 12 o'clock noon.

The examination for the *Licence* is divided into two parts:—

The first part comprehends chemistry, botany, anatomy, physiology, materia medica, and pharmacy.

The second—medicine, surgery, pathology, therapeutics, midwifery, forensic medicine, and hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held quarterly, on the first and second Monday in January, April, July, and October.

Subjects—First Part: Chemistry, botany, materia medica and pharmacy, anatomy and physiology.

Second Part: Medicine, surgery, midwifery and diseases of women and children, forensic medicine, hygiene, and clinical examination.

The first three hours of each day will be devoted to writing answers, and afterwards there will be two hours to an oral and practical examination.

Candidates at the examination on anatomy are liable to be called on to perform dissections; and at the examination on surgery, to perform one or more operations on the dead subject.

Doctors of medicine and licentiates of a College of Physicians who have also spent twelve months at practical pharmacy may obtain the licence by undergoing an examination—the former in surgery and pharmacy, and the latter in medicine and pharmacy. Licentiates of the London Society of Apothecaries must undergo an examination in surgery.

Queen's University in Ireland.—This University has ceased to exist, being superseded by the Royal Irish University, which held its first matriculation examination last year. All medical graduates are, *ipso facto*, entitled to become medical graduates of the Royal Irish University. The existing students in medicine of the Queen's University will also, on obtaining their degree from the Royal Irish University, be entitled to receive the title of M.D., which, under other circumstances, will be granted only to full graduates in Arts.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

The above Society was instituted by the Pharmacy Act (Ireland) in 1875, 38 & 39 Vict., cap. 57. In that Act it is stated that whereas a great deficiency existed throughout Ireland of establishments for the sale of medicines and compounding of prescriptions, and that great inconvenience therefore arises to the public, it is expedient to amend the Act of 1791 (the Apothecaries' Act). A president (Sir Dominic Corrigan) and vice-president (Dr. Aquilla Smith), with a council of twenty-one men, were named by the Government to carry out the provisions of the Act. In 1878 Sir Dominic Corrigan resigned the presidentship. The present president is Professor Tichborne, and the vice-president Dr. Aquilla Smith. The pharmaceutical chemist is not allowed to prescribe. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the licence of the Pharmaceutical Society or the Apothecaries' Hall. Pharmaceutical chemists under the Act are entitled to hold the office of apothecary to district lunatic asylums, county gaols, and by a recent order of the Local Government Board, may also hold workhouses and dispensaries. The Society, according to their Calendar, which was corrected to the 31st December, 1882, had 219 licentiates. They hold evening meetings during the winter for the reading and discussion of pharmaceutical papers and scientific papers bearing on pharmacy. This Society has power under their Act to prosecute persons illegally compounding.

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THE IRISH QUEEN'S COLLEGES.

These three important academic institutions were the special schools of the Queen's University. They have ceased to have any such relation to a central examining body, but educate students for all colleges and degrees. But they will be maintained, as hitherto, by a handsome Government grant, and the same curriculum as that heretofore adopted will be continued. The various exhibitions and scholarships will still be available. Each College has the disposal of about £450 per annum in scholarships. The curriculum is generally well adapted for preparation for the new University examinations. The Colleges are well adapted for high-class technical education, having lecture-rooms provided with every appliance necessary in the modern training of a medical student. The great want in the Colleges of Cork and Galway is a summer session. This necessitates the loss to the student each year of three available working months, and deprives him of his practical hospital work in the summer session, both general and special. The courses of lectures in the winter session must be diligently attended, no student obtaining a certificate who has not put in two-thirds of a course. The winter session commences on November 1st, and ends May 31st. The scholarship examinations are held in October. A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information, will be found in the advertisements of this issue, and full details may be had on application to—

Belfast—John Purser, M.A., Registrar.
Cork.—Alexander Jack, M.A.
Galway.—Edward Townsend, M.A.

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TECHNICAL EDUCATION FOR IRELAND.

ROYAL COLLEGE OF SCIENCE, STEPHEN'S GREEN, DUBLIN.

This College supplies a complete course of instruction in science, applicable to the industrial arts, especially those which may be classed broadly under the heads of Chemical Manufactures, Mining, and Engineering. A diploma of Associate of the College is granted at the end of the three years' course. There are four Royal scholarships of the value of £50 each yearly, with free education, including laboratory instruction, tenable for two years. Two become vacant each year. They are given to students who have been a year in the College. The chemical and physical laboratories and drawing school are open daily for practical instruction. The session commences on Monday, October 1st.

THE IRISH DIPLOMA IN DENTAL SURGERY.

The examiners for the L.D.S.R.C.S.I. consist of three Fellows of the College, three registered dentists, and the President, Vice-President, or other member of the Council of the College (summoned in rotation).

The examinations embrace the anatomy, physiology, surgery, and pathology of the teeth, jaws, and surrounding parts, and mechanical dentistry, and shall be partly written and partly oral.

All candidates shall lodge at least one fortnight previous to each examination—

I. A certificate of having attained the age of 21 years.
II. Receipt for the fee of 10 guineas.

Every successful candidate, previous to receiving the licence, shall declare that he will not advertise, or pursue any other unbecoming mode of attracting business, so long as he holds the licence in dentistry of the College.

The dental hospitals of Ireland are—that in York Street, Dublin, respecting which information will be found under the heading "Special Hospitals," and the Dublin Dental Infirmary, in Beresford Place.

Note.—Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of the staff, &c., attached to the foregoing schools.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

Royal College of Surgeons—None.
University School of Physics—No information.
Catholic University School—None.
Ledwich School—None.
Carmichael College—None.
Richmond Hospital—None.
Meath Hospital—No information.
City of Dublin Hospital—None.
Adelaide Hospital—No information.
Mercer's Hospital—None.
Mater Misericordiæ Hospital—Dr. Redmond; October 31, at 11 a.m.
St. Vincent's Hospital—Dr. McArdle; October 26, at 11 a.m.
Jervis Street Hospital—None.
Steevens's Hospital—None.
Rotunda Hospital—None.
Coombe Hospital—No information.
St. Mark's Hospital—None.
Sir P. Dun's Hospital—None.

Scotland.

Medical education in Scotland has recently been subjected to searching criticism in connection with the medical reform movement, which unfortunately came, at the end of the session, to so inglorious a termination. The feeling was widespread that much of this criticism was unjust, and that compared with medical education in other parts of the Kingdom, that of Scotland was in no sense inferior. Thanks to the dilatoriness, and the short-sighted and singularly unjust partiality of the Government for the system of monopoly in teaching possessed by the Universities of Scotland, the disadvantages under which extra-mural teachers labour continue for yet another year. These removed, as they must inevitably be in obedience to enlightened progress, a healthy stimulus will be given to the cause of education in Scotland, and it may safely be predicted that in the no distant future, a country which has done so much towards science will still further lay that of Medicine under greater obligations to it. All that is wanted is a fair field and no favour, the disfranchisement of corrupt monopoly in what of all things should be most free, the teaching of science; and then the best teachers will attract the most and the best students, science will be cultivated for the sake of imparting knowledge, not *farmed* as it is at present in the Universities of Scotland, error will cease to be indefinitely perpetuated by Government nominees, a better educated class of medical practitioners will emerge, the public will be better served, and much quackery, inevitably associated with meagre education, will vanish. Notwithstanding much that is indefensible on moral or political grounds in connection with medical education in Scotland, students are attracted thereto by considerations of the most weighty nature. Living, for example, is much cheaper than in the south, the cost of classes and hospital attendance is correspondingly less, there is a large field for the exercise of choice as between the various schools, the hospitals are large (possibly from the financial aspect of the question as affecting the just rights of the profession, too large), and existing in crowded centres of trade, surgical cases especially fall to be treated in great numbers.

While it is immaterial whither an industrious and well-educated student resorts for his medical education, it is undoubtedly a fact that students differentiate themselves into well-marked groups in Scotland, the well-earned *prestige* of Edinburgh attracting the largest number, and likewise the largest proportion of colonial students. Not a little of this reputation is due to the efficiency of the extra-mural teaching in Edinburgh, and any measure which would hamper this branch of the Edinburgh Medical School would exert a pernicious influence on the future educational reputation of the city. The cost of living is higher in Edinburgh than in Aberdeen and Glasgow, and hence it is the more wealthy students who resort thither. It is also stated that the preliminary education of the Edinburgh student is better than that of the other Scotch students.

During recent years much active competition has originated in Glasgow in medical teaching. The New Western Medical School and its staff have made fair claim to the consideration of the medical student; and if the teaching be good, aggressiveness is not less characteristic of the young school. Anderson's College maintains its own in the keen struggle. It has recently sustained a loss in the tranference of Dr. Barlow to the Royal Infirmary Medical School; and hence the somewhat unusual incident of a "Professor" becoming a mere "Lecturer." It is feared that Anderson's College will have considerable difficulty in securing the services of an efficient Professor of Physiology, nothwithstanding that the dignity of the title is a thing to conjure with in a rich commercial city, and among a community not generally distinguished by cultured discrimination. The backbone of Anderson's College teaching is the excellence of the instruction in the groundwork of medicine, viz., anatomy and chemistry. Under any circumstances, while these subjects continue to be taught as they are at this school, students will show their good sense in taking advantage of these classes, for without an accurate knowledge of anatomy and chemistry, many of the subsequent classes being mere appendages, it is impossible for one to be an accomplished or a thoroughly educated physician or surgeon.

The Royal Infirmary Medical School continues to make fair progress, and to attract a considerable number of students, a large proportion of whom hail from south of the Tweed. During the past year Dr. Fleming resigned the lectureship on Physiology, Dr. Barlow being appointed in his stead. There are no other changes in the staff of lecturers. The class-rooms at this school are comfortable, the reading-rooms are admirable, and altogether the equipment of the school is such that very tempting advantages are presented to the student. There is no dearth of "subjects" in Glasgow, a disadvantage under which Edinburgh labours in a marked degree.

The Aberdeen School is *par excellence* the home of the Northern Scotch student. Its staff of professors are distinguished in their respective departments, a fact sufficiently attested by the distinguished graduates which this University sends, not only to the metropolis, but to our distant and important colonies. Dr. Ogston, during the past year, resigned the chair of Medical Jurisprudence after a long and distinguished incumbency, and Dr. Mathew Hay, of Edinburgh, was recently appointed in his stead. Without the slightest disparagement to Dr. Hay, who, we believe, will prove an efficient and acceptable teacher, we cannot help thinking that in this appointment the claims of Aberdeen University itself have been ungenerously and unjustly overlooked.

In Scotland the teaching bodies are, with one or two exceptions, so inseparably associated with qualifying corporations that it is most advisable to consider them in both relations at once.

THE UNIVERSITIES.

The fees for the degrees in all four of the Scotch Universities are the same—viz., £15 15s. (£5 5s. being payable at each of the three examinations), C.M. £5 5s. (in addition to the fees of M.B.), M.D. £5 5s. (in addition to the fees for M.B.), and £10 for Government stamp.

UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties of Arts, Theology, and Law, equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination.

Subjects of Examination from October, 1883, *to March*, 1885, *both inclusive.*—1. English: The examination will include—(1.) Writing a passage of English from dictation; (2.) English composition with the correction of sentences of bad English; (3.) Questions in English grammar, with analyses of sentences and the derivation and definition of some common English words; (4.) Questions in geography and history, especially the history of the British Islands and of English literature. 2. Latin: For Oct., 1883, and March, 1884, Livy, book xxi.; for October, 1884, and March, 1885, Livy, book x. An easy passage from a Latin prose author and a single passage of English (translated from a Latin author) to be re-translated into Latin, the more difficult Latin words being given. 3. Arithmetic: The common rules, including vulgar and decimal fractions. 4. Elements of Mathematics: Geometry, Euclid, books i., ii., and iii., or Wilson's "Elementary Geometry," books i., ii., iii. The elementary rules of algebra, including simple equations. A knowledge of geometry alone or of algebra alone will not be sufficient. 5. Elements of Dynamics (Mechanics: Elementary kinematics, statics, kinetics, and hydrostatics. Text Book: Blaikie's "Elements of Dynamics."

An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects—viz., 1. Greek: For October, 1883, and March, 1884, Plato, "Apologia Socratis." For October, 1884, and March, 1885, Xenophon, "Memorabilia," book i. 2. French: For October, 1883, and March, 1884, Souvestre, "Un Philosophe sous les toits," i.—ix. For October, 1884, and March, 1885, Mme. De Witt, "Derrière les Haies," chaps. i.—xvi. 3. German: For October, 1883, and March, 1884, Chamisso, "Peter Schlemichl's wundersame Geschichte." For October, 1884, and March, 1885, Schiller, "Der Neffe als Onkel." 4. Higher Mathematics: Geometry, Euclid, books i.—iv., book vi., and the propositions of book xi., usually given in the modern editions, or Wilson's "Elementary Geometry," books i., ii., iii., v., and Wilson's "Solid Geometry and Conic Sections," book iv., section 1—Algebra, Elementary Trigonometry, and Conic Sections. Text book for conic sections, Wilson's "Solid Geometry and Conic Sections," book v. 5. Natural Philosophy: Text book recommended—Balfour Stewart's "Elementary Physics." 6. Logic: Either Jevons's "Elementary Lessons in Logic," or Professor Fraser's "Selections from Berkeley," 2nd ed., pp. 143—249. 7. Moral Philosophy: For October, 1883, and March, 1884, Butler's "Ethical Theory," Sermons 1, 2, 3, and Professor Calderwood's "Handbook," pp. 1—43, 123—152, 167—202. For October, 1884, and March, 1885, (1.) Mackintosh's "Dissertations,"—Hobbes, Cudworth, Clarke, Shaftesbury, Butler, Hutchison, Hume, Smith, Price, Paley, Bentham, Stewart. (2.) Professor Calderwood's "Handbook," pp. 1—43, 77—97.

The University confers three degrees, medical and surgical qualifications being granted—M.B., M.D., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council, A degree in Arts of any British University is held to supersede the preliminary examinations. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other university entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extra-mural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions. The total fees for graduation, including lectures, &c., are £108 18s. For regulations as to scholarships see "Edinburgh Medical School Guide."

In Public Health.—The University confers two degrees, a Bachelor and a Doctor of Science in Public Health.

UNIVERSITY OF ST. ANDREW'S.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities—viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin;

Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway. The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall, on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly towards the end of April.

UNIVERSITY OF GLASGOW.

This is both a teaching and examining body. It confers three degrees, viz., Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures and two of 50 each. Two preliminary examinations must be passed, one before commencing study, and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations.

Public Health.—A special examination is held in subjects relating to Public Health, and a certificate granted by the University.

Bursaries tenable by Medical Students.—The Brisbane Bursary of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £16 yearly, tenable by a medical student for four years. Two Rainy Bursaries, value £20 per annum each, open to medical students who have just completed their second year of professional study, and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly for three years, open to students of divinity, law, and medicine who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the preliminary examination for M.B. The Marshall Bursary, value £17 per annum, and tenable for four years, open to students entering the Medical Faculty, and awarded by competition on the subjects of the Preliminary Examination. The Lorimer Bursary, value £50 per annum, tenable by a medical student for three years.

Both at the University of Glasgow and the University of Edinburgh numerous "extra-classes" are taught, which are *virtually* as compulsory as the regular classes of the curriculum. The expense of education is thus much greater than at first sight appears, and the student, to whom money is an object, would do well to take this matter into consideration.

UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other University entitled to give the degree of M.D. With regard to fees each candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s. in addition to the fees for the M.B. degree. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Perpetual fee for hospital practice is only £6. The professional examinations are held twice in each year, namely, in April and July, directly after the close of the winter and summer sessions.

Substantial encouragement to medical students is offered at this University in the form of bursaries.

The Degree of M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.D. for two years in attendance in an hospital, or in military or naval medical service, or in medical or surgical practice. Provided always that the degree of Doctor of Medicine shall not be conferred on any person unless he be a graduate in Arts, or unless he shall before or at the time of his obtaining the degree of Bachelor of Medicine, or thereafter, have passed a satisfactory examination in Greek and in Logic or Moral Philosophy.

THE COLLEGES.

Royal College of Physicians, Edinburgh.—This, like the sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, this College grants a double qualification, and registrable as such. Each applicant for the professional examination must previously have passed the Arts examination of the College or one of the preliminary examinations recognised by the General Medical Council. The Preliminary examination in General Education for the diploma of each College during the year 1884 will embrace the following subjects:—

Part I.—1. English Language, including Grammar and Composition; English History; Modern Geography. 2. Arithmetic, including Vulgar and Decimal Fractions. 3. Algebra, up to and including Simple Equations. 4. Geometry; First two Books of Euclid, or the Subjects thereof. 5. Latin, including Translation and Grammar. 6. Elementary Mechanics of Solids and Fluids, comprising the Elements of Statics, Dynamics, and Hydrostatics. *Note.*—The last subject may be passed at any period previous to the first Professional Examination.

Part II.—Optional Subjects, of which one only is required to be passed:—1. Greek. 2. French. 3. German. II. The examination in English History will embrace the period from 1603 to 1714 inclusive; and in modern geography, the geography of Great Britain and its dependencies, and the principal physical features and political divisions of Europe and Asia. In Latin, the books prescribed are Ovid, Fasti, Book I.; and Cicero, De Finibus Bonorum et Malorum, Book I. and II. Besides translations from either of these, at the choice of the candidate, the examination will include grammar, translation of a passage from an unprescribed author, and translation of a passage from English into Latin, the more difficult words being supplied. In Greek, the books prescribed are Demosthenes, De Corona, first half; Sophocles, Philoctetes. Besides translations from either of these, at the choice of the candidate, parsing, derivation of English words from Greek, and translation of a passage from English into Greek are required. In French, the book prescribed is Souvestre, Un Philosophe sous les toits. Parsing and translation from English into French are also required. In German, the book prescribed is Lessing's Monna von Barnhölm. Parsing and translation from English into German are also required. III. The examinations will be held in the Hall of the College of Physicians, 9 Queen Street, on the following days, beginning each day at 1 p.m.: Tuesday, April the 8th, Wednesday, April 9th, and Thursday, April 10th; Friday, July the 4th, Saturday, July 5th, and Monday, July 7th; and on Saturday, October 11th, Monday, October 13th, and Tuesday, October 14th. The subject of the first day's examination will consist of English, History, Geography, and Latin; of the second day's examination, Arithmetic and Algebra; and of the third day's examination, of Geometry and Elements of Mechanics, and the optional subjects. Each candidate shall pay a fee of 10s. previous to the examination; and in the event of his being unsuccessful he shall pay a fee of 10s. for each subsequent examination at which he is present. Candidates are required to give their names and pay their fees to John Broome, Officer, Royal College of Physicians, Edinburgh, not less than two days prior to the day of the examination. Candidates at a distance should send their fees by post-office order. Exemption is made in the case of masters or bachelors of Arts of any British University, and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will, on completion of their studies, be admitted to the second part of the examination.

The Fellowship is conferred only by election, and the candidate must have been a member of the College for at least one year previously, and have attained the age of twenty-five years.

The Membership is conferred only on licentiates of the College or graduates of a British or Irish University after an examination in Medicine and Therapeutics, and in another branch of Medical Science to be selected by the candidate. Under certain conditions as to age and professional standing, candidates may, however, be admitted without examination.

The Licence.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

The professional examination will be divided into two parts, according to the following arrangement of subjects:—1. Anatomy, physiology, chemistry; 2. Materia medica and pharmacy, pathology and pathological anatomy, practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examinations will be partly oral, partly in writing. Qualified practitioners may obtain the licence by passing an oral examination in the subjects of the second examination.

Qualification in Public Health.—The College now confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a licentiate is £15 15s. In the case of unsuccessful candidates the fee is returned, minus the expenses of examination. The fee to be paid by a member is £31 10s. When a licentiate is raised to the rank of member, he pays £21, or £15 15s., according to the date of his licence. When a member is raised to the rank of a fellow, the fee is £31 10s., exclusive of stamp-duty, which amounts to £25. All candidates for the fellowship or the membership must lodge their fees and the amount of stamp-duty payable at the time to Government with the treasurer, previously to presenting their petitions.

Royal College of Surgeons of Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete preliminary examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Study.—Candidates must have been engaged during four years after the preliminary examination in general education in professional study, which shall include not less than four winter sessions, or three winter and two summers' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two—the one oral, the other written. The first examination embraces anatomy, physiology, and chemistry, and for this candidates may appear at the end of their second winter. The second examination embraces surgery and surgical anatomy; also medicine, midwifery, materia medica, and medical jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour; he has also to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications. Fee is 25*l.*

The Licence.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of Physicians and Surgeons. Fee is 15*l.* 15s.

Dental Diploma.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a university or an established medical or dental school recognised by the College as qualifying for the diploma in surgery. This diploma may, in certain cases, be given after examination, but *sine curriculo.* The fee is 10*l.* 10s.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh, by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, after one series of examinations, a double qualification, two diplomas being given and registered under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. Roy. Coll. of Surg. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Fac. Phys. and Surg. Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians takes exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in surgery; whilst departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by section XIX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

The following will be the periods of examination for the double qualification of the Royal Colleges of Physicians and Surgeons of Edinburgh, for the year 1883-84:—

I. Preliminary Examinations in General Education.—On Saturday, Monday, and Tuesday, October 13, 15, and 16, 1883. On Tuesday, Wednesday, and Thursday, April 8, 9, and 10, 1884. On Friday, Saturday, and Monday, July 4, 5, and 7, 1884. On Saturday, Monday, and Tuesday, October 11, 13, and 14, 1884.

II. First Professional Examinations.—On Tuesday, October 9, 1883; on Tuesday, January 29, 1884; on Tuesday, April 22, 1884; on Tuesday, July 22, 1884.

III. Second Professional Examinations.—These will take place immediately after the conclusion of the first professional examinations at each of the above-mentioned periods. In no case will they be begun on an earlier day than the Thursday of any period, nor will they usually be later than that day.

Total fee for double qualification is 21*l.*

Faculty of Physicians and Surgeons, Glasgow.—The Faculty grants a licence in surgery and a fellowship. In conjunction with the Edinburgh College of Physicians it grants a double qualification. The regulations and fees are the same as the Edinburgh colleges.

School of Medicine, Edinburgh.

This, constituted by the whole body of lecturers licensed by the Colleges, meets for the purposes of teaching in separate buildings, of which Surgeons' Hall, and Minto House are the chief. At Surgeons' Hall, the parent meeting-place of the School, some of the older teachers still lecture; but owing to the want of better accommodation and the lack of that enthusiasm which characterises its younger rivals, the classes, with one or two exceptions, are not as large as they formerly were.

The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

Total fees for double qualification, 95*l.*

For further details, see "Edinburgh School Guide."

Surgeons' Hall.—The chemical laboratories are under the care of Dr. Macadam. Medical jurisprudence laboratories—Dr. Littlejohn. Materia medica laboratories—Dr. Moinet. Dissecting-rooms—Dr. Cathcart. Pathological laboratories—Dr. Buist. Physiological laboratories—Dr. James.

Minto House.—This School is a part of the Edinburgh Extra Academical School of Medicine, and in it the following means are afforded for practical instruction :—

The dissecting-rooms are open daily from 9 a.m. till 4 p.m., under the superintendence of Mr. Symington and assistants.

The chemical laboratories are open daily from 9 a.m. till 5 p.m. for instruction in practical and analytical chemistry, under the superintendence of Mr. J. Falconer King, Mr. Hunter, and assistants.

The medical jurisprudence and public health laboratories are open daily under the superintendence of Dr. Aubrey Husband.

The materia medica museum and laboratory are open daily, under the superintendence of Dr. Craig.

Clinical instruction in diseases of women and in the minor gynecological operations is conducted in the Western Dispensary and Obstetrical Museum, under the superintendence of Dr. Halliday Croom.

The botanical laboratory is under the direction of Mr. McAlpine, B.Sc. Lond.

The physiological laboratory is open daily from 10 a.m. till 4 p.m., under the superintendence of Mr. James Hunter.

Clinical instruction in diseases of children, at the Royal Hospital for Sick Children, on Tuesdays, Thursdays, and Saturdays, at 11.30 a.m.

Clinical instruction in diseases of the ear at the Ear Dispensary, on Mondays and Thursdays at *Twelve* noon.

Clinical instruction in diseases of the skin, Royal Dispensary, on Wednesdays and Saturdays, at 1 p.m.

Clinical instruction in diseases of the throat, at the Western Dispensary, on Wednesdays and Saturdays, at 5 p.m.

The dissecting rooms and chemical laboratories open on October 1st.

Address the secretary, Mr. Falconer King.

Edinburgh Royal Infirmary. — Clinical instruction is afforded at this institution under the supervision of professors of the University and the ordinary physicians and surgeons of the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye and ear. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is 12*l.* ; the annual fee, 6*l.* 6s. ; half-yearly, 4*l.* 4s. ; quarterly, 2*l.* 2s. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Dispensaries in Edinburgh.—At these institutions students may take out the necessary practice required by the examining bodies.

Dental School [and Hospital, Edinburgh.—The hospital practice and lectures qualify for the dental diplomas of the Royal College of Surgeons, England, Royal College of Surgeons, Edinburgh, and Royal College of Surgeons, Ireland. For further information apply to James Robertson, 4, Lindsay Place, Edinburgh, or to Mr. W. B. Macleod, Dean of the School.

Aberdeen Royal Infirmary.—Contains about 250 beds. Consulting physician : Dr. A. Harvey. Physicians : Drs. J. W. F. Smith Shand, R. Beveridge, Angus Fraser. Physicians' Assistant, Dr. D. R. Mackinnon. Surgeons : Messrs. A. Ogston, J. O. Will, R. J. Garden, and John Hall. Surgeons' Assistant : Dr. James Taylor. Ophthalmic Surgeon : Dr. Alexander D. Davidson. Pathologist : Dr. James Rodger. Chloroformist : Dr. P. Blaikie Smith. Dental Surgeon : Dr. Williamson. Pathologist and Curator of the Museum : Dr. J. Rodger. Treasurer and Secretary : Mr. W. Carnie.

Glasgow, Anderson's College.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution are exceedingly moderate, the fees for all lectures and hospital practice required of all candidates for the double qualification of the Scotch Colleges being 48*l.* Extensive opportunities for dissection are offered, under the guidance of the Professor of Anatomy.

In connection with the college there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The Summer Session at this college begins on the first Tuesday of May and closes about the middle of July. A lectureship on aural surgery has been established. Lectures on dental anatomy and surgery are also given four times weekly. The fee for two years' hospital practice required by the curriculum for the dental license is 10*l.* 10s. Fees for dental lectures are 2*l.* 2s. each course.

Appointments.—There are five physicians' and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants, dressers, dispensary clerks, and pathological assistants are elected from the students.

Fees for hospital practice and clinical lectures, first year, 10*l.* 10s. ; second year, 10*l.* 10s. ; afterwards free. For six months, 6*l.* 6s. ; three months 4*l.* 4s. Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for 2*l.* 2s., or one year for 3*l.* 3s. Vaccination certificate, recognised by Privy Council, 1*l.* 1s.

Glasgow Royal Infirmary School of Medicine.—The winter session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on practical physiology, operative surgery, aural surgery, dental surgery, and diseases of the eye. During the summer lectures on insanity are given by Dr. A. Robertson, and the city parochial asylum under his charge is free to students of this school. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

Class Fees.—For each course, first session, 2*l.* 2s. ; second session and perpetual, 1*l.* 1s. Students who have attended a first course elsewhere can enter on the second course on payment of 1*l.* 1s. Anatomy, first winter session, 4*l.* 4s. ; summer session, 1*l.* 11s. 6d ; second winter session, 4*l.* 4s. Afterwards the fee for lectures and practical anatomy is 1*l.* 1s. per session. Lectures on diseases of the ear, 1*l.* 1s. ; with clinique to those who are not students at the hospital, 2*l.* 2s. Clinique on dental surgery, free to students of the hospital ; to others, 5*l.* one year ; perpetual, 10*l.* Lectures on diseases of the eye, 1*l.* 1s. Lectures on dental surgery, 2*l.* 2s.

Glasgow Western Infirmary.—This large and well appointed infirmary is practically under the ægis of the University of Glasgow. It contains upwards of 400 beds, and there are special wards for diseases of women and diseases of the skin. Students are enrolled for attendance in the clinical classes of any of the physicians or surgeons, instruction being given by clinical lectures and demonstrations on specified days in each clinique. The hour of visit is 9 a.m. The pathological department is under the charge of Dr. Joseph Coats, and Dr. Lindsay Steven is attached to this department as pathological chemist. There is a thoroughly equipped out-patient department, diseases of the throat, aural diseases, and diseases of women and children being attended to. There are eight resident assistants in the infirmary, one being attached to the wards of each of the physicians and surgeons. They are appointed at the beginning of each session from those who have completed their course. Fees : 20 guineas for a life ticket, admitting to the infirmary and to the clinical instruction ; or the fee may be paid in two equal instalments during the first and second years. Fee for six months, 7 guineas ; and for three months, 4 guineas.

Glasgow Western Medical School, University Avenue, Hill-

head.—The winter session of this school will open on November 1st. The school is situated close to the University and the Western Infirmary, where students can obtain their clinical lectures and hospital practice. The class-rooms have been newly arranged and enlarged. The dissecting-rooms are open for work from the beginning of October till the end of July.

The lectures qualify for the University of Glasgow, the Faculty of Physicians and Surgeons, Glasgow, and the other corporations.

Class Fees.—For each course of lectures, first session, 2*l.* 2s. ; second session, 1*l.* 1s. Students who have attended a first course elsewhere pay 1*l.* 1s. Anatomy, including practical anatomy, 4*l.* 4s. Summer session, 1*l.* 11. 6d.

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THE SERVICES.

I.—THE ARMY MEDICAL DEPARTMENT.

The Royal Warrant, dated 25th June, 1881, placed this branch of the public service pecuniarily in a better position than it had previously enjoyed. The rates of pay under that Warrant are as follows, viz.: Surgeon-General, £2 15s. a day, or if at head-quarters, £1,300 yearly ; Deputy Surgeon-General, £2, at headquarters, £900 yearly ; Brigade Surgeon, £1 10s. to £1 12s., at headquarters, £750 yearly ; Surgeon-Major, £1 to £1 7s. 6d., according to length of service, at headquarters, £650 ; Surgeon, £200 ; after five years' service, £250 a year ; after ten years' service, 15s. daily, equal to, say, £273 per annum. While on probation the surgeon receives 8s. per day. Relative rank is as follows :—As Major-General, Director-General, and Surgeon-General ; as Colonel, Deputy Surgeon-General ; as Lieut.-Colonel, Brigade Surgeon, and Surgeon-Major after twenty years' service ; as Major, Surgeon-Major of less than twenty years' service ; as Captain, Surgeon ; as Lieutenant, Surgeon on probation. The pay of medical officers is issued monthly in arrear.

A candidate must possess two diplomas or licences, one in Surgery and one in Medicine ; he must be registered. His age on appointment not to exceed 28 years. Not less than half the number of appointments to be through public competition. The Secretary of State for War may fill up the remaining number by candidates proposed by the governing bodies of schools of medicine in the United Kingdom or Colonies. Application to be made to Director-General. On passing satisfactorily through the Army Medical School at Netley he obtains his commission, the order of precedence being in that of merit at the final examination. Medical officers, soon after being gazetted to the service, are sent to Aldershot and other large stations for instruction in ambulance and army hospital corps duty.

Promotion to the rank of Surgeon-Major to be after twelve years' service, three of which abroad ; but for distinguished service promotion to be irrespective of seniority. To the rank of Brigade Surgeon promotion to be by selection for ability and merit, provided the Surgeon-Major has had eight years' foreign service in all. From Brigade Surgeon to Deputy Surgeon-General, and from the latter rank to that of Surgeon-General. Promotion to be by selection. If appointed as Honorary Physician or Honorary Surgeon to Her Majesty, a medical officer, if under the rank of Deputy Surgeon-General, shall, if duly qualified, be promoted to that rank.

On completion of ten years' service a medical officer may retire on a gratuity or pension, if specially recommended by the Commander-in-Chief and Secretary of State for War. If retiring voluntarily before the age of 55, he is liable to be called upon to serve in the case of national emergency. A Brigade Surgeon, Surgeon-Major, or Surgeon, shall be placed on the retired list at 55 years of age. A Deputy Surgeon-General or Surgeon-General at 60. A step of honorary rank is attainable on retiring after twenty years' full pay service. Exchanges are permitted. Good service pensions are granted in larger numbers than heretofore. Sick leave may be allowed for six months, and in special cases for a second period of the same extent—that is, a year in all. Temporary half-pay is granted under particular circumstances to medical officers incapacitated for duty by illness.

Non-effective pay, or gratuity in lieu thereof, is granted. To a medical officer of 10 to 18 years' service a sum of £1,250 to £2,500 ; Surgeon-Major from 20 to 30 years' service, £1 to £1 5s. 0d ; Brigade Surgeon, £1 7s. 6d. to £1 10s. ; Deputy Surgeon-General, £1 15s. ; Surgeon-General, £2.

Retired medical officers, and medical officers of the Militia, are eligible for employment up to the age of 65, receiving during the time of such employment a consolidated salary in place of retired pay.

II.—THE INDIAN MEDICAL SERVICE.

By recent regulations the conditions of service, pensions, and honorary rewards in the Indian Medical Department have been in a great measure assimilated with those of the medical branch of the general army. It is right, however, that we allude to the fact that rumours are in circulation regarding further changes in the constitution of the Indian Department.

The examination usually takes place in February and August, when candidates are examined in the following *compulsory* subjects :—*a.* Anatomy and Physiology. *b.* Surgery. *c.* Medicine, including Therapeutics, the Diseases of Women and Children. *d.* Chemistry and Pharmacy, and a Practical Knowledge of Drugs. The examination in Medicine and Surgery is in part practical, and includes operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The *eligibility* of each candidate will be determined by the examinations in these compulsory subjects only.

Optional Subjects.—Candidates who desire it will be examined in French, German, and Hindustani, Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica ; and the number of marks gained will be added to the marks in the obligatory part of the examination, and position on the list of successful competitors will thus be improved in proportion.

Probation at Netley Hospital.—The competitor who obtains a place in the ordinary service is obliged to undergo probation of four months at Netley Hospital, where he attends the following lectures : Pathology, by Dr. Aitken ; Military Surgery, by Dr. Longmore ; and Clinical and Military Medicine, by Dr. Maclean ; Military Hygiene, Dr. de Chaumont. The lectures on Military Surgery include gun-shot and other wounds ; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examinations of water, air, food, and clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professor of Medicine and Surgery, to make themseves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues,

&c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay as already stated. A sum of money, equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins the "Blue Ribbon of Netley" being toleraby certain to be well provided for.

III.—NAVAL MEDICAL SERVICE.

The arrangements, time, and places for examination, the declaration to be made, and documents produced, the subjects and method of examination, and the subsequent probation at Netley, are to all intents exactly the same as those quoted above for the Army and Indian Medical Services:—

1. Every candidate must be not under 21 nor over 28 years of age. He must produce a birth certificate, or a declaration made from one of his parents; also a certificate of moral character, signed by a clergyman or magistrate, or by a Professor of the College at which he was educated. 2. He must be registered under the Medical Act as possessing two diplomas. 3. He must be free from organic disease, and will be required to make a declaration that he labours under no disease or weakness, or any other imperfection that can interfere with the most efficient discharge of the duties in any climate. His physical fitness will be determined by a Board, who are to certify that his vision comes up to standard, which will be ascertained by test-types. 4. Every candidate, immediately after passing this examination, will receive a Commission as a Surgeon in the Royal Navy, and will undergo a course of practical instruction in Naval Hygiene, &c., at Haslar Hospital.

IV.—ENGLISH POOR-LAW MEDICAL SERVICE.

The English Poor-law service differs in many respects from the Irish. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. A union medical officer therefore has the care of a district, and sometimes of a workhouse as well; sometimes only a workhouse. He is elected by the guardians of the union, and the appointment confirmed by the Local Government Board. He must have both a surgical and medical qualification, and be registered, and is required to name a duly-registered practitioner to whom application can be made in case of his absence from home; he can name his assistant or partner as his substitute. As a general rule, the guardians may not assign to any medical officer a district which exceeds in extent an area of 1,500 acres, or which contains a population exceeding 15,000 persons. This does not apply to Wales, but no such district may be assigned to a medical officer residing more than seven miles from any part of a parish included in such district. A medical officer is entitled to a fee of not less than 10s., or more than 20s. for attending a woman in or immediately after childbirth, and to a fee of £2 where great difficulty has occurred in delivery, or long subsequent attendance has been necessary. Many of the salaries of Poor-law appointments are very low—often so out of proportion to the work done that the medical officer must give his services for nothing, or next to nothing, as he has to provide all medicines, instruments, &c., except trusses, cod-liver oil, and quinine, for which he sends a statement to the guardians, who pay him the cost price; the paupers have to put up with those medicines which cost the least. In London and large towns some boards of guardians provide dispensaries, where the paupers are supplied with medicine, which relieves the medical officer from much labour and expense. It ought to be compulsory on all boards of guardians to provide dispensaries, and where this cannot be done, as in country districts, to provide all drugs, &c.

Clubs.—In England and Wales (more especially in the manufacturing districts) the medical practitioner derives much of his income from clubs, which pay him from 3s. to 4s. per head yearly, for which he visits and supplies medicines, &c.; the average payment for each visit amounts to the large sum of about 6d. Parish appointments are often sought for by young men as an introduction to practice, or by older men to prevent opponents setting up in the district.

V.—THE IRISH POOR-LAW MEDICAL SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes in the great majority of instances upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouse and about 808 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £103 15s.; and when it is taken into consideration that in the vast majority of rural districts it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act passed in '73 and amended in '78.

The former office, in country districts, yields between £5 and £10 a year, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality and is required to vaccinate every one who wishes to come. For each patient his fee of 2s. is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £4 to £100, an average for the provinces being about £10. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer they would of necessity bring a competitor for office into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

Appointments.—The qualifications required by the Poor-law Commissioners are a Licence in surgery or a Diploma in medicine, and a Diploma in midwifery; the candidate must also be twenty-three years of age.

The appointment lies with Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter largely into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away.

Duties.—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependent on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting ticket are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committeeman's own brother or daughter.

Workhouse Hospitals.—The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as they are confined to daily attandance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

Superannuation.—A Poor-law medical officer *may* now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians ; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. There are now about 60 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose allowance averages about £60. Their average age at retirement was 63.

Complete information as to fees, emoluments, duties, and appointments of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1883.

VI.—SCOTCH POOR-LAW MEDICAL SERVICE.

Practically these appointments, once made, are held *ad vitam aut culpam*, while in terms of the strict letter of the law they are but yearly appointments. Arbitrary dismissal is, however, guarded against by the powers of the Board of Supervision. It is expected that soon parochial medical appointments will be *legally* placed on the footing of permanent ones, and that a retiring allowance will be provided for the medical officers, as is the case in Ireland. The emoluments received from the local boards vary according to the number of paupers, size of the parish, and often the local exigencies requiring the residence of a medical man. salaries may be said to range, on an average, from £30 to £100 per annum. In remote and thinly-peopled districts the landed gentry and large farmers assess themselves in sums varying from £3 to £20 to make up an adequate income to the doctor, which, however, must be held in lieu of fees for medical attendance. Should such attendance, however, be much in excess of any such sum, the doctor is usually safe in trusting to the honour and generosity of the Highland gentleman, for this arrangement is more peculiar to the Highlands of Scotland. The young doctor has more speedy and easy access to "good society" in the country than in large cities; and perhaps better society than the latter : and should he be worthy of it he is certain to command respect and courteous treatment, and, with limited ambition and sporting tastes, to lead a useful and happy life.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE.—The Editor desires to thank those gentlemen attached to the various Medical Schools for supplying him with the information from which the foregoing pages have been composed.

NOTICE TO READERS.—As this number is devoted exclusively to information necessary for students intending to join one or other of the varions medical schools, and for those who, having passed their curriculum, are about to enter into the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred till next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.

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Lectures

ON

THE DIFFERENT FORMS OF APHASIA—ON WORD BLINDNESS. (*a*)

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpétrière Hospital; Fellow of the Clinical Society of London, &c.

GENTLEMEN,—I purpose in several of the succeeding lectures to consider with you certain clinical aspects of aphasia. You will doubtless think that thereby we are apt to encounter difficulties of more than one form. The term aphasia, indeed, considered in its largest acceptation comprises, you will remember, all the various and sometimes subtle modifications presented by the faculty which man possesses of expressing his thoughts by means of signs (the signatory faculty of Kant). But that faculty or those faculties which enable us to communicate with our fellow creatures must be considered as associated with the highest functions of our nervous system, for if, properly speaking, they do not form an integral part of our intelligence itself, they certainly, as their derangements make manifest, exercise upon it the most decisive influence. You will therefore comprehend that a very delicate analysis alone, and a careful exposition step by step of the psychico-physiological phenomena which we encounter, will enable us intelligently to surmount the difficulties of our course. Accidents, indeed, have been favourable to us, for circumstances have determined in our wards the presence of several pathological cases of a simplicity and unequivocalness truly remarkable. These will permit us to study the fundamental forms of the aphasic syndrome, dissociated as much as possible from extraneous complications, and consequently in exceptionally favourable conditions for physiological analysis. A clinical exposition of one of these cases will form the subject of to-day's lecture; the reflections which arise from this investigation will be considered in a subsequent lecture. The case under consideration, if I mistake not, offers one of the best examples of a form of *aphasia* which has been recently described under a distinct title, by some authors under the name of verbal blindness (*cécité verbale*) (*wortdblindheit*, Kussmaul). I will not, at the present moment, attempt to define that which one understands by this term, that will sufficiently evolve from the description on which I am about to enter.

M. H. P., æt. 35, is a silk-mercer and hatter at T——. For the past four years he has been principal of the establishment; previous to this time he was the chief *employée* in a similar house. He is a man of average intelligence, his education having been early directed towards commerce. He entered the hospital on our recommendation, hoping thus to be more minutely examined and better treated, and he has remained several months under our observation. He is intelligent and active; he speaks and writes with tolerable accuracy. As he supervises his own shop he has occasion to speak much, and he writes as many as from twelve to fifteen letters per day. He frequently occupies his leisure in reading novels, and pamphlets. He reads very quickly, but has the habit of moving his lips in reading, and of pronouncing the words in a bass voice. He has been married for ten years, but has no family. If we examine into the question of *heredity* we do not encounter any nervous antecedent in his family history; his father is still alive, and his mother died of an affection of the heart or chest. His personal antecedents do not offer any special feature. He made the campaign in 1870 with the army of the East, when he suffered much. He has never had articular rheumatism, and no palpitation of the heart either before or after his accident. His pulse is regular (80), his heart is of normal volume, and there is no bruit. The sole affection which merits consideration is a headache, dating back to the age of fifteen, recurring two or three times per month. These headaches, which exist further since his accident, are sometimes so violent as to compel him to take to his bed for one or two hours. They present the following character: 1. The pain

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(*a*) Translated from *Le Progrès Médical.*

before diffusing itself habitually occupies the right frontal region, a little above the eye-brow. 2. It does not appear to be accompanied with disturbance of vision. 3. There is no transient hemiopy (a) nor scintillating vertigo; there is no symptom of ophthalmic migraine, accompanied with creeping in the arms and hands, and no temporary *aphasia*. 4. These headaches are never followed by vomiting. These comprise the pathological antecedents. In short, there is nothing to observe which can be associated with the actual malady if we except the headache. This is a point which we will especially have to inquire into in the sequel. Let us pass, meanwhile, to the present history of the patient. On the 9th October last, being at a fox-hunt, he suddenly sees an animal half hidden in shrubs which he takes for a fox, at which he fires and promptly kills. Unfortunately, he killed not a fox but the dog of a friend to which he had been most attached. P— is deeply moved both on account of the dog and the vexation of his friend. Meantime, he continues the hunt, but disheartened and eating little. After lunch the hunt is resumed; a rabbit passes, P. aims at it, but at this moment he falls to the earth, we are assured, with paralysis of the right side; a few minutes afterwards he loses all consciousness. From the moment of this accident the recollections of our patient are very vague. He knows that he was carried to the railway to be taken to T——, which he recognised; but after that he again loses consciousness. He states that on reaching home he was immediately put to bed, and that he slept all night.

On the 10th October, when he awakened in the morning 1. He was completely paralysed in the superior and inferior extremities, which were absolutely flaccid and inert. 2. He stuttered in speaking, saying one word for another; his wife states that he said "one of my hands is asleep" (*paraphasie*). He recognised at that time forms and objects, but was unable to designate them by name; he could not even express the name of his wife. It is impossible to determine if at this period there was any deviation of his mouth or tongue, or any perversion of sensibility. About four days subsequently (14th October) he began to move his paralysed members to the extent of being able to raise them. He assures us that the superior extremity had become comparatively more free than the inferior. He dragged the foot for about a month subsequently.

On the 28th October an important manifestation occurred. He no longer experienced hardly any difficulty of speech, only from time to time he used one word for another. The hand is sufficiently under control to enable him to write freely. Wishing to give orders relating to his business, he takes a pen and writes; believing that he has forgotten something, he re-demands the letter to complete it, or rather to re-read it, and then there is manifested in its originality the phenomenon on which I wish specially to direct your attention: *he is able to write, but he finds it impossible to read his own writing.*

Thus we have a patient who had suddenly become *aphasic*, or rather *paraphasic*, with right hemiplegia; after some days the aphasia and hemiplegia disappear; the patient is able to write; he writes legibly enough to give an order; but, while he desires to read, is unable to do so. His writing at this period was almost what it was fifteen days later, that is to say, three weeks after the accident. Here is a letter, dated the 1st November, addressed to his mother, and it is interesting to compare it with another letter, dated the 22nd November, 1880, that is to say, three years previously. The first differs from the second only by a trifling peculiarity in the writing, the letters being more vertical and of a more infantine form, and by some errors of orthography which consist especially of forgetfulness of the "s" and "x" at the end of words and of one word, "with." We notice that in the letters written four, five, and six months afterwards these errors have disappeared and that the writing takes its pristine form. From the same period we notice it was impossible for him to read print; as difficult, and even more so, than a page of writing. Here intervenes an interesting accident in certain respects, but which I only note in passing because it does not appear to be directly related to the accidents which we specially desire to signalise. Fifteen days after the accident (towards the 24th October) he experienced a sharp lancinating pain in the right ear, continuing about two days, then a constant siffling, exaggerated when he is spoken to or when he is under the influence of a moral emotion.

But witness a fact more important perhaps, although it does not constitute one of the group of the perversions of language. Towards the 9th of November, that is to say, one month afrer the accident, he desired to play a game at billiards. He is right-handed, and his right hand perfectly free handles the cue with ease; but he suddenly experienced a loss as to where to play, for on the right side his field of vision was limited to the extent that he saw but the half of the green cloth of the table and the half of the ball, and that he lost sight of the balls when they entered into the right portion of the field of vision. This is the first mention which we have in the history of our patient of a right lateral hemiopy which has since been regularly studied by us for it exists at the present moment, though in less degree.

Resuming—when the patient came to consult us on the 3rd March, 1883, there existed no paralysis, no motor aphasia, he was able to write quickly and regularly, but he found it impossible to read print or writing; he had right hemiopy. But we must study more closely the condition of our patient at the moment that he presented himself to us for the first time. In the first place, he is a young man, with a lively eye, intelligent, steady gait, easy gesture, and presenting in no wise that embarrassed and dull air which aphasics so commonly present. Secondly, after his history had been recounted to us by himself under the control of his wife who was present, a task which he accomplished without difficulty and without our perceiving any slowness in the delivery, any substitution of words, and especially without any stammering, we were assured that notwithstanding his ability to write fairly, he was unable to read. We will enter upon this point in greater detail presently.

(*To be continued.*)

ON MEDICAL GALVANISM AND ANIMAL ELECTRICITY. (a)

By JOHN GRAY McKENDRICK, M.D., F.R.C.P., F.R.S.E.,

Professor of the Institutes of Medicine in the University of Glasgow; Fullerian Professor of Physiology in the Royal Institution of Great Britain.

In these days, when electricity is commanding universal attention as a great force capable of being made subservient to humanity, it may be appropriate to consider some of the phenomena of electricity produced by living tissues and by living organs—or what is called animal electricity. We must also remember that most of the modern developments of electrical science may trace their origin to the physiological experiments of Galvani, the Professor of Anatomy at Bologna, in 1786. Struck by the contractions of frogs' legs in the vicinity of a frictional electrical machine, he wished to study the effects of atmospheric electricity, and accordingly made his first experiment. Then he discovered that there might be a contraction of muscle on the connection of the nerve and muscle by a heterogeneous metallic arc. Then came the notion that the nerves conveyed electricity from the brain and cord to the muscles, and following the law that the new concepts of a man of science originate from ideas of familiar things, the muscle was forthwith compared to a Leyden jar, the inner surface of which became positive by nervous action, whilst the surface was negative. Motion was caused by the irritation of a kind of discharge, the positive internal surface being connected with the negative external surface. Volta doubted this, and held that the phenomena observed by Galvani were due to very feeble currents of artificial electricity produced by the application of heterogeneous metals to the limbs of animals. In the critical inquiry made by Volta into this question, he was led to the invention of the Voltaic pile, which not only for a time threw into neglect the question of animal electricity, but also was the starting point of the electrical science of the present day. In 1820 Oersted made the discovery of electro-magnetism. This led to the invention of the astatic needle (Ampère), and of the multiplier or galvanometer (Schweigger); and in 1827 Nobili constructed a galvanometer of great sensibility, by which he could reinvestigate the question of whether or not currents of electricity could be obtained from animal tissues. He found that such currents did exist, and he supposed they were due to thermo-electric action. About ten years thereafter (1837) Matteucci, of Pisa, again investigated the matter, and found that currents could be obtained from animal structures, even where all suspicion of thermo-electric or chemical action was removed. He also discovered that the interior of muscles was negative to their surface, and that it was possible to make a kind of battery from the thighs of newly-killed frogs, which could produce chemical effects similar to those caused by Voltaic elements. Then came the labours of Du Bois Reymond, the present Professor of Physiology in the University of Berlin, which will always mark the commencement of an epoch in the history of animal electricity. Recognising that the detection of the feeble currents from animal structures depended on the delicacy and accuracy of the apparatus employed, he made many improvements in the construction of galvanometers, and in the arrangements for leading off the currents from living textures into the galvanometer. Such galvanometers must be exquisitely sensitive, and it is evident that just in proportion as they are so, so will be the difficulty of making an arrangement which will lead off any current that may exist, say in living muscles, without causing a current itself. If we apply to a bit of muscle the ends of the copper wires coming from a delicate galvanometer we either get no effect or an effect due to the action of the muscle substance, or the fluid covering it, on the copper wire. We must have some arrangement which, while touching the muscle, will not cause any chemical change in it, and at the same time will draw off into the galvanometer circuit any current that may come from the muscle itself. That is, the electrodes of the galvanometer must be *non-polarisable*, even when touching muscle. Du Bois Reymond found that little troughs of zinc, filled with a saturated solution of sulphate of zinc, fulfilled these requirements. Into these are placed pieces of blotting paper, also wet with sulphate of zinc solution, and on the bits of blotting paper are placed morsels of clay moistened with saliva. When the bits of clay are put into contact so as to make a circuit, no current passes through the galvanometer, If we now take a muscle from the back of the leg of a frog, cut it across, and place it on the clay pads so that the section of the muscle touches one pad and the surface of the muscle the other, a current of electricity passes through the galvanometer, as shown by the swing of the needle. This was shown by the lecturer, a beam of lime-light being reflected on a screen by a mirror attached to the needles of a galvanometer. It was then shown that an uninjured frog's muscle gives no current; that no current can be got from two uninjured surfaces nor from two transverse sections; but only, speaking generally, when one clay pad touches a section and when the other touches a surface. This may be called the muscle-current. A similar current, though much weaker, can be obtained from living nerve. It was also shown that when a muscle is caused to contract, as it does naturally, the so called muscle-current is diminished; at all events, suppose the current from a muscle brings the needle of the galvanometer to a certain point, if the muscle then be caused to contract, the needle will swing back to nearly its zero point. The reverse—the so-called *negative variation*—indicates that an electrical change in the muscle happens when it contracts. But by refined methods of experiment it has been shown that this change really occurs *before* the muscle contracts, that is, the change in the electrical state of the muscle is an expression of the chemical changes occurring in it, which are antecedent to the muscular movement.

(a) NOTE BY TRANSLATOR.—Hemiopy (Eng.); ('ήμισυς, half, ὄπτομαι, I see); *halbsicht* (Ger.); an affection of the eye, in which the patient perceives only the half of the object looked at. It is due either to a partial paralysis of the retina or to a partial opacity of the crystalline lens whereby the rays of light are prevented impinging on the retina, or it may be due to some affection of the brain at the seat of origin of either of the optic nerves. Dr. Wollaston describes it as follows as occurring in his own person: "I suddenly found, after violent exercise two or three hours before, that I could see but half the face of a man whom I met; and it was the same with respect to every object I looked at. In attempting to read the name Johnson over a door, I saw only 'son,' the commencement of the name being wholly obliterated from my view.'

(a) Abstract of lecture delivered before the British Association for the Advancement of Science, at Southport, on Monday, September 24th, 1883.

The lecturer further showed how it was possible to measure the amount of those changes by Poggendorff's method of compensation, by which a fraction of the current of a Daniell's cell was passed through the galvanometer in the reverse direction to the muscle current. Thus, it may be determined that the electro-motive force of the natural current of a frog's muscle is about ⅛ of a Volt. Similar currents may be obtained from nerve, although they are very much weaker. Much discussion has taken place as to what these currents really mean; but the majority of physiologists agree with Hermann, of Zurich, in thinking that the current obtained on cutting or injuring the muscle or nerve is really due to the dying of the muscle or nerve substance at the point of section, and that the so-called "negative variation" is the current indicating functional activity. That is, living substance dies at the plane of section, and in dying it acquires a lower potential than the living matter, thus giving rise to a current. Again, suppose a living muscle giving no current, on stimulating it, by irritating its nerve, so as to cause the muscle to contract, a lower potential is produced at the points in the muscle where the nerve fibres end, and there is thus a negative variation. Further, it has been shown that this negative variation passes like a wave through the muscle substance, and that the wave has disappeared before the muscle contracts. If, then, electrical changes occur during the activity of muscle and nerve, it is natural that physiologists might expect to detect changes in the beating heart. This is the case. It was shown, by projecting its image on a screen, that the uninjured frog's heart, isolated from the body, still lives, and, whilst beating, gave with each beat an electrical variation, as shown by the swing of the galvanometer needle. The uninjured heart gives no current, but when slightly injured there is a variation in its electrical state with each beat. Then the lecturer showed that light causes an electrical change in the eye. Placing the eye of a frog in the galvanometer cushions, it was shown that there was a current passing from the cornea to the back of the eye. In the dark little or no change could be seen, except what might be due to the drying of the living structures forming the eye; on allowing light to fall on the eye, there was at once an increase in the current. This continued for a time, then began to fall, and, on light being removed, there was another increase, and then a sudden and rapid fall off. This action, first shown by Professor Holmgren, Professor Dewar, and the lecturer, showed a specific influence of light on the retina. It could not be called a negative variation. It indicated chemical changes occurring in the retina.

Lastly, the lecturer showed the production of currents from the living man. Placing the hands in two vulcanite troughs communicating by platinum plates with the galvanometer, and filled with a weak solution of salt, he showed that on contracting one arm a deflection of the galvanometer needle was produced. When both arms were quiet there was no current; on contracting one arm a current was at once produced. This current the lecturer was inclined to think was due to action of the fluid on the skin, and not to currents from the muscles, and that the differences were due to differences of contact.

In summing up, after a few remarks regarding electric fishes, the lecturer said that all of these electrical changes were really expressions of the vital changes occurring in living tissues under the action of stimuli. It was no part of the functions of nerves, muscles, or of the retina of the eye to produce currents under the action of their relative stimuli, but such currents indicated chemical changes in the organs or tissues; for example, the contraction of a muscle is a movement following or consequent upon many chemical changes, among the results of which were the production of heat and differences of electrical potential. Thus there was no special production of electricity, except in the case of electrical fishes, and possibly of some other animals. In most animals, including man, the production of currents was an incidental phenomenon, indicating chemical operations, and nothing more. Besides, the currents so produced were feeble and evanescent, and bore no relation to the general well-being. Consequently all attempts to influence the living body by magnets had no rational basis. The lecturer had tested this question by powerful electro-magnets, and had not been able to detect that they had the slightest influence on any vital phenomena. It need hardly be added that the so-called phenomena of animal magnetism are of an entirely different kind from those discussed. These are of a subjective character, dependent on peculiar states of the nervous system, having nothing whatever to do with electricity or magnetism, but still in a sense they are phenomena as real as those of physical science. Their subjective character, however, renders them specially difficult of investigation, and consequently they are more liable to fall into the hands of the charlatan. One safeguard against this is the recognition of what the electrical phenomena of the living body really mean, and one purpose of this lecture will be served if it shows that to detect and account for this phenomena requires the most refined methods of the physicist and of the physiologist, and that they give us only a glimpse into the intricate changes occurring in living tissue. The lecture was fully illustrated by experiments, in which galvanometers of the most sensitive construction were used.

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THE PHILOSOPHY OF VOICE.

By CHARLES LUNN.

(*Continued from page* 213.)

To strengthen the views and arguments of my past, I must now go into the deepest depths of the subject. It is not my intention of entering into the arena of metaphysical dispute, but on the other hand, it is important the reader know my standpoint. Let us take two authorities. St. Thomas Aquinas teaches that the body does not possess the soul, but that the body is possessed by it; that the soul is complete and entire all over the body, and in each part of it, and capable of manifesting itself in any given locality of its possessions by action. Professor Huxley holds that "All states of consciousness in us are immediately caused by molecular changes of the brain substance." And he goes on, that it seems to him "in men there is no proof that any state of consciousness is the cause of change in the motion of the matter of the organism." And then he draws his conclusion "Our mental conditions are simply the symbols in consciousness of the changes which take place automatically in the organism, and that, to take an extreme illustration, the feeling we call volition is not the cause of a voluntary act, but the symbol of that state of the brain which is the immediate cause of that act. We are conscious automata (*a*), endowed with free will." (*b*)

If we turn back to page 45 of the same work, we are told that science is "the knowledge of fact, of which every verbal description is an incomplete and *symbolic* expression," Professor Huxley adding, "Be assured that no teaching of science is worth anything as a mental discipline which is not based upon direct perception of the facts, and practical exercise of the observing and logical faculties of them." Professor Huxley and I are one in holding the practical man of fact better than the theoretical man of imagination—a doctrine I commend to the numerous hypothetical writers on voice production—and I venture to hold, with Dr. Huxley, that a "symbol" is "incomplete," or of less value than the thing it symbolises; so that I cannot believe with him an act of volition is but a "symbol" of material change, *i.e.*, an "incomplete" thing in mind of a complete thing in matter. What I *will* is the vital point to me, not what molecular changes may or may not be going on in the laboratory unknown to me.

It should be noted that on the material side Mr. G. H. Lewes, who alleges the spinal cord is a seat of volition, has never been disproved (see his "Physical Basis of Mind"). Let me put the relationship of mind to body thus: As the extrinsic principle of the unity of a body is the union and communion, co-ordination and subordination, of its head and members; so the intrinsic principle of its unity is the abiding presence within it of our spiritual life-giving soul.

The metaphysical crux how far our material structure can be regarded as objective phenomena for consciousness to interrogate may, then, be left; it is only my business to interrogate one part of its mechanism. Given consciousness—which I hold as one aspect of that life that sustains the body—we have, in this general term, the three particulars: The memory, the understanding, and the will. I am not going to discuss whether "volition" is a symbol, but I take it that actions are symbols of it. Let us see what Will is not. It is not projected as a thrown stone; it is not transmitted as a wriggle down a rope; it is not even circuitous, but it is located. It goes to its *end* not round about, as bent nerves go; it is as though a telegraph clerk entirely neglected his own material end, and commenced to act at the other end, where he is not. The will is a weight which, acting upon a balanced scale, makes one side kick the beam. And now I will bring this on to the question of voice production. A similar outer manifestation in body may be produced by un-similar means; a flush may come from shame or from physical work; the aspirate H may be made by will, or may result, in multiplied iteration, from running, "panting" being a number of aspirates mechanically produced by reflex action. Let us follow out this neglected physico-philological aspect. In the open aspirate H the will looks in the same direction as the expiring air, and accelerates its flow; the letter F is only H resisted by the lips, the letter S is H resisted by the tongue, and V is F with voice added to it, as Z is S with voice added to it—two locks in a flowing canal. What the lips are to voice in the letter V, and what the tongue is to voice in the letter Z, so the false cords are to the true cords in true voice production—namely, by ruling

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(*a*) I do not like the word "automaton" introduced into physiology. It seems a confusion of terms. An automaton is a thing that appears to have life, but has it not. Is a "conscious automaton" a thing having life, but appearing not to have it?

(*b*) Science and Culture, "Animal Mechanism," p. 239.

the escaping air in restricted flow, they supply a physical balance on which the metaphysical balance depends. The habit of allowing the false cords to be neglected and fall apart, is acquired physically by consonants, and mentally by mislocation of will. To give an illustration: Some of my readers will remember an entertainment called "The Organophonic Band;" the performers imitated various instruments by means of voice and mouth. I had the advantage of a personal examination of one. What the compressed air in the blown out cheeks when sounding the buzzed sustained consonant B was to their vocal tone, associated with lip resistance, so the compressed air in the blown out ventricles is to the invisible but artistic voice. In brief, the set *Ah* of the old school is suppressed escape at false cords with voice added to it, and this physical equilibrium—the hydrostatics of voice—has its mental equivalent, a perfect physically unfelt control. The training to attain this consists in making the will look, as it were, the other way, and meet the breath at the organ of voice.

But, before further argument I have to trace the false thought that has grown up side by side with the true.

Madame Seiler's school of sight was incalculably strengthened by the approval of Professor Helmholtz. It was to counteract this influence that I exposed his fallacy respecting the physical basis of hearing by pointing out that birds, having no "fibres of Corti," hear better than we do, and that therefore Nature has either made two ways of conveying the same thing to consciousness, or birds do not hear musical sounds, or the "fibres of Corti" are not the means by which men apprehend them. Great men trip outside their sphere. (*a*)

Now one result of this patronised misuse of the laryngoscope has been to create a class of professed teachers who are neither trained singers nor members of the medical profession, until the world cries out to us as follows:—

"A lady recently said to us—'What shall I do to cultivate my daughter's voice? I am anxious to do something to develop and beautify her voice, yet every teacher of singing and elocution I happen to know has a voice much harsher and rougher and more discordant and disagreeable than hers, and I'm afraid to have her even associate with them, and still more to have her take lessons, for their methods must be false.' Truth compels us to add that some of the sweetest, pleasantest voices we have ever heard were those of persons who had never taken a lesson in elocution or in singing, while some of the most grating, crackling voices we have met with were those of professional voice teachers! What's the matter?"—"The Voice," American paper, March, 1883.

To come nearer home. Mr. Lennox Browne, whose "Medical Hints" followed so soon my papers in the *Medical Press and Circular*, writing of the misuse of the laryngoscope, says:—"Valuable as has been the laryngoscope in a physiological, as it is undoubtedly in a medical sense, it has been the means of making all theories of production of voice too dependent on the vocal cords." Had Mr. Browne stayed here, his work would have done good, but, venturing beyond it, did harm; it distracted attention from the chief condition of voice restoration, the location of will, and restoration of parts, where, of the two points of resistance, the weakness is apparent, and centred attention on modes of breathing. Metaphysically, he misdirected the will; physically, he neglected enfeebled parts. But more. He weakened the old law of "Complete Inflation," as he did not seem to know that all good singers sing, even at softest, with compressed air through the complementary, through ordinary breath, down to the last particle of supplementary air that can be used. This state of statical and hydrodynamical balance is known to a singer by a perceptible grip between larynx and chest muscles, felt as the grip between finger and thumb is felt. Bad singers sing without compression, and the grip looses itself. This I ventured to term, using a strictly physiological word, "The Tonicity of Voice." But we have a greater than he in error. I would respectfully entreat Professor Huxley to reconsider his statement that the depression of the thyroid heightens pitch, and that the elevation of the thyroid lowers it ("Elementary Physiology," p. 183). It is incalculable the mischief this has done in training, and the disproof is easy. Sing a scale upwards, and the thyroid is felt to rise. The explanation is this: One cartilage ascends quicker than the other, both ascending; and the effect on cords attached is the same as though one cartilage were fixed, while the other descended.

The "fixed larynx" theory and "low larynx" theory are the outcome of this slip.

But one of the worst books that has been published is Herr Behnke's "Mechanism of the Human Voice." If argument were needed to induce educated men to take the question up, this work would suffice. Let me give two examples, and their disproof by a known authority:—

"It is true that the vocal ligaments (cords) of a soprano are sometimes longer than those of a contralto. . . . But I maintain that the longer ligaments of sopranos and tenors are correspondingly thinner, and that their tension is greater, owing to the ring-shield or stretching muscles being more powerful than their opponents, the shield pyramid muscles" (p. 66, 2nd edition).

This is a point of statics the law of which all medical students know. Here is the exposure of the fallacy:—

"Mr. Behnke is comparing two ligaments—one in a soprano, the other in a contralto, kept in equilibrium and at rest by two forces, the stretching muscles at one end, and *their opponents*, the shield-pyramid muscles, at the other." (The same comparison is made between a tenor and a bass.)

"Let A B be the ligament in a soprano, A^1 B^1 the ligament in contralto. Then the forces acting on A B are the tensions at A and B, and those acting on A^1 B^1 are the tensions at A^1 and B^1. For equilibrium, these are respectively equal and opposite, as may be seen from any elementary treatise on statics. Mr. Behnke asserts that the tension at A is greater than the tension at A^1. The necessary consequence of this is that the tension at B must be just as much greater than that at B^1, which is precisely what he denies. The only alternative is that there is not equilibrium, which is contrary to the supposition. If it should be retorted that we have not considered the internal forces in the ligament itself (molecular actions, cohesion, &c.), D'Alembert's principle, which is nothing else than a logical extension of Newton's "Second Law of Motion," asserts that all *internal* forces balance each other, and therefore, when summed over the whole system under consideration, amount to zero, so that the conditions of statical equilibrium are true, independent of them. For the matter of that, D'Alembert's principle is also true of bodies in motion. Moreover, although during the production of sound there must be motion, this is only a *slight* disturbance from an assumed state of equilibrium and rest." (See Pratt's "Mechanics," art. 493.)

Next, we have this extraordinary error in hydrodynamics following the quoted passage above:—"When this is the case, the ligaments are more slanting than they would be otherwise, and the consequence of this is that less power of blast is required to make them speak" (p. 66).

"This is simply not true, and it may be proved to be not true in the following manner:—

"Let a tube be taken through which wind is supplied at a given pressure, and let the end of this tube be closed by a sheet with a fissure in it, which is inclined at an angle θ to the axis of the tube. The wind pressure P on the sheet supposed to be plane may be resolved by the "parallelogram of forces" into two others, in directions chosen at pleasure. Let us take the directions to be those along the surface of the sheet and perpendicular to it; the resolved parts of P are $P \cos \theta$ along the sheet,

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(*a*) *Public Opinion* says of this objection—"It is difficult for Professor Helmholtz to escape from one of these trilemmas."

and P sin θ perpendicular to it. The former of these produces no effect to make the sheet move, therefore the whole effective force for sound-production is P sin θ. Now let another tube be taken, in all respects like the former, except that the angle θ is changed into θ^1. The effective force is then P sin θ^1. Now, 'when the ligaments are more slanting,' means that the obtuse angle which the sheet in the second tube makes with the side of it is greater than the corresponding angle in the first tube, and therefore the acute angle θ^1 is less than the acute angle θ. Therefore, P sin θ^1 is less than P sin θ—*i.e.*, there is less effective force from a given power of blast in the second case than in the first, or more blast is required to make the more slanting ligaments speak equally with the others.

"If it should be thought that this should not be applied in consequence of the air being a fluid, then, since fluids press equally in all directions, the direction of the sheet will make no difference to the air blast; but it should be remembered that this assumes the fluid to be at *rest*, which is scarcely the supposition."

(To be continued.)

THE ENDOWMENT OF BIOLOGICAL RESEARCH. (a)

By Prof. Ray Lankester, F.R.S.

The knowledge of the growth of the chick from the egg and of other organisms from similarly constituted beginnings has been slowly and continuously gained by prodigious labour, extending over generation after generation of students who have occupied the laboratories and lived on the stipends provided by the Governments of European States—not English, but chiefly German. It is this history of the development of the individual animal and plant from a simple homogeneous beginning to a complex heterogeneous adult which has furnished a starting-point for the wide-reaching doctrine of evolution. It is this knowledge, coupled with the knowledge of the myriad details of structure of all kinds of animals and plants which the faithful occupants of laboratories and the guardians of biological collections have in the past 100 years laboriously searched out and recorded—it is this which enabled Darwin to propound, to test, and to firmly establish his theory of the origin of species by natural selection, and finally to bring the origin, development, and progress of man also into the arena of physical science. It may be laid down as a general proposition that scientific discovery has only been made by one of two classes of men, namely—(1) those whose time could be devoted to it in virtue of their possessing inherited fortunes; (2) those whose time could be devoted to it in virtue of their possessing a stipend or endowment especially assigned to them for that purpose. Those who wish to defend the present neglect of the Government and of public institutions to provide means for the carrying on of scientific research in this country are accustomed to declare as a justification for this neglect that we do very well without such provision, inasmuch as the cultivation of science here flourishes in the hands of those who are in a position of pecuniary independence. The reply to this is obvious. If those few of our countrymen who by accident are placed in an independent position show such ability in the prosecution of scientific research, how much more would be effected in the same direction were the machinery provided to enable those also who are not accidentally favoured by fortune to enter upon the same kind of work? It is altogether a mistake to suppose that the existence among us of a few very eminent men is any evidence that we are contributing largely to the hard work of careful study and observation which really forms the material upon which the conclusions of eminent discoverers are based. In every department of biological knowledge the hard work of investigation is being carried on by the well-trained army of German observers. Whether you ask the zoologist, the botanist, the physiologist, or the anthropologist, you will get the same answer. It is to German sources that he looks for new information; it is in German workshops that discoveries, each small in itself, but gradually leading up to great conclusions, are daily being made. To a very large extent the business of those who are occupied with teaching or applying biological science in this country consists in making known what has been done in German laboratories. Our English students flock to Germany to learn the methods of scientific research; and to such a state of weakness is English science reduced for want of proper nurture and support that even on some of the rare occasions when a capable investigator of biological problems has been required for the public service, it has been necessary to obtain the assistance of a foreigner trained in the laboratories of Germany. In the German Empire, with a population of 45,000,000, there are 21 universities. These universities are very different from anything which goes by the name in this country. Among its other arrangements devoted to the study and teaching of all branches of learning and science, each university has five institutes or establishments devoted to the prosecution of researches in biological science. These are respectively the physiological, the zoological, the anatomical, the pathological, and the botanical. In one of these universities of average size each of the institutes named consists of a spacious building containing many rooms fitted as workshops, provided with instruments, a museum, and, in the last instance, with an experimental garden. All this is provided and maintained by the State. It is the business of the professor, in conjunction with his assistants and the advanced students, who are admitted to work in the laboratories free of charge, to carry on investigations, to create new knowledge in the several domains of physiology, zoology, anatomy, pathology, and botany. It is for this that the professor receives his stipend, and it is on his success in this field of labour that his promotion to a more important or better-paid post in another university depends. In addition to, and irrespective of, this part of his duties, each professor is charged with the delivery of courses of lectures and of elementary instruction to the general students of the university, and for this he is allowed to charge a certain fee to each student, which he receives himself. The total of such fees may, in the case of a largely-attended university and a popular subject, form a very important addition to the professorial income; but it is distinctly to be understood that such payment by fees is only an addition to the professor's income, quite independent of his stipend and of his regular occupation in the laboratory; it is paid from a separate source and for a separate object. There are thus in the German Empire more than 100 such institutes devoted to the prosecution of biological discovery, carried on at an annual cost to the State of about £80,000, equal to about £160,000 in England, providing posts of graduated value for 300 investigators, some of small value, sufficient to carry the young student through the earlier portion of his career, while he is being trained and acting as the assistant of more experienced men, others forming the sufficient but not too valuable prizes which are the rewards of continuous and successful labour. In addition to these university institutes there are in Germany such special laboratories of research, with duly salaried staff of investigators, as the Imperial Sanitary Institute of Berlin, and the large museums of Berlin, Bremen, and other large towns corresponding to our own British Museum of Natural History. There are, in addition to the universities in Germany, a number of other educational institutions, at least equal in number, which are known as polytechnic schools, technical colleges, and agricultural colleges. These furnish posts of emolument to a limited number of biological students, who give courses of instruction to their pupils, but they have not the same arrangements for research as the universities, and are closely similar to those colleges which have been founded of late years in the provincial towns of England, such as Bristol, Nottingham, and Leeds. The latter are sometimes quoted by sanguine persons, who are satisfied with the neglected condition of scientific training and research in this country, as really sufficient and adequate representatives of the German universities. As a matter of fact, the excellent English colleges in question do not present anything at all comparable to the arrangements of a German university, and are, in respect to the amount of money which is expended upon them, the number of their teaching staff and the efficiency of their laboratories, inferior not only to the smallest German university, but inferior to many of the technical schools of that country. . . . . . .

In England, with its 25,000,000 inhabitants, there are only four universities which possess endowments and professoriates—viz., Oxford, Cambridge, Durham, and the Victoria (Owens College). Besides these, which are variously and specially organised each in its own way, there are the London Colleges (University and King's), the Normal School of Science at South Kensington, and various provincial colleges, which are to a small and varying extent in possession of funds which could be or are used to promote scientific research. Among all these variously arranged institutions there is an extraordinary small amount of provision for biological research. In London there is one professorship only, that at the Normal School of Science, which is maintained by a stipend paid by the State, and has a laboratory and salaried assistants, to enable their holders to pursue researches in the dominions of biological science, are the two chairs of physiology and of zoology at University College, which, through the munificence of a private individual, have been endowed to the extent of £300 a year each. To these should be added, in our calculation, certain posts in connection with the British Museum of Natural History and the Royal Gardens at Kew, maintained by the State; though it must be remembered that a large part of the expenditure in those institutions is necessarily taken up in the preservation of great national collections, and it is most applicable to the subvention of investigators. We may, however, reckon about six posts, great and small, in the British Museum, and four at Kew, as coming into the category which we have in view. In London, then, we may reckon approximately some 14 or 15 subsidised posts for biological research. In Oxford there fall under this category the professorship of anatomy and his assistant, that of physiology, that of zoology, that of botany. The Oxford professorships are well supported by endowments, averaging £700 or £800 a year; but they are inadequately provided with assistants as compared with corresponding German positions. While Oxford has thus five posts, Cambridge has at present the same number, though the stipends are of less average value. In regard to Durham, it does not appear that the biological professorships (which have their seat in the Newcastle College of Science) are supported by stipends derived from endowment; they fall under another category, to which allusion will be made below, of purely teaching positions, supported by the fees paid for such teaching by pupils. The Victoria University (Owens College, Manchester) supports its professors of physiology, anatomy, zoology, botany, and pathology, by means partly of endowment, partly of pupils' fees. By the provision of adequate laboratories and of salaries for assistants to each professor, and of student-fellowships, Owens College gives direct support to original investigation. We may reckon five major and eight minor posts as dedicated to biological research in this college. Although then, we have 15 positions in London and 23 in the provinces (taking assistantships, and professorships, and curatorships together)—a total of 38 in all England with its 25,000,000 inhabitants, as against the 300 in Germany with 45,000,000 inhabitants. In proportion to its population (leaving aside the consideration of its greater wealth), England has only about one-fourth of the provision for the advancement of biological research which exists in Germany. . . . .

(a) Read before the Biological Section British Association.

Taking England alone, as distinct from Scotland and Ireland, we require, in order to be approximately on a level with Germany, 40 new biological institutes, distributed among the five branches of physiology, zoology, anatomy, pathology, and botany—40 in addition to the 15 which we may reckon (taking one place with another) as already existing. The average cost of the buildings required would be about £4,000 for each, giving a total initial expenditure of £160,000; the average cost of stipends for the director, assistants, and maintenance we may calculate at £1,500 annually for each, or £60,000 for the 40—equal to a capital sum of £2,000,000. These institutes should be distributed in groups of five—eight groups in all—throughout the country. One such group would be placed in London (which is, at present, almost totally destitute of such arrangements), one in Bristol, one in Birmingham, one in Nottingham, one in Leeds, one in Newcastle, one in Ipswich, one in Cardiff, one in Plymouth—in fact, one in each of the great towns of the kingdom where there is at present, or where there might be with advantage, a centre of professional education and higher study. The first and the most liberally arranged of these biological institutes—embracing its five branches, each with its special laboratory and staff—should be in London. If we can have nothing else, surely we can demand, with some hope that our request will eventually obtain compliance, the formation in London of a College of Scientific Research, similar to that of Paris (the College de France). It is one of the misfortunes and disgraces of London that—alone among the capitals of Europe, with the exception of Constantinople—it is destitute of any institution corresponding to the universities and colleges of research which exist elsewhere. Either in connection with a properly organised teaching university or as an independent institution, it seems to me a primary need of the day that the Government should establish in London laboratories for scientific research. Two hundred and fifty years ago Sir Thomas Gresham founded an institution for scientific research in the City of London. The property which he left for this purpose is now estimated to be worth three millions sterling. This property was deliberately appropriated to other uses by the Corporation of the City of London and the Mercers' Company about a hundred years since, with the consent of both Houses of Parliament. By this outrageous act of spoliation these corporations, who were the trustees of Gresham, have incurred the curse which he quaintly inserted in his will, in the hope of restraining them from attempts to divert his property from the uses to which he destined it. "Gresham curse" was "the default thereof shall be to the reproach and condemnation of the said Corporations afore God." We must also urge the foundation of other institutes in the provinces upon the scale already sketched, because it is only by the existence of numerous posts that anything like a professional career for scientific workers can be constructed. We may have to wait for the expenditure of such a sum as I have named, and possibly it may be derived ultimately from local rather than imperial sources, though I do not see why it should be; yet I think it is a good thing to realise now that this is what we ought to expend in order to be on a level with Germany. This apparently extravagant and unheard-of appropriation of public money is actually made every year in Germany. In conclusion, let me say that, in advocating to-day the claim of biological science to a far greater measure of support than it receives at present from the public funds, I have endeavoured to press that claim chiefly on the ground of the obvious utility to the community of that kind of knowledge which is called biology. To opponents of the advancement of science it is of little use to offer explanation and arguments. They mock at the botanist as a pedant, and the zoologist as a monomaniac; they execrate the physiologist as a monster of cruelty, and brand the geologist as a blasphemer; chemistry is held responsible for the abomination of aniline dyes and the pollution of rivers, and physics for the dirt and misery of great factory towns. By these unbelievers science is declared responsible for individual eccentricities of character, as well as for the sins of the commercial utilisers of new knowledge. The pursuit of science is said to produce a dearth of imagination, incapability of enjoying the beauty either of nature or of art, scorn of literary culture, arrogance, irreverence, vanity, and the ambition of personal glorification. Such are the charges from time to time made by those who dislike science, and for such reasons they would withhold, and persuade others to withhold, the fair measure of support for scientific research which this country owes to the community of civilised States. Science is not a name applicable to any one branch of knowledge, but includes all knowledge which is of a certain order or scale of completeness. All knowledge which is deep enough to touch the causes of things is science; all inquiry into the causes of things is scientific inquiry. To aid in the production of new knowledge is the keenest and the purest pleasure of which man is capable. The progress and diffusion of scientific research, its encouragement and reverential nurture, should be a chief business of the community, whether collectively or individually, at the present day.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Case of Ulcerative Endocarditis—Death.

Under the care of Dr. ARMAND SEMPLE.

[Notes by E. Tull Trevor, Registrar.]

L. W., girl, æt. 6 years, admitted on July 15, 1883, for dropsy and shortness of breath.

History.—Father and mother both alive and healthy. Grandfather died of dropsy; grandmother of old age. When a baby had a slight attack of scarlet fever. Two or three years ago had measles, but recovered from both these illnesses without any complications. There are five other children in the family all living and healthy. About nine months ago she suffered from rheumatism, the attack did not last long, and seemed to be chiefly confined to the hands and feet. She seemed to recover perfectly. Three months ago she had another attack of rheumatism; this time complaining of pain in the chest and throat. Since this attack she has never been quite well; her legs have been weak, and she has been prevented from walking much. Fourteen days ago she began to be very restless at night. Her legs began to swell, and her face got puffy. Her appetite has always been pretty good. Bowels regular. Her mother says that some time before admission she passed but a small quantity of urine of a very high colour, but just before admission a much larger quantity of a very pale colour.

On Admission—Child is anæmic. Face and eyelids puffy. Respiration 48—suffers a good deal from shortness of breath, and is only comfortable when propped up in bed. T. 100·6. There is some crepitation to be heard scattered over the lungs, especially the left base behind—where there is also some dulness. Area of cardiac dulness considerably increased, extending from the 2nd to the 6th rib, and from the right border of the sternum to two fingers breadth outside the nipple line. Impulse and thrill to be felt two fingers breadth outside and below the nipple. Loud systolic bruit at the apex—audible all over the area of dulness, and at the angles of both scapulæ. There is also a presystolic murmur at the apex. Pulse 132, feeble. The left side of the chest bulges, especially over the cardiac area. Feet œdematous. Urine, specific gravity, 1022, high coloured, contains large quantity of albumen, and some mucus. Ordered a mixture containing ammonia and ipecacuanha three times a day.

July 7th.—Bruit very loud. T., 98·6; R., 54; P., 132. Feet very much swollen and œdematous. Ordered following mixture:—Potash acetatis, gr. v.; spiritus chloroformi, ♏ x.; ammoniæ cum ipecacuanha, ℥ss.; ter die. M.

8th.—R. 52; P. 136. Bruit very loud and audible all over the chest. Feet, legs, and lower eyelids much swollen. Patient very weak. Alæ of the nose twitch markedly in inspiration. Has to be propped up in bed. Urine, sp. gr. 1025, high coloured, and contains fair amount of albumen.

9th.--M. T., 98·4; P., 132; R., 60; E. T., 99; P., 130; R., 48. Bruit loud. Dulness extends to right border of sternum. Great œdema. Respiration laboured. Ordered a blister to the præcordial region.

10th.—M. T., 99·8; P., 132; R., 36. E. T., 99·6; P., 144; R., 48. Blister has taken. Left labium very œdematous. Pricked and some serum allowed to drain away. Rhonchi on both sides of chest.

12th.—M. T., 100; E. T., 132; R., 54. E. T., 101·2; P., 144; R., 44. Legs much swollen, especially the left. Left leg and foot pricked.

13th.—M. T., 101·2; P., 132; R., 42. E. T., 101·8; P., 132; R., 42. Very restless at night.

14th.—M. T., 100·8; P., 150; R., 56. E. T., 101·4; P., 150; R., 60. There is an inflamed swelling on the left side of the neck. Her face is so puffy that she is almost unrecognisable. Picks at the bed clothes. A good deal of serum exudes from the punctures in the leg and foot. Œdema of the face got more marked in the evening. Has been sick twice in the day, and has spat up a little blood. Has to sit up to breathe.

15th.—Œdema excessive. Urine loaded with albumen. Some exudation of blood from the punctures in the labium. M. T., 100·4; P., 144; R., 60. Died at 8.30 p.m.

Autopsy made sixteen hours after death by E. Tull. Trevor. Body well-nourished. Well marked œdema of both legs and feet, especially the left. Skin red and inflamed on the left buttock. Hypostatic congestion of the back and shoulders. Pericardium contained about six drachms of blood-stained fluid. Heart weighed six and a-half ounces. Left ventricle hypertrophied. Small piece of adherent clot in the left ventricle. The mitral valve was covered with red friable vegetations of varying size—with, at one spot, extreme ulceration, the masses of granulations breaking down easily under a stream of water. There were also a few vegetations on the tricuspid valve.

Aortic valves healthy.

Lungs—Consolidation of the lower lobe of the left lung. Right lung healthy. No embolism of the pulmonary artery.

Larynx healthy. Trachea contained a little blood-stained mucus. No pleurisy.

Peritoneal cavity contained a large quantity of clear fluid.

Liver—Weight 29 ounces, congested.

Spleen—Weight 1¾ ounces, hard and firm.

Kidneys—Right kidney, weight 3½ ounces, healthy. Left kidney weight 4 ounces. Capsule adherent in places. Cortical part congested and swollen.

Supra-renal capsules healthy.

Brain not examined.

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SURGEON-GENERAL HUNTER'S OFFICIAL REPORT ON THE CHOLERA IN EGYPT.

In his further report on the late epidemic of cholera in Egypt Surgeon-General Hunter gives some particulars which have an important bearing in relation to certain theories of the etiology of that disease at the present time current. For example, Dr. Hunter mentions an "epidemic wave" as having visited certain places enumerated. He describes the gross violation of all sanitary laws which generally prevails in Egypt, including the state of pollution by animal matters in which the rivers and canals were found to be. Among the sources of pollution were carcases of cattle that had died of typhus, many being far advanced in decomposition, and giving rise when removed for burial to odours of an extremely offensive nature; the contents of numerous latrines added to the offensiveness of the water. He describes the very unsatisfactory nature of the cemeteries and of the arrangements for interment generally; the faulty state of the hospitals with one exception, and he describes the native medical administration as "simply deplorable." With the exception of the better classes few Egyptians suffering from disease see a medical man, and the system of registration of deaths is extremely faulty. On six previous occasions Egypt has been visited by epidemic cholera, namely, in 1831, 1848, 1850, 1855, 1865, and 1883; diarrhœa is very common and fatal, and in the conditions already mentioned Dr. Hunter considers there is everywhere sufficient to account for the development and spread of endemic disease. Under the name of cholera the diarrhœa alluded to had prevailed "for some years past," although not with any frequency. In the month of May, 1883, two cases of cholera were received into hospital there; cases of the latter disease had occurred in the Greek school at Damietta on 27th April, but it was not till the 22nd of June that the actual outbreak of the epidemic took place. Previous to that occurrence an epidemic of typhus had prevailed in the delta of the Nile. Cholera had accordingly existed in Egypt for a considerable time past, diarrhœa being one degree of cholera. Dr. Hunter considers that the above facts refute the theory, of importation of the disease from India. Two medical men consulted were of opinion that there existed in the deplorable unsanitary condition of Damietta itself sufficient cause for the origin and development of the disease. The Nile water at Cairo was found in July "to be undergoing putrefactive changes." Dr. Hunter draws "attention to some highly interesting atmospheric phenomena" which occurred during the epidemic of 1865, and also during the epidemic of the present year. The phenomena in question are thus described:—"When cholera was at its height in 1865 in the capital, the sky was lead-coloured, the atmosphere oppressive so as to render breathing rather difficult at times, and the town of Cairo, as seen from the Mokattan hills seemed to be enveloped in a spherical cloud of mist during three consecutive days. The sparrows deserted, and did not return until the epidemic was on the decline. According to a report furnished by Dr. Kirker, of H.M.S. *Iris*, "the meteorological phenomena antecedent to and during the outbreak at Damietta may be divided into two periods. During the former, namely, from 28th of May to 23rd of June, the winds were variable, many of the nights almost or quite still and cloudless, the humidity of the air excessive, on 12th, 13th, 14th, and 17th of June being at saturation point, the average varying from 91 to 92; and there was no rain. In the latter period, from 23rd of June to the 6th of July, the relative humidity was only 78 and 82 at 9.30 a.m. and at 11 p.m. On the 24th June the sea breeze was re-established." Dr. McDowell reports that "when the epidemic was at its height on the 23rd of July, a very peculiar condition of the atmosphere was observed, a yellowness of the air somewhat of the nature of a fog, and it was quite calm. The sparrows had deserted the place and did not return till the 26th of July. On the night of the 23rd of July the cholera first attacked the British garrison of Kasr-en-Nil Ahassieh and the citadel." The circumstance is noticed that the Arabic phrase for cholera is "the yellow air (el-hawa-el-asfar), and that the fact of birds deserting a place at such periods has also been remarked by the natives."

Such being a fair *resumé* of the points stated in the report before us, let us indicate some of the points that seem to naturally present themselves for consideration out of the particulars given. In the first place then, although the existence of an "epidemic wave" was acknowledged, minute consideration appears to have been limited to the "unsanitary"—in other words filthy condition of rivers, canals, and cemeteries. The precise grounds on which a connection between these conditions and the "epidemic wave" alluded to was held to exist have not been stated. Information is also desirable as to how far the conditions of these places were or were not worse during the other occurrences of epidemic cholera enumerated than they were in the intervals between them. There is no reason to believe that any difference of the nature indicated really existed. Therefore, if such conditions gave rise on any particular occasion to cholera, to what other circumstance was the cessation of the epidemic due, seeing that during such outbreak no change took place in the unsanitary conditions alluded to. It appears that prior to the outbreak of this epidemic of cholera typhus fever prevailed among men and cattle, If the presence of the bodies of the dead in water or soil was really the cause of the disease, how is it that not typhus, but cholera was that produced—like did not produce like? The fact is that on this occasion, as on many others on record, the occurrence of cholera was preceded by other forms of disease, also animals as well as the human species suffered thereby. The occurrence of diarrhœa as a prelude to developed cholera is the latest example of a very generally received principle, it is usually looked upon as the first indication of the advance of the "epidemic wave." It is impossible to read the remarks quoted in regard to the relation of certain meteorological conditions to epidemic cholera, and the belief on the subject entertained by the Arabs without the impression originating that the subject is worthy of more detailed consideration than it has received. The fact is evident from the whole tenor of the report that one theory and one only held possession of the mind of the able writer, that being the theory of "unsanitary" conditions. By his own showing this theory has not been made good. The actual cause of "epidemic waves," and the relationship as cause and effect which is shown to have existed between prevailing atmospheric conditions, and the local origin of cholera in Egypt, in the summer of 1883, are subjects to which further attention would, with advantage, be directed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 26, 1883.

THE FUTURE OF PHARMACY.

IT is not at all a new conviction that Professor Attfield expressed before the Pharmaceutical Conference at Southport last week, to the effect that protection is the only remedy against indiscriminate drug dealing. For a long time past, not the professions only of medicine and pharmacy have recognised the paramount necessity of some decisive dealing with free trade in poisonous commodities, but common-sense economists and observant individuals of every class interested in preserving life and health have arrived at conclusions which mainly agree with those so ably and eloquently uttered by the President of the Conference above referred to. But while this is undoubtedly true, it must not be too readily assumed that the inferences and arguments advanced by Dr. Attfield are unanswerable reasons in proof of the need for reform, although the prime objection formulated by him, that, namely, public interest and public safety demanded the distribution of dangerous articles of consumption by trained and competent dealers, will find ready and universal acceptance.

As the head and representative for the time being of the pharmacists and druggists of this country, Professor Attfield has naturally felt it incumbent on him to state the case of his clients in the most forcible manner possible. He had to face the incontrovertible fact of drug dealing by any and everybody who chooses to enter into the trade relations of chemists and its open indulgence by multitudes of shopkeepers who possess no special knowledge or licence entitling them to so trade, and that this wholesale competition is rapidly destroying the incomes enjoyed by legally qualified and registered pharmaceutists. Rightly enough, too, he argues that the transference of such trading from educated chemists to shopkeepers ignorant of the qualities and appearance of the articles they deal in, is attended with serious danger and inconvenience to the community, the members of which are entirely dependent on the protection the State affords them in respect to the immunity they obtain from being dosed with improper or injurious substances. The fault lies principally, not with the traders themselves, whether ordinary shopkeepers or registered chemists, but with the characteristic inefficiency of the Drugs Act of 1868, which, while forbidding unqualified persons to assume the *title* of chemist and druggist, in no way interferes with their assuming the *functions* they discharge, save and excepting only the sale of a few scheduled poisons. No one, we repeat, will question the existence of the mischief complained of, or fail to agree that amendment of the legislation which permits it is called for; but to the grounds on which Dr. Attfield defends the cause he is called on to plead, exception must in more than one instance be taken.

The public has long complained of the exorbitant charges made by chemists for the medicines they dispense from prescriptions, and in recent years advantage has readily been taken of opportunities afforded at co-operative stores and elsewhere for getting the dispensing more cheaply performed. It is quite probable that this *has* done much to reduce the incomes made by chemists, &c. Dr. Attfield, accepting the fact, goes on to insist that it is wrong to expect an educated and registered pharmacist to dispense for the same remuneration as a draper's or a grocer's services can command, the ground taken being that the former are *professional men*. The advice is then given to every chemist to denominate the charge for a bottle of medicine as his *fee;* and herein he is, we venture to think, guilty of an error which, in principle at any rate, pervades his whole reasoning. He contends that, inasmuch as the chemist must precede registration by a definite period of study, and conclude the latter by an examination which tests his fitness to be a dispenser, that therefore he is placed at once on a level with the professors of medicine and law. We do not wish to discuss how far the assumption could be maintained, but we do desire to point out a radical distinction between doctors and chemists, a distinction Dr. Attfield has apparently forgotten. The doctor receives a fee for his opinion and directions (including prescription) to his patient, and—omitting for the moment home prescribers—no transfer of material from practitioner to patient precedes the payment of the former. The chemist, on the contrary, receives payment for the articles he sells, with a percentage for the trouble he is at and the knowledge he displays in arranging them in the particular manner required by his customer. To call his remuneration a *fee* would be at once to deprive the term of all special signification, for as much justice would be in the demand of the hairdresser to be *feed* for cutting one's hair skilfully, or of the grocer for tying up one's tea neatly, or of the tinker for mending one's tea-kettle deftly. Should the proposal made by the President of the Pharmaceutical Conference be really carried out and the chemist insist on being paid a *fee* for his dispensing skill, then must a distinction be drawn between the medicine dispensed and the dispensing process, and each charged *pro rata*. Thus we may come yet to see a chemist's account made up of items after this fashion: "Medicine 3d., dispensing ditto 1s. 3d.," and so on, an absurdity that could harm none so much as the pharmacists themselves.

It is of course right and proper for Dr. Attfield to seek to elevate the class of pharmacists as much as possible; but such advice as he gives them in respect to fees can hardly help their aspirations. So long as the chemist is in spirit a mere dealer in toffee, toothbrushes, and brickdust, who dispenses medicine and sells drugs, he will never occupy a higher place in the public estimation than at present. Professional aspirations are not concordant with the wholesale dealing to which even the West-end chemists referred to by Dr. Attfield are given, and which detracts sadly from the ideal bearing that is sadly needed to raise the tone of chemists. They have not hesitated in the past to seek returns out of all proportion to the work done, and they must not be surprised if the public has seized on means, to its own detriment unfortunately, of obtaining its medicine at a less ruinous expenditure.

There is also one point particularly on which medical men are fairly entitled to express an opinion adverse to chemists. The term "prescribing chemist" is now so familiar that it would probably be difficult to name a member of the Pharmaceutical Society who does not deserve to have it applied to him. Dr. Attfield, it is true, attempts a sort of apology for this practice, but his attempt must be, even to himself, very unsatisfactory. He says that the chemist only temporarily treats an applicant for relief, always directing him to a qualified practitioner. We regret to say we have frequently seen this counter-practice in progress, but never have we been fortunate enough to hear such advice given as that Dr. Attfield describes. Only recently an instance showing the gross carelessness and ignorance of chemists came within our knowledge; it was in a large West-end chemist's: a girl came into the shop, and going to the nearest assistant, complained of sore-throat, and asked for "something to cure it." Incredible as it seems, this assistant, without examination of any kind, straightway gave the applicant a bottle of mixture—presumably chlorate of potash—with which he told her to gargle the mouth frequently, and swallow the gargle at the end. Surely if ever there was a case for medical treatment this was one; but no hint of the need of further advice was given; nor do we believe it is with anything like the frequency Dr. Attfield suggests.

We could wish to write at greater length on what is, notwithstanding that we do not agree with its whole conclusions, a most interesting and important address.

With its main demand—that for amendment of the Pharmacy Acts—we most cordially sympathise. That the dejected state of pharmacy which it describes really exists we do not for a moment doubt; but we do doubt whether Dr. Attfield has attacked the problem on the side most likely to be breached successfully. He tells chemists to claim the right to call the price of the things they sell *fees*. We tell them to make themselves worthier to be regarded as something better than the mere tradesmen that most of them now are. To this end they can strive without external aid, and the profession of medicine will most willingly co-operate with them in the endeavour. But pharmacists can never be rivals of doctors, even on the score of professional status; they are the complements of physicians, and the interests of the latter no less than of the public that both serve are intimately bound up in the success of the movement so ably advocated by the exponent of the pharmacy of the future.

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SHEFFIELD AND ITS MEDICAL OFFICER OF HEALTH.

The Sheffield Town Council, by a vote of 26 against 19 of its members, have declined to accept any portion of its health officer's salary from the Local Government Board. They have decided to throw away £200 a year of the ratepayers' money unnecessarily, simply because, as it was very plainly and forcibly put by one of their most respected members, the majority desired to retain the power "of kicking their own nigger," and of being able to dismiss him without the power of appeal to a central authority. If these gentlemen intend to do right, to carry out faithfully the provisions and intentions of the health laws, and faithfully and loyally to support their health officer, it is hard to see what they have to fear from any supervision or control whatsoever. The sacrifice of their clients' (the ratepayers) interests decidedly gives rise to very sinister reflections upon the purity of their motives. It will be hard for any man of ability or standing to take the office, under the present *régime*, and faithfully, fearlessly, and independently fulfil its duties. He must, whoever he may be, put his independence in his pocket, and be careful not to hurt the susceptibilities of his masters. He must turn a blind eye to the existence of nuisances, taking notice of which would not be pleasing to the powers that be. This question, although primarily of local interest, is not altogether so. It serves to illustrate the necessity of a change being made in the position of health officers generally. They ought not to be subject to the caprices of men who are not always the most cultured or intelligent, and who certainly are not sufficiently educated properly to appreciate the work of those who are charged with the conservancy of the public health. We have been informed that it is a fact that the nuisance inspector and his subordinates hold a position altogether independent of the medical officer of health's control, and that it has been said by some of the worthies on the Sheffield Council that they could easily get dozens of medical men to fill the post of medical officer of health, but that it would be almost impossible to get another Mr. Morley to fill the position of nuisance inspector. His word is said to have greater weight with the members of the health committee than that of the health officer. We can easily imagine the inefficiency that must result from such a divided authority, and such want of subordination on the part of officials, who elsewhere, are placed thoroughly under the control, and are simply the servants, so to speak, of the medical officer of health. We can also easily imagine the incompetency of the members of the so-called health committee, who permit, and indeed encourage, such a state of affairs, and in the face of so much valuable work that has been accomplished in the past by sanitarians, and the efficient working of the sanitary laws, such a miserable exhibition of bumbledom should be rendered impossible in the future. Like the administrators of the law, or the Government inspectors of factories, the position of medical officers of health should be such as to ensure the faithful discharge of their vital duties without fear or favour, and the tenure of their office independent of the corrupting influence of incompetent and uneducated local boards. Until such a change is accomplished, it will be hopeless to expect the full benefits which would assuredly follow a proper and intelligent administration of the sanitary laws. Sheffield, from its size, number of inhabitants, and importance, ought to grudge no money to secure the very best man they could get for their health officer, nor hesitate to give such a man every guarantee as to the permanency of his appointment; and above all, they should be ready to accord to him an undivided authority, and every facility for the proper performance of his duty. The present action on the part of the majority in the Council is, however, a fair measure of their intelligence; the treatment of their former health officer, Dr. Griffiths, is not yet forgotten.

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THE DISEASED-MEAT POISONING CASE IN WEXFORD.

Although the official report of Dr. Cameron, the analyst, has not yet been published, its purport has been communicated to the coroner for co. Wexford, and it seems that no poison has been found in the bodies of the unfortunate peasants who died after eating the diseased meat given them by Mr. Leigh, of Rosegarland. It may therefore be reasonably assumed that the epidemic of choleraic diarrhœa to which Mr. Leigh's labourers fell victims was the result either of disease or putridity of the meat, either of which is a common cause of such attacks. The "ptomaine" developed in semi-decomposed meat and shell-fish is a poison most virulent in its effects, yet entirely undetectable by chemical means, and altogether inconstant in its production. It existed and produced similar fatal results in the persons who ate ham sandwiches at the Duke of Portland sale last year, and a subsequent investigation went to establish the fact that the poison is a bacillus.

It is hardly possible to guard against this danger, because the degree of decomposition which developes this form of poison is barely observable to the consumer, but from this fatality we may receive a useful warning against the beastly system of disposing of diseased meat for consumption by the poor. Considering that a large trade in semi-decomposed and fever-laden meat is carried on in Ireland, and in Dublin itself, under the auspices of the Local Government Board for Ireland, and through the agency of the boards of guardians, Mr. Leigh may reasonably be excused for having distributed to such of his tenants as would eat such disgusting food the carcases of his murrain-stricken cows. Nevertheless, we fully believe that, if the original disease of the meat were not the cause of the fatal diarrhœa, it certainly was an aggravating circumstance, and was very liable to produce irritant poisoning, even if the meat were perfectly fresh. It is a piece of disgusting brutality to offer to human beings flesh saturated with disease germs, and filled with blood which contains pus globules and disease lymph in greater or less abundance. This is, as we have said, done by many boards of guardians throughout Ireland, and done with the cognisance of the Irish Local Government Board. Cattle seized under the Contagious Diseases Acts are openly sold to cheap butchers, and by them distributed to the poor, who buy without the least suspicion that they are about to feed their children on the flesh of animals dying of typhoid pneumonia. Inasmuch as the owner of the beast receives, as compensation, from the guardians only a part of its selling value, he naturally keeps the animal until the disease is so far advanced that not the faintest chance of its surviving remains. He then reports it to the inspector, and it is examined in the most superficial manner, and passed for sale. Its next appearance is in the slink butcher's stall, and the next record of the transaction is in the Registrar-General's report of the fatal prevalence of diarrhœa.

We undertake to assert that the theory that this sort of food is innocuous is a pure fiction created to satisfy the guardians and the slink butchers—to lessen the rates—to make the Contagious Diseases (Animals) Acts work more smoothly, and to relieve the Irish Local Government Board of responsibility; and we are confident, if the result of this disgusting traffic were searched out, it would be found that it costs annually a multitude of deaths from choleraic diarrhœa, and a vast quantity of sickness.

In England the similar trade in diseased meat is vigorously punished, for we observe that a publican of Calverton, Bucks, was charged last week before the Northampton Bench with exposing beef for sale unfit for human food. The animal, which belonged to the Duke of Grafton, went mad, and his Grace's steward ordered defendant to kill it, "and make the best of the carcase." He brought it to Northampton, and sold it for five guineas. The sentence of the bench was one month's imprisonment without the option of a fine, and an order to pay £3 2s. 6d. costs.

If the Irish peasantry cannot afford wholesome meat, it is far better that they should live on vegetarian food than sicken themselves with the carrion of dying cows. We trust that this fatality at Rosegarland will be a lesson to Mr. Leigh, and to all stock-raisers throughout Ireland, and that it will have some little effect in leading the Irish Local Government Board to withdraw its encouragement of the diseased meat traffic by boards of guardians.

THE CONVICT GOULDSTONE.

It will certainly not be satisfactory to the medical profession should the convict Gouldstone, who is now lying under sentence of death in her Majesty gaol at Chelmsford, be executed without a searching inquiry into his mental state. The judge and jury who tried his case seem to have been so deeply impressed by the atrocity of his crime that they failed to appreciate its unique and unaccountable character, which is so strongly suggestive of insanity. The utter inadequacy of the motive alleged for the crime awakens the suspicion that its true spring lay in an aberration of intellect. It is to insult common sense to argue that a young well-conducted man and an affectionate father killed his five children simply to revenge himself on his wife for bearing twins. Not thus does the machinery of human nature work unless that incalculable element disease has been introduced into it. The medical evidence adduced at Gouldstone's trial was of a meagre description, but it again was sufficient to suggest that he is a lunatic, and not a commonplace assassin who does murder for a mead of some kind, or in a paroxysm of fury. Then another class of evidence, that proving the existence of insanity in his mother and several other near relations points in the same direction, as does also the testimony of his fellow-workmen, to his eccentricity of conduct and frequent threats of suicide. It would no doubt be disappointing to Gouldstone to be saved from execution, upon which he seems to have set his heart, but it is not for the public advantage that a miserable and afflicted madman should be put to death, however revolting the manifestations of his madness may have been. The Home Secretary should lose no time in appointing medical assessors to examine and report on this convict. He need not be deterred from doing so by a bloodthirsty article on this case in the leading journal approving the verdict of the jury, and calling for the execution of the wretched man, whom it speaks of as if he were a specimen of some variety of human vermin to be exterminated wherever found. "We admit," says the very superior person who writes the article, "that he (that is, Gouldstone) acted after his kind; that he has done what his nature has led him to do, but he has given proof thereby that he is the type of man against whom our criminal code has been enacted, and for whom the extreme penalty of the law is the appointed end." We cannot pretend to any scientific acquaintance with William Gouldstone's type and kind, but it is certainly a revelation to us that there are in these islands respectable and affectionate fathers of families, British workmen, sober and well-conducted, whose nature leads them to kill all their children at one fell swoop whenever they are provoked by the prolificness of their wives. We should still prefer to believe that such exceptional atrocities were the manifestations of disease, and not of any recognised type of English manhood, and we shall require much more cogent arguments than any that the leading journal has adduced to convince us that the convict Gouldstone is of sound mind.

Notes on Current Topics.

The Salicylate Treatment for Horses.

A correspondent of the *Boston Medical and Surgical Journal* communicates a very interesting experience of the effects produced on a horse suffering from rheumatism, by the salicylate of soda. The animal in question was stabled one evening, after a hard day's work, in apparently perfect condition. The next morning he was quite lame, was suffering much from pain, and the left hind fetlock joint was swollen, hot and tender on pressure, the tissues over the pastern down to the hoof also being inflamed. These signs of injury became increasingly apparent as the day advanced, and the discomfort undergone by the horse grew rapidly greater, the unhappy animal making the utmost efforts to relieve the affected foot from pressure. Appetite was altogether lost. For four days, we are informed, the routine stable treatment and hot fomentations, succeeded by cold water bandages, was tried in vain, when, under the belief that acute rheumatism had attacked the horse his owner resolved to give him salicylate treatment. Accordingly, a first dose of two drachms of soda salicylate was administered, followed by drachm doses at two hourly intervals afterwards, and at the end of a few hours—one ounce of the remedy having then been taken—very marked improvement of symptoms was manifest, heat, swelling, and pain rapidly subsided, and after two days of the novel treatment recovery was almost complete, the animal being at his usual work ten days from the first administration of the drug. The writer of the letter containing this history avers that, on another similar occasion he would at once give the salicylate in larger doses, and he chronicles the singular fact that its employment on the occasion referred to produced none of the copious sweating which follows its exhibition in the human subject. Another recent issue of the *Boston Medical and Surgical Journal* quotes a note from the *Quarterly Therapeutic Review* to the effect that, methyl salicylate (oil of winter green) mixed with an equal quantity of olive oil or linimentum saponis, applied externally to inflamed joints affected by acute rheumatism, affords instant relief, and, having a pleasant odour, its use is very agreeable.

The Endowment of Research.

Professor Ray Lankester has done most excellent service by devoting himself to so practical a subject as that discussed by him in his address as President of the Biological Section of the British Association. Among English representative biologists Mr. Lankester is one of the few who will always be listened to with respect inspired by his own extensive contributions to science; and though we dare not hope that the programme he has sketched will be carried out in any completeness, yet we do feel that he has effectually awakened general interest in the matter he has so plainly at heart. The truth that he emphasises is none the less bitter because it is unanswerable, and no class of scientific workers feel it more acutely than those engaged in pursuit of medicine, the principal modern developments of which are rooted in the products of continental research. The contrast between the opportunities for original investigation afforded by England as compared with Germany is the most striking reflection on this country's neglect of science that could possibly have been uttered; while on the other hand, the enumeration of those triumphs which, spite of the many disabilities under which British students labour, have emanated from our laboratories, are a sweeping contradiction to those who would quote the absence of the spirit of research from our midst. In connection with pathology, for example, the names of Lister, Paget, and Burdon Sanderson, are no less familiar and illustrious than are those of Koch, Virchow, and Recklinghausen; nor is the value of the work done by them in any way inferior. But whereas in Germany each master's example is emulated by a crowd of pupils who are encouraged by every device of state-aided laboratories and teachers, here in opulent England each imitator of a well-known discoverer is compelled to carry out his endeavour at every disadvantage caused by absence of all that makes the effort pleasant or profitable. That which Professor Lankester demands is the one thing required to re-establish the proud pre-eminency of British scientific discovery, viz., the creation and sufficient endowment of a number of laboratories equivalent to the needs of the nation.

A Sad Result of Anti-Vaccination.

On Friday last a painful occurrence took place at Rotherhithe, illustrating in a very painful manner the vicious consequences that may possibly follow from indulgence in the fanatical theories of anti-vaccination. The event referred to is nothing less than the suicide of one of the most prominent and well-known agitators against compulsory vaccination, and there can be hardly a doubt that the tragedy is due to the terrible effects produced on the mind of the suicide by his perception of the follies in which he had been indulging. The victim in this case is a man called William Escott, who has long been connected with the anti-vaccination propaganda. Some months ago, however, small-pox broke out in his own house, and claimed as its victims the anti-vaccinator's wife and three of his children. This fearful infliction has probably preyed on the mind of the deceased to such an extent that he has at length been driven to put an end to the life rendered miserable by a conviction of the fatal error of which he had been guilty in blindly opposing the dictates of science and common experience in favour of an exploded dogma.

The Provident Medical Relief System in Glasgow.

For about seven years the Glasgow Public Dispensary has been doing much good and unostentatious work. It was felt by its originators that too much purely eleemosynary medical work was done in Glasgow, and that the experiment of determining whether a dispensary embracing provident features was not worth a trial in such a large commercial city as Glasgow, so largely composed of working people. Accordingly the medical work of the dispensary was taken up in departments. Thus, diseases of women and children are attended by Dr. Macphie, diseases of the chest and throat by Dr. Maclean, skin and ear diseases by Dr. A. D. Stewart, and kidney and urinary diseases by Dr. Campbell Black. In certain cases—cases of real poverty—medicines, in addition to advice, are given entirely free; but in the great majority of instances the medicines are willingly paid for by large numbers, who take grateful advantage of the institution; and it is found that only people really ill do so; while at the Royal and Western Infirmaries, many are attracted thither on the most frivolous pretences, the medicine being there given entirely free of charge. This not only causes an excessive overcrowding at the out-department of these institutions, making too great demands on the time of the physicians and surgeons, but really necessitous and urgent cases do not in consequence often receive the attention which they merit. The provident system of medical relief is the only philosophical solution of a clamant difficulty and abuse, and its development has our heartiest good wishes. The Glasgow Public Dispensary has been for some years encumbered with a debt, and on Saturday last this was entirely wiped off by the handsome liberality of Mr. Pearce (of John Elder and Co.), by throwing open for public inspection the magnificent new steamer *Oregon*, of the Guion line, making a small charge for admission, and handing the proceeds, which we understand amounted to about £133, to the secretary of the institution. The dispensary will henceforth work unencumbered, and Mr. Pearce is entitled to public gratitude for his enlightened liberality towards a most deserving institution.

A Hygienic Museum for Berlin.

The question of founding a permanent Hygienic Museum in Berlin similar to the Parkes Museum in this country is now under consideration, and a large number of exhibitors in the Hygienic Exhibition have been officially asked if they would permit their exhibits to remain as parts of the permanent museum. The minister for spiritual, educational, and medical affairs has taken the matter up, and requests an early answer from those addressed.

The International Pharmaceutical Exhibition, Vienna.

This Exhibition has been a great success from every point of view. On the 24th of August, however, it, as the papers say, achieved its greatest triumph, as on that day the Emperor of Austria honoured it with a visit of two hours' duration, during which time his Majesty minutely inspected the various notable objects of the Exhibition. The list of successful exhibitors has now been published, from which we observe that British exhibitors have either not been to the fore, or they have been unfortunate. America has not been quite so unfortunate, several firms from the United States taking prizes. Liebig's Extract of Meat Company, London and Fray Bentos, have, however, succeeded in obtaining the highest award granted by the Exhibition—the Diploma of Honour. Dr. Ahlfeld, of London, has been awarded one of the gold medals, as have also Parke, Davis, and Co., Detroit, and Lenbury and Johnson, New York. The silver medal was granted to Wm. Wood and Co., New York. No other English or American firms were successful in carrying off prizes. When we add that nearly 180 exhibitors were successful in obtaining premiums, the low number that have found their way to English-speaking firms would be remarkable but for the fact that very few English firms of note were represented at the Exhibition.

The Disinfection of Dust-bins.

We are pleased to notice that the excellent suggestion of Dr. J. McGrigor Croft as to the mode of deodorising house dust-bins has been carried out by the vestry of Marylebone, and since followed by other vestries, with immense satisfaction to the public. The suggestion made was that the dustmen should carry with them a bucket of disinfecting powder or liquid, and after clearing out the abominable refuse found in many dust-bins, to sprinkle some of the powder or liquid, afterwards leaving the bin wholesome and sweet till next calling. Dr. J. McGrigor Croft is one of the energetic guardians of the St. Marylebone parish, and his practical experience in the treatment of cholera Asiatica in the East whilst in the Army Medical Service induced the vestry to accede to the suggestion which has been attended with such satisfactory results.

Narrow Escape of Mr. Allingham.

On Tuesday evening last as Mr. Allingham, F.R.C.S., was driving at Highgate with three other medical men, the pole of the carriage in which they were seated suddenly snapped, and so frightened the horses as to put them entirely beyond the coachman's control. Fearing to be crushed amid the ruins of the carriage, the destruction of which seemed imminent, the four occupants sprang from it to the ground, and all escaped without damage other than a few scratches and bruises, a share of them of course falling to Mr. Allingham. This fortunate termination to what might have been a terrible accident, will be a satisfaction to Mr. Allingham's many professional friends, the really grave danger of the situation being proved by the fact that of the two horses one was so injured as a result of their frightened career that it was found absolutely necessary to slaughter it immediately. The other though very much hurt was not destroyed.

The Liverpool Meeting of the British Medical Association.

Dr. J. Milner Fothergill, in his London letter to the *Philadelphia Times*, speaks of the manifest determination of the members of the Association to put an end to the government of the Association by an effete clique. "The members had assembled in a determined mood to break once for all the tyranny of their rulers and to insist upon being heard, and not be put down by blatant shouts and assertiveness, and so they took the only practicable method of carrying this out. The amendments and remarks were lost in clamour and counter remarks on the part of members of the committee of Council. The scene was that of a bear-garden; the local press had to express its doubts as to whether the term 'gentleman' was inseparably linked with the medical profession; a Houndsditch vestry-meeting would probably have contrasted favourably with this annual meeting of the British Medical Association. However disorderly the proceedings, the 'barnacles' realised that their reign was ended: the day when they could get up and waste the time of the Association by self-laudation, until they were spoken of as 'a mutual-admiration society,' has passed away,—it is to be hoped never to return; they realise that the members will not tolerate them any longer,—that they have their wishes, to which their leaders must attend. It was a rough way of putting things right, but it was effective. The opinion of all is that a good work has been done, and the Association will now enter upon a new sphere of extended usefulness. Those admirers of our Association (as it was) upon your side of the water may take the lesson to heart and profit by it. 'The Augean stable is swept at last,' was the remark of one of the reformers within the presiding oligarchy."

The Resignation of Professor Redfern, of Belfast.

The profession in Ireland has been taken by surprise by the retirement of Professor Redfern, the distinguished head of the Belfast Queen's College Anatomical Department, from his professorship. Under the rule of the professor the medical faculty of the College had enormously increased, until the emoluments of the chair had reached the satisfactory total of £1,600 a year. It was, therefore, with astonishment that it became known that the professorship was vacant. The cause, however, is understood to have lain in the fact that the number of medical students in the school had greatly fallen off in the year 1882, consequent upon the dissolution of the Queen's University, and that a further decadence in the present year is anticipated, and it is said that there was a reduction in the emoluments of the chair of £400 in the past year, with a probable deficit of double that sum in the coming session. But Professor Redfern is entitled to a handsome Civil Service pension, having, we believe, served over thirty years as a Government officer, and that pension must be calculated upon an average of the income of the chair for the last three years of service. It was, obviously, necessary to the professor's interests that he should retire while the emoluments were still at their best, and, in fact, he is believed to have suffered serious diminution of his pension by holding his office after the decadence of the school had set in. The vacancy caused by Dr. Redfern's resignation will be filled by the Lord-Lieutenant, and advertisements have been issued, asking applicants to send in their papers by October 20th; but there has as yet been no time to speculate upon the chances of any individual candidate.

The British Pharmaceutical Conference.

The twentieth meeting of the above body, held last week at Southport, was the largest and most successful that has yet taken place, looking either to the number of members attending, or to the number and value of the papers read in different departments of scientific and practical pharmacy and pharmaceutical chemistry. Professor Attfield, F.R.S., presided, and delivered an address, supplemental to the one given by him at Southampton last year, and which was listened to with marked attention. The only Irish papers were read by Dr. Quinlan, on "The Preservation of Medicinal Herbs by Ensilage," and "On the Pharmaceutical Aspect of the Mullein Plant." The writer exhibited specimens of various green herbs which had been preserved by his process for several months, and on the bottles being opened by the secretaries these herbs were found in a perfectly fresh state, and quite fit for pharmaceutical use. Other bottles were exhibited where the process had failed, and the reasons of failure were given. In moving a vote of thanks for both papers, Professor Attfield alluded to the one on ensilage as a "most valuable original research."

Queen's College, Galway.

The Report of the President of the Queen's College, Galway, which has just been issued, records a great decadence in the number of its students since the Queen's University was merged in the Royal Irish University. During the past year the number of medical students entered at the College came down from 144 to 70, and a further fall in the coming year is feared. This is a result which—we imagine—Parliament did not anticipate when it passed the Act of Demolition of the Queen's University; but it fulfils and confirms our own expectations frequently expressed. The wisdom of those supporters of the Queen's College who insisted upon every Queen's University graduate being passed through a Queen's College, and resisted the proposal to throw that University open to all students without restriction, is now vindicated, for when we find students deserting the Colleges *en masse* the moment that they are not compelled to resort to them, we may reasonably conclude that most of them would never have gone thither if they could have avoided doing so. We do not say this in depreciation of the teaching of these institutions, which was as good as it could be made by very competent and earnest teachers working under great disadvantages and with very little material for instruction. The means for clinical instruction in Galway, and—in a less degree—in Belfast and Cork, have always fallen very far short of what it is in Dublin, London, or Edinburgh, and *pro tanto* the medical education of the Queen's College centres has always been defective. Much as we regret to see State-supported academic institutions like these in danger of speedy dissolution, we cannot but regard their fall as inevitable the moment free trade in education was declared. If there be really a demand for academic centres of study in the Irish provinces, then the Colleges will continue to live; if not, they will cease to exist, and it would not be right that their existence should be preserved by public subsidies which yield no adequate result.

Propagation of Disease.

A case of reckless exposure of a person suffering from small-pox was recently brought to notice at Chester. One Moss, a publican, was charged with travelling with his son while the latter was suffering from small-pox. The surgeon said that defendant's son, whom he had been attending, was suffering from small-pox, and witness advised the defendant to remove him to the hospital; but the defendant having made up his mind to take him home, brought him to Chester by train with other passengers, and from the station to his house in a cab. No special precautions whatever were taken. The son had since died, and the defendant's wife was now seriously ill, having caught the disease. The presiding magistrate inflicted a fine of 20s. and costs.

Artisans' Dwellings.

At the meeting of the Dublin Artisans' Dwellings Company the report showed a dividend at the rate of 4 per cent. per annum. The buildings of the Company now accommodate 536 families, with 2,500 inhabitants. There had been 28 deaths, being at the rate of 23 per 1,000 per annum, as compared with 35 per 1,000, the average over the whole city. There were 13 deaths of children under 5 years of age—a class which forms 1·5th of the entire population. The mortality of that class in the city and suburbs was 87 per 1,000, while in their houses it was only 49 per 1,000. The report was unanimously adopted.

The Cost of Insanitation.

Dr. Bertillon has just communicated to the Commission for the Sanitary Improvement of Paris the annual number of deaths from typhoid fever which have occurred in Paris during the years 1865-82 (with the exclusion of the abnormal years 1870 and 1871), from which it appears that during the sixteen years, 1865 to 1882, 21,870 persons died of that disease, the mortality ranging from 41 to 150 per 100,000 of the inhabitants.

Death from the Passage of Air through the Uterine Veins.

The patient was a healthy and powerful woman bearing her second child. The labour ran a normal course, the patient being in the left-sided position. Immediately after the expulsion of the fœtus the patient was turned on to the back and the uterus pressed upon. The placenta followed quickly and easily, but immediately afterwards convulsive movements supervened and the patient became unconscious. Deep collapse and superficial respiration followed, and then death, notwithstanding all efforts. At the necropsy bubbles of air were found in all the veins of the neck of the heart, even to the finest branches, as well as in the veins of the uterus. So that the diagnosis which had been made of cardiac paralysis from entrance of air into the circulation was proved to be correct.

As neither catheter nor vaginal tube had been passed into the genital pouch, Dr. Gustav Braun, of Vienna, whose case it was, gave the following explanation: At the change of position of the patient, air found its way through the gaping vulva, the massage of the fundus uteri separated the placenta and forced it out again, but it again entered on relaxation of the uterine walls, and was forced into the uterine veins by the continued massage. The author believes that many cases designated as collapse, *post partum*, and many of sudden death in child bed and labour, are explained by the supposition of the entrance of air into the uterine veins.

At a meeting of the Governors of the Norfolk and Norwich Hospital on Saturday last, it was stated that the proceeds of the bazaar held in connection with the opening of the institution by the Duke and Duchess of Connaught had amounted to £5,779, after the payment of all expenses. A letter was read from the Duke, expressing the great pleasure which the success of the bazaar had afforded to his Royal Highness as well as the Duchess of Connaught.

Spasmodic Dysmenorrhœa.

In the course of a paper on the "Treatment of Spasmodic Dysmenorrhœa," written by John M. Keating, M.D., Obstetrician to the Philadelphia Hospital (Blockly), and Lecturer on the Diseases of Women and Children, &c., and published in the *Medical and Surgical Reporter*, he calls attention to the usefulness of electricity as a remedy. He uses the constant current as generated by a Flemming's battery, composed, as may be required, of twenty to thirty cells, the strength of the current being sufficient to cause such an amount of heat and irritation as to necessitate the removal of the electrode at the end of one minute. The positive electrode is to be applied over the region of the ovaries, longer over the left than the right, and the negative over the lower portion of the spinal column, especially over the sacrum. The sitting is to occupy ten minutes at a time, and ought to be repeated three times a week for a fortnight before the expected appearance of the menstrual flow. Dr. Keating discourages examinations in the case of unmarried girls. He dwells strongly upon the great necessity there is to secure an empty colon and sigmoid flexure, and regularity in the action of the bowels. To do so he recommends castor oil, and enemata of thin strained gruel to be given. He advises the enemata to be given by a friend or attendant, instead of allowing the patient to do so herself, as by so doing the danger of her acquiring the habit of their use at all times, and under all circumstances, will be, to a very large extent, obviated. Between the periods he finds the following a useful prescription:—

℞ Pulv. ferri exsiccati,
Potass carb., aa gr. j.;
Ext. belladonnæ, gr. 1-24;
Ext. aloes Soc., gr. ¼;
Ext. gent. comp. gr. j. M.
Ft. pil. Mitte xij.

One to be taken after each meal.

Also

℞ Acid. phosph. dil., ♏xxx.,

To be taken in water before meals three times a day.

Dr. Keating strongly condemns the practice of giving hot gin, whisky, or brandy and water, when the pain is on. Instead, he recommends hot foot-baths, hot poultices, and some hot drinks, of some harmless tea, when the cramp and pains are on. He notices the fact that the interrupted current is more useful in treating amenorrhœas than the constant, and *vice versâ*, when it is desired to allay the pain of dysmenorrhœa.

Ablation of the Lungs.

Dr. Domenico Biondi publishes in *Giornale Internaz. delle Scienze Mediche* some interesting experiments which he has made on this subject. He abstracted the lungs of 57 animals (dogs, cats, sheep, &c.), and of this number 30 recovered. The operations were as follows:—Removal of the right lung, 23—recovered, 12; of the left, 34—recovered, 18; of the two upper lobes, 3—recovered, 3; of the median lobe of one lung, 1—recovered, 1; of the inferior lobe of one lung, 1—recovered, 1. The failures should be attributed principally to the absence of antiseptic precautions, and it is to be hoped that humanity will soon profit by this daring surgical operation.

The Birthplaces of Yellow Fever.

In the July number of the *Canada Medical Record* there appears a translation by Dr. W. Nelson, of a report made in connection with investigations into the above subject by Dr. Domingo Freire, of Rio de Janeiro, to the Brazilian Government. It is only a preliminary report on one special point, that point being of special interest. A more detailed report into the subject of yellow fever generally is in the course of preparation. The special point noted is the existence of myriads of microbes exactly resembling those met with in the vomited matters, urine, blood, and other organic liquids from the bodies of those attacked by yellow fever, in a handful of soil taken from a depth of one foot from the surface, over the grave of a person who had died about a year previously of yellow fever, and who had been buried in the Cemetery of Jurugaba, where all are buried who die in the Marine Hospital of St. Isabel. The soil was examined under a microscope magnifying 470 diameters; to the naked eye this soil did not present any peculiar characteristics, nor had it any peculiar odour. The microbes consisted of the cells of *Cryptococcus zanthogeniens* in various stages of growth from the size of a black speck difficult to recognise in the field, up to round corpuscles more or less large and strongly reflecting light, some being grey, whilst others were black, and surrounded by a fringe or areola of that colour. Many of the organisms moved spontaneously. There were yellowish masses marked by granulations that came out clearly in the field, likewise masses made up of colouring matter of the cells. Dr. Freire also noted vibrioles, which moved with rapidity. These observations convince Dr. Freire that the germs of yellow fever perpetuate themselves in cemeteries, and that cemeteries are birthplaces for the evolution of new germs destined to spread abroad fresh epidemical outbursts. He points out that the germs escape and reach the atmosphere through the pores of the earth, and that others are carried by the heavy rains so frequent in tropical countries into the streets and squares, and there meet with conditions favourable to their evolution. As a provisional measure he recommends the removal of cemeteries as far as possible from centres of population. As a radical and final measure, he recommends the practice of cremation for the bodies of those dying during epidemics, as the most certain prophylatic and the surest way of stamping out the poison. His report closes with the following passage, which, if the germ theory of infection is admitted as established, truthfully and forcibly presents the evils attendant upon our present method of burial in cemeteries, which are dangerous from their position in, or near the great centres of population. "If the dead body is a store house containing millions of these organisms, the product of disease, imagine what a cemetery must be in which new foci of disease are formed around every corpse. The imagination is incapable of estimating the literally infinite number of these microbes that multiply in these spots. Amid the silence of death these worlds of organisms, invisible to the naked eye, are constantly working to make new poison for new victims, destined to serve them with food and for the fatal perpetuation of this species."

Dr. Louis Thuillier, one of the principal members of M. Pasteur's Commission to investigate the pathology and etiology of cholera in Egypt, has fallen a victim to that disease. He was attacked in Alexandria on the 18th inst., and died next morning, at the age of 27.

Professor Schwalbe, Director of the Anatomical Institute, Königsberg, has received an invitation to succeed Professor Waldeyer at the Wilhelm's University, Strasburg. Waldeyer goes to Berlin to fill up a long-felt deficiency in the teaching staff of the anatomical department of the University of that city.

The Fothergillian gold medal of the Medical Society of London, value twenty guineas, is offered this year, 1884, for a dissertation on "The Degenerative Changes affecting the Cerebro-Spinal Centres and the Symptoms attending them." For March, 1885, "The Pathology and Surgical Treatment of Joints stiffened from Injury or other Causes." Essays must be delivered before the 1st of November. The successful essay becomes the property of the Society.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their populations, were—Edinburgh, Bradford 13; Bristol, Derby 14; Halifax, London 16; Nottingham, Bolton 17; Hull, Plymouth, Leicester, 18; Oldham 19; Cardiff, Norwich, Birkenhead 20; Birmingham, Portsmouth 21; Preston, Wolverhampton, Brighton, Sheffield 22; Newcastle-on-Tyne, Huddersfield 23; Glasgow, Leeds, Liverpool 24; Blackburn 25; Salford, Sunderland, Manchester 26; Dublin 27.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 21, Bombay 36, Madras 36, Paris 24, Geneva 17, Brussels 25, Amsterdam 20, Rotterdam 18, The Hague 20, Copenhagen 19, Stockholm 22, Christiania 18, St. Petersburg 23, Berlin 27, Hamburg (State) 21, Dresden 28, Breslau 31, Munich 31, Vienna 22, Prague 28, Buda-Pesth 29, Trieste 31, Rome 30, Turin 23, Venice 24, Lisbon 31, New York 25, Brooklyn 25, Philadelphia 23, Baltimore 23.

The highest annual death-rates from diseases of the zymotic class in the large towns last week, were—From measles, 1·4 Brighton and 2·1 in Newcastle-upon-Tyne; from scarlet fever 1·5 in Birmingham, and 2·9 in Leeds; from whooping-cough, 1·2 in Huddersfield; from "fever," 1·3 in Sunderland, and 1·8 in Sheffield; and from diarrhœa, 5·3 in Bolton, 5·6 in Brighton, 5·8 in Blackburn, and 6·4 in Preston. The death-rate from diarrhœa, which did not exceed 0·8 in London, averaged 2·8 in the provincial towns. The 40 deaths from diphtheria included 21 in London, 9 in Glasgow, 2 in Edinburgh, 2 in Hull, and 2 in Manchester. Small-pox caused 9 deaths in Birmingham, 3 in Sunderland, and one only in London.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

"Cram Lectures" in Edinburgh.—The pernicious result of the professors examining their own pupils is glaringly exemplified by a bill now displayed in all the shops announcing that a gentleman is prepared to deliver a course of 40 "cram lectures" on chemistry and natural history for one guinea. This advertisement opens up a "new scope" for shorthand writers. A good shorthand writer would make an ample income by taking out a *perpetual* with each of the professors and then deliver a course of "cram lectures." We are constantly hearing from professors of the irksomeness of examining, and yet these gentlemen are all up in arms when it is proposed to relieve them of their onerous duties. There can be only one reason for the tenacity with which they cling to their post of examiners, and that cannot be considered an honourable one. It is well known that in Edinburgh at least many a professional class would be sensibly diminished were not the professor an examiner. While on this subject we would ask, What justice can be done to candidates when their papers—some two hundred or more—written on Friday, are read over by Saturday afternoon, so that the list of the "orals" may be posted up on Monday? Surely this needs some explanation.

The Faculty of Physicians and Surgeons of Glasgow.—The wire-pullers and scene-shifters of this venerable Corporation are actively employed at present in view of the annual election of office-bearers at the next meeting, on the 3rd October. Certain examinerships become vacant, and the struggle for them promises to be keen. These offices are worth some money, and a good many of the Fellows of the Faculty somehow manage matters so well that their entry money is soon got back from the Corporation in a multiplied form. There is to be also an election of President; and as this matter has been taken in hand by the Bismarck of the profession in Glasgow, it is anticipated that, in view of his strategic accomplishments, he will have matters his own way. "Caw me, caw thee," is not unknown in Scotland out of Inverary. It is said that the necessities of the situation are such that an old president will be re-elected. This surely implies an unworthy dearth, in so large a body, of men fit to discharge the dignity of the position. Whether there has been such levelling up or such levelling down as to obliterate prominence we are unable to say. It is hoped that the Faculty will elect as President one who will steer it through its present chequered course, and not be himself steered by any outside clique.

Health of Edinburgh.—For the week ending with Saturday, the 15th inst., the mortality in Edinburgh was 57, and the death-rate 15 per 1,000. There were 20 deaths under one year, and 9 above 60 years, of which 3 were above 80 years. Diseases of the chest accounted for 20 deaths, and zymotic causes for 4, of which 2 were due to scarlatina, and 2 to measles. The intimations of these diseases were 48 and 27.

Anderson's College, Glasgow.—At a meeting of the Trustees of Anderson's College, held on the 22nd inst., but one application was received for the "Professorship" of Physiology, vacant by the transference of Dr. Barlow to the Royal Infirmary Medical School. This was from a gentleman who has been very much a candidate for appointments in Glasgow during the past few years. Under the circumstances, the election was postponed.

The Sanitary Exhibition in Glasgow.—The allocation of the space in the Burnbank Drill Hall for the exhibition in connection with the Congress of the Sanitary Institute of Great Britain was completed last week. In addition to the hall itself, which is 190ft. long by 83ft. broad, a pavilion 83 by 27ft. has been provided at one end, and an "annexe" 100 by 27ft. in front. The additions, built almost entirely of wood, are purely of a temporary description, and are to be removed at the close of the exhibition. Appliances and other articles have been received from British and French exhibitors in very considerable numbers. The opening ceremony took place on Tuesday, and the exhibition will remain intact till the 20th prox. Lord Provost Ure, who has taken a special interest in sanitary matters throughout his public career, will perform the inaugural ceremony.

Glasgow Maternity Hospital.—Professor Miller retires from the position of Obstetric Physician to this hospital in November, and a few of our "rising" obstetricians are canvassing hard for the post. In addition to the benefit arising from association with students, the position leads to a good deal of private practice through the *touting* of nurses, whose good opinion it is profitable to secure. Drs. Stirton, Cameron, and William L. Reid are reported to be candidates.

Health of Glasgow.—For the week ending with Saturday, the 15th inst., the deaths in Glasgow were at the rate of 25 per 1,000 of the population per annum, as compared with 23 in the preceding week, and 23, 21, and 24 in the corresponding weeks of 1882, 1881, and 1880 respectively.

Case of Ammonia Poisoning at Lennoxtown.—On Saturday, the 15th inst., an elderly man named Thomas M'Meechan, employed in the Hurlet and Campsie Alum Company's Works, was accidentally poisoned in his own house by drinking, in mistake for spirits, the contents of a bottle which proved to be strong ammonia. He had been in the habit of using the ammonia in the process of bird stuffing.

The Partick Fatal Poisoning Case.—In this case, to which we referred in recent impressions, we learn that, after making thorough investigation into the circumstances, the Crown authorities are satisfied that no blame is attachable to Mr. Robert Craig, the druggist's assistant, and that consequently the charge against him has been abandoned.

◆

Correspondence.

LUNN ON THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Lunn's proposition that surgeons should be teachers of voice production is absurd. He would have been right had he said that vocal teachers should be thoroughly and practically acquainted with vocal physiology and anatomy, understanding perfectly the action of every muscle, and to that belief the consensus of opinion has been tending for many years. But for that belief Mr. Lunn is in no way responsible, although he thinks he is; neither can he claim to be the discoverer of the fact, well known long ago, that the physical difference in the thorax and in the mode of breathing in man and woman were "made by nature for obstetric reasons." He seems to be troubled by the thought that the publishing of his ideas has been productive of harm. Let him be comforted, the "school of training" he has been all these ten years and more vainly trying to found is not likely to have had imitators. Persons may, and do try, to share the glories of success, but not the disappointments of failure such as Mr. Lunn has in print, repeatedly admitted his "school" to be.

That he is unable to produce good tone when using the laryngoscope merely proves that he has not the skill to do what another man can do; neither is it fair to expect vocal artists who are not laryngoscopists to be able, after one or two trials, to accomplish that which can only be attained by practice, and it is putting them in a false position to publish their incompetence to do that which no vocal physiologist would do at first attempt. As to the value of vocal photographs it will be as well to suspend judgment until the book they are intended to illustrate is published. When we have read what Mr. Behnke has to say of them, and when in the light of his explanations we can see them for ourselves, we shall be in a position to decide upon their value.

I enclose my card, and beg to remain

Yours, &c.

"Æsculapius."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My attention has been called to a contribution in your issue of the 12th, entitled "The Philosophy of Voice." It is clear to any one, who like myself is more or less familiar with current musical literature, that the "representatives of Mme. Seiler," referred to in the above article, are Mr. Lennox Browne, F.R.C.S., and Mr. Emil Behnke. These gentleman have done good service in the cause of vocal physiology, and the beautiful photographs they have recently obtained of Mr. Behnke's throat in the act of singing are a great triumph. What does Mr. Lunn mean by saying that "the pictorially reproduced voice must be acceptable to an ear as a musical sound?" Has the *voice* been photographed or the *vocal organ?*

Mr. Lunn says that it is impossible for *him* to produce a note of any musical value under laryngoscopic observation, and Mr. Maas and Mr. Santley are in the same case. It might be equally impossible for these gentlemen to produce a really beautiful sound from either a trombone or a clarionet the first time one of these instruments was put into their hands. But what of that, when there are others, whose vocal tone is not affected in the slightest degree by the introduction of the laryngeal mirror. I have often heard Mr. Behnke sing under these circumstances, not only single tones, but even (at the end of a demonstration, and by way of a joke) "God save the Queen," and I can say most emphatically that the quality of his voice was all that could be desired.

Mr. Behnke has removed a defect from my own voice, which had for many years been a serious drawback to me, and he could not have done this without his scientific qualifications. I am unwilling, therefore, that patient researches and and investigations like those of Messrs Lennox Browne and Behnke should be misrepresented or misunderstood in the least; and can only advise Mr. Lunn and the eminent artists named in his article to attend one of Mr. Behnke's demonstrations, when they will have proved to them by the evidence of their own ears that good musical tone *can* be produced under laryngoscopic observation.

I am, &c.,

Sept. 14th, 1883. Mus. Bac.

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RIVAL APPLIANCES FOR FRACTURED PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am not anxious to mar the effect of the testimonial which A. F. W. with questionable taste presents his doctor; neither am I prepared to enter the lists and tilt with so technical and well tutored a patient. The "Malgaigne's hooks," "efficiency in securing apposition," and "conjoined with immobility," alarm me, and force me to cry out with Isaac of old "The voice is Jacob's voice, but the hands are the hands of Esau."

The crucial misunderstanding between Mr. Parson and myself is readily explained. In his article he stated that his splint allowed "slight movement of knee in walking." I answered that movement of the knee joint involved traction upon the fractured ends of the patella. Mr. Parson then very indignantly protested, and gave birth to the extraordinary theory "of *slight* movements in the joints not amounting to extension or flexions." There was nothing left for me but astonishment; a luxury I fully indulged in. Both Mr. Parson and his patient are anxious your readers should know that the fracture treated was the third of the same bone. If they consult any surgeon with a large experience in fractures, they will learn that a secondary and tertiary fracture will unite more readily than a primary one.

I have no desire to prolong this controversy. Mr. Parson knows what I think of his invention, and is at liberty to treat my criticism as he thinks best. If A. F. W. has written without consulting Dr. Parson he has acted very unwisely; if a consultation has taken place one cannot help looking at the result with anything but favour.

I am, &c.

Robert Jones,

Hon. Ass. Surg., Stanley Hospital, Liverpool.

[This correspondence must now close.—Ed.]

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Literature.

ZIEGLER'S PATHOLOGY. (*a*)

Rich though it undoubtedly is in very many branches of medical science, English literature has not hitherto produced any treatises on pathological anatomy at all equal for students' use in general to those available in Germany and France. The fault of this is less a fault in reality, perhaps, than a consequence of the deficient support given to original research here as compared with those places abroad where Government assistance is proffered to whoever make special studies the aim of life, and the result of whose labours is utilised for the common weal. Indeed, it is no reflection on our own pathologists to aver that, not only for methods, but even also for much of actual knowledge, they are primarily indebted to Continental investigators; but to this also must it be added that the science of pathology, as it now is, has received very ample additions from the few Englishmen who have been able to devote their energies to extending its recognised limits.

With all this, however, it has remained something of a reproach that, so far as elementary students' guides have been concerned, almost the only work in the field has up to this been Dr. Green's useful little manual, a book which has in its time done invaluable service.

Ziegler's text-book, the first part of which has now been published some little time, is based on lines that must ensure its ready acceptance at the hands of English students of medicine. It is essentially a scientific work, but, as we have more than once remarked in these pages, there is a rapidly-growing *liking* for scientific writing in the way of text-books observable among English medical students, and the appearance of which is a most healthy sign of the higher interest taken in their labours by the existing generation. The work comprises seven sections within the first part—viz.: (1) malformations, (2) anomalies in distribution of blood and lymph, (3) retrogressive disturbances of nutrition, (4) progressive or formative disturbances of nutrition, (5) inflammation and inflammatory growths, (6) tumours, and (7) parasites. Under each heading a lucid discussion of the principles involved is presented, and in all cases definitions are couched in language which, while conveying an accurate description, is at the same time terse and non-redundant. The free employment of derivatives in this connection may perhaps appear to some in the light of a drawback, but that the plan possesses manifold advantages will be speedily admitted.

The section on parasites is at the moment exceptionally interesting, and much care has obviously been taken to include within it the most recent contributions to this domain of pathology. In this, as throughout the work, full bibliographical references are made to papers and memoirs bearing on subjects treated. In compiling this for English readers, Dr. Macalister has wisely extended the original paragraphs very considerably, and has thus been able to direct attention to many valuable contributions to science which had not been mentioned by Prof. Ziegler in his first edition. On the care which the English editor has bestowed on his task it would be impossible to bestow unmerited praise; he has chosen for performance a most difficult labour, and has achieved it in a manner that leaves nothing to be desired, except that he may soon be in a position to increase the obligation under which he has laid the science of medicine by publishing the second portion of the work.

(*a*) "A Text-book of Pathological Anatomy and Pathogenesis." By Prof. Ernest Ziegler. Translated and edited for English Students by Donald Macalister, M.A., M.B., &c. Part I.—General Pathological Anatomy. London: Macmillan & Co.

The City of London and the Parkes Museum.—On September 20, a deputation from the Parkes Museum of Hygiene waited upon the Court of Common Council at Guildhall to present a memorial asking the Council to aid the Museum by a contribution of money to its funds. The deputation consisted of Dr. Poore (Vice-Chairman), Mr. Charles H. Parkes, Mr. E. C. Robins, Dr. Steele, Dr. Williams, Mr. Mark H. Judge, the late Secretary, and Mr. White Wallis, the newly-appointed Secretary of the Museum. The memorial pointed out that the Museum was established at University College in 1876, where its collection was exhibited, free of cost, until last year, when the Museum was removed to premises in Margaret Street, and opened by the President, H.R.H. the Duke of Albany, in May last. As evidence of the economical management of the Institution, it was stated that only £595 had been paid in salaries during the seven years ending June 30th last. On the motion of Mr. Alderman De Keyser, the memorial was referred to the Finance Committee for consideration and report.

The Royal Irish University.—The primary medical examination of the University terminated on Saturday last, and the "second half" or final examination was commenced on Monday. For the primary examination 153 candidates sent in their names, of whom about 140 presented themselves. For the final 105 names were entered. At the examinations in October, 1882, the passes were as follows: First examination, 84; second examination, 76; M.D. degree examination, 40; M.B. examination, 39.

South London School of Pharmacy.—The following prizes were presented to the successful competitors at the last session, on Wednesday, the 12th inst.:—Senior Chemistry—medal, Albert Ivatt; certificate, Herbert H. Presbury. Junior Chemistry—medal, C. M. Adams; certificate, John Dickson. Materia Medica—medal, David Jones; certificates, Messrs. Dickson and Atkinson. Botany—medal, John Dickie; certificates, Messrs. Atkinson and Adams. Pharmacy—medal, C. M. Adams; certificate, F. W. Doubleday. Extra certificates of merit—Messrs. Stafford, Harding, Barnes, Milton, Capper, Peck, Farman, and Parker.

The British Association for the Advancement of Science.—At the last general meeting of this Association, held at Southport, on Monday, Montreal was selected for the Annual Congress in 1884, and Aberdeen for that of 1885. A claim was made on behalf of Bournemouth, but after an earnest appeal by Professor Struthers and Sir Frederick Bramwell, Aberdeen was unanimously chosen, nine years having elapsed since a meeting was held in Scotland, and twenty-five years since one was held in Aberdeen.

WE learn that Mr. J. Kelly, Surgeon of Jervis Street Hospital, Dublin, and Lecturer on Surgery in the Ledwich School, has resigned these appointments, and is about to emigrate to California, with a view to practising there.

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Notices to Correspondents.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

ASIATIC CHOLERA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As the above disease showed itself in Egypt among our troops, and the deaths reported from time to time, I should like to know how many cases have been treated by my military medical brethren that have recovered. One who had Eastern experience in this disease and its treatment, like myself, over a quarter of a century ago, is curious to know how far my juniors have succeeded.

Yours, &c.,
A FORMER MILITARY PHYSICIAN.

ERGOT IN WHOOPING-COUGH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to Mr. Phillip Hills, in your issue for September 12, I would refer to section 715: 4 of the "Medical Digest," where the value of secale in the treatment of whooping-cough is noted. In the *Practitioner*, vol. i., 1882, p. 858, Dr. Dewar also explains why secale has a specific action in cases of pertussis, as well as in many other diseases.

Yours, &c.,
60 Boundary Road, South Hampstead. R. NEALE, M.D. Lond.

ASCLEPIUS.—You will find the subject referred to in a recent "Current Topic." That chloroform narcosis can be produced during sleep is proved beyond all doubt, and several observers are at this moment busy in further investigating the question.

MR. CARMICHAEL.—Perhaps if you communicate with the Secretary of the Royal College of Surgeons you may be able to obtain an answer to your inquiry; we cannot say ourselves.

G. E. R.—Most of the schools open formally on October 1st. In the case of the London Hospital the date, however, is altered to Oct. 9.

JERVIS STREET HOSPITAL.

IN the editorial note respecting Jervis Street Hospital in our Student's Number it was stated that the hospital is "frequented by Catholic students," a statement which may seem to infer that students of other denominations do not also enter at that hospital. No such inference was intended, nor would it be true, inasmuch as the hospital class at Jervis Street is largely composed of students who are not Catholics.

DR. J. W. MARTIN.—Your letter will appear in our next.

DR. W. F. FENTUM.—We believe that a given number of qualified midwives are required for India, and will make the necessary inquiries relative to the proper channels and mode of procedure before our next.

MR. JOHN GARSTONE.—The information vouchsafed by your bookseller is quite correct; the two numbers required are, our publisher informs us, out of print.

MR. G. M. S.—We would prefer to receive the results of analysis from some more independent analyst; there is always a faint odour of hard cash when coming from that quarter.

DR. H. S.—We hope by the first week in November.

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Vacancies.

Bolton Infirmary.—Resident House Surgeon. Salary commencing at £120, with board, &c. Immediate applications to the Hon. Sec., 12 Acresfield, Bolton.

Grantham Friendly Society.—Resident Medical Officer. Salary, £150, with residence and extra fees. Applications to the Secretary, 16 North Parade, Grantham.

Kent County Ophthalmic Hospital.—House Surgeon.—Salary, £100. Applications to Canterbury by October 1.

Listowel Union.—Medical Officer. Salary, £75. Election, October 4.

Newport (Monmouth) Infirmary.—Resident House Surgeon. Must have medical and surgical qualifications. Salary, £100, with board, &c. Applications to the Chairman by September 28.

Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £100, and £22 fees. Election, October 2.

Royal Hospital for Diseases of the Chest, City Road, London.—An Assistant Physician, a Surgeon, and Pathologist. Applications for either office to be sent to the Secretary on or before October 6. (See advt. last No.)

Appointments

BRUCE, J., M.B., C.M. Ed., Medical Officer for the County Poorhouse, Kirkwall, N.B.

BUCHAN, G., M.B., C.M. Glas., Certifying Factory Surgeon for the parish of Kilmaurs.

COCKS, H., M.B., C.M. Ed., Assistant Medical Officer to the Rubery Hill Lunatic Asylum, Bromsgrove.

GILES, B. F., M.D. Durh., M.R.C.S., Medical Officer of Health for the Wem (Salop) Rural Sanitary Authority.

HAMILTON, G. G., L.R.C.P., Resident Medical Officer to the Infirmary for Children, Liverpool.

HAYCROFT, C. H., Medical Officer for the Coldridge District of the Crediton Union.

HODGSON, I. C., M.R.C.S., Medical Officer for the Workington District of the Cockermouth Union.

JACOB, E. L., B.A., M.R.C.S., Medical Officer of Health for the Rural Sanitary District of the Guildford Union.

ROWE, E. L., L.R.C.P. Ed., L.R.C.S. Ed., Second Assistant Medical Officer to the Gloucester County Asylum.

SEPHTON, R., L.R.C.P. Ed. M.R.C.S., Medical Officer of Health for the Warrington Rural Sanitary District.

STOCK, W. H., L.F.P.S. Glas., L.K.Q.C.P.I., Health Officer for the Shire of Whittlesea, Victoria.

Births.

THOMSON.—September 22, at Simla, India, the wife of M. Thomson, M.D., A.M.D., of a son.

Deaths.

BROWNE.—September 6, at Shipston-on-Stour, Charles Frederick Browne, M.R.C.S., late of Tulse Hill, London, aged 72.

CLOUSTON.—September 16, at Sandwich Manse, Orkney, Charles S. Clouston, M.D., of Gunnersbury, W.

FINCH.—September 19, at Colchester, Henry Finch, M.D., after a short illness.

HOLMAN.—September 19, at Gipsy Hill, of pneumonia, J. R. Holman, M.D., Royal Navy, Deputy Inspector-General of Hospitals and Fleets (retired), aged 59.

ILES.—September 19, at Watford, Herts, Francis Henry Wilson Iles, M.D., aged 48.

LEWIS.—September 5, at Ingatestone, Richard Lewis, M.R.C.S., aged 79.

MERRY.—September 4, at Hemel Hempstead, Robert Rosier Merry, L.R.C.P. Lond., aged 43.

ROBERTSON.—September 11, at Meadowbank, Airdrie, John Robertson, F.F.P.S. Glas., aged 80.

TWINING.—September 14, at the Eastern District Hospital, Frank Theed Twining, M.A., M.B. Cantab.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 3, 1883.

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Original Communications.

PREVENTIVE MEDICINE AND THE CURE OF DISEASE. (a)

By W. TENNANT GAIRDNER, M.D., F.R.C.P. Ed.,

Physician-in-Ordinary to Her Majesty the Queen in Scotland; Professor of the Practice of Physic in the University of Glasgow; Physician to the Glasgow Western Infirmary.

IN the course of the duties which fall to my lot as a teacher of the healing art, I am obliged, as it were, to appear in two characters, because the art itself falls practically and conventionally, if not naturally, into two divisions—separate in idea, and yet, as we shall presently see, inextricably interwoven. "How is this individual patient to be cured of his actually existing disease?" is the first question to which the art of medicine in all ages has invariably and inevitably addressed itself. How is disease—*i.e.*, premature death, disabled faculty of body or mind—to be reduced to a minimum, and as far as may be got rid of for humanity at large? This is a second and far more comprehensive question, in the course of answering which, when he attempts a reply at all, the physician hopes chiefly to get some additional light as to how to deal with the first. In addressing himself to the first question, the physician is led to view diseases simply as so many separately existing facts or species which have to be classified and set apart like objects of natural history, in order that the experience of many men in many ages may be brought to bear on the great question of their cure. And although there have never been wanting philosophic minds which have looked behind this conventional view of a disease, and endeavoured to obtain an insight into the causes of disease in general, yet it must be admitted that the habitual attitude of the physician towards his patient in all times, has predisposed him to accept empirically, as it were, the disease as an existing fact, and to direct his whole energies towards the question how the individual patient, being already ill, can best be treated so as to emerge whole and sound.

THE PREVENTION OF DISEASE.—Prevention of disease, the great object of modern sanitary science, has too often been regarded as unprofitable, not merely in the coarse sense of being unremunerative, but also because the inquiry into causes belonged for the most part to the class of speculations condemned by the inductive philosophy as destitute of fruit, and therefore wholly insecure and unpractical. Causes were scholastically divided into predisposing, exciting, and proximate; but of these the last came to be regarded as an idle and metaphysical research, while the others gave rise to long dissertations, not without value, but certainly in most cases without much precision of method, or obvious benefit to mankind. In very many cases, accordingly, the physician who applied himself to the study of causes was adjudged to be only losing sight of the object for which he was consulted by suffering humanity; while he who directly applied himself to the cure, and to nothing else, was glorified as being alone—in the real sense of the word, the mediciner—*i.e.*, healer, or practical man. And the rewards of professional life being mostly reserved for services of this kind rendered to individuals, the inquiry into causes was necessarily discouraged, and disease came to be largely dealt with as a "visitation of God," inscrutable in its nature and causation, but yet requiring to be attacked and subdued by remedies, many of which were violent, empirical, and dangerous in their action, in proportion to the supposed danger of the disease. It was impossible, however, that this one-sided view of the treatment of diseases should satisfy all minds—or, indeed, the best minds devoted to the healing art in any age. All through the history of medicine we can observe the effort to get insight into causes, not merely as a philosophical speculation, but with a view to prevention. The treatise in the Hippocratic writings on airs, waters, and places is one of the earliest, and certainly, in its age, one of the most surprising advances in this direction. The curious and instructive studies of epidemic diseases in the same group of treatises partly by Hippocrates himself and partly by his successors, give glimpses of insight which it required centuries to develope into principles of secure action, either as regards the prevention or the treatment of these diseases. On the other hand, the almost entire neglect of sanitary research by Sydenham, confessedly the greatest of English physicians in the 17th century, even when writing at large upon epidemic diseases, shows how few were the principles of preventive medicine that had emerged out of obscurity even in comparatively modern times ; and the long struggle with ignorance and confusion which was required to establish even so simple a case as the dependence of scurvy on an insufficient amount of vegetable juices in the food shows as well as anything else that up to the very beginning of the present century the attention of physicians was but feebly attracted by facts and doctrines which, had sanitary science existed in any real sense, could hardly have failed to become generally accepted. That it should have taken two centuries to reduce to a practical rule in the navy of Great Britain the measure by which Commodore Lancaster saved his crew from scurvy in 1603 is one of those facts which cannot be got over, and which shows that, in a practical sense, preventive medicine and the effective study of the causes of disease is a thing of yesterday as compared with the ages of effort, not wholly unsuccessful, devoted to the cure of diseases.

(a) Abstract of the Presidential Address delivered before the Sanitary Congress at Glasgow, Wednesday, September 26th, 1883.

The Profession and Sanitary Reform.—Although the discovery of vaccination alone is enough to redeem the credit of the medical profession during the last hundred years, yet it cannot be said generally that in the great sanitary movement of the present age eminent physicians have always led the van of progress. No one speaking in this place should acknowledge otherwise than with profound gratitude and respect the labours of Edwin Chadwick, of Lord Shaftesbury (then Lord Ashley), and of Lyon Playfair as the pioneers of English sanitary science. It would have been impossible for these distinguished men to have accomplished what they did without the co-operation of medical men, and even of medical authorities. Indeed, the names of Southwood Smith, Neil Arnott, and James Phillips Kay are associated with the movement in this country from its very beginnings in 1842. But the impulse so far as the general body of physicians was concerned, came from without rather than from within. And it is not to be forgotten, also, that M. Pasteur, the most distinguished of modern Frenchmen as regards the scientific investigation of the causes and prevention of epidemic diseases, is not a member of the medical profession. But while it is true that medical science has not always been in a position to initiate discoveries, or to take the leading part in legislation in the direction of sanitary progress, I think it may be claimed for my profession that it has very cordially accepted, and energetically carried out, sanitary reforms of every kind so soon as they came within the scope of practical application by the physician. Of no body of men can it be affirmed with less truth that they have encountered the great reforms of the last forty years in a hostile or narrowly professional spirit. There was, indeed, an evident possibility that it might have been otherwise. To work towards the prevention of disease deliberately and effectually was not only not remunerative, but might have been construed as directly attacking the sources of income. Yet I believe it will be readily admitted that with all but a small and utterly insignificant fraction of a noble profession this consideration has been practically devoid of influence ; while the names of John Simon, William Budd, Murchison, Parkes, Snow, the late Drs. Farr and Lankester, and many others, show that even a considerable measure of success as medical practitioners, in the ordinary sense of the word, is in no way inconsistent with eminence and originality of research in the department which has been called in our programme "Sanitary Science and Preventive Medicine."

The Future of Sanitary Science.—After a passing tribute to the labours of Mr. Simon and the late Dr. Farr, to the latter of whom particularly was the whole civilised world indebted, Prof. Gairdner continued :—In looking to the future of sanitary science and preventive medicine, it is impossible not to anticipate that it will be cordially aided by the medical profession in the time to come as it has been in the past. But as it has grown in importance in the eyes of the public, preventive medicine has also become, not unjustly, more exacting. It demands a special education, special qualifications, special offices and emoluments, and in offices the devotion of a man's whole time and energy to preventive and sanitary work alone. I am very far from disputing the propriety and necessity of this arrangement in many cases. But I wish to point out that it carries with it the seeds of an evil influence which it is desirable, as far as may be, to hold in check. The limitation of sanitary functions to men not engaged in medical practice, and of the latter to physicians who are, or may conceive themselves to be, thereby exempted from all preventive duty, will not be without serious disadvantages. It will tend to split up the medical profession into two sections, perhaps into two more or less hostile camps. It may also tend to make the physician proper, the healer, less careful of the means and appliances of preventive medicine than he would otherwise become. Speaking from my own experience as a teacher, I would say that this would be a grave and perhaps irretrievable disaster to both sides. For the healing art is really, and in a very practical sense, one ; and the cure of a disease, if it is to be anything else than mere empiricism, must be largely imbued with a preventive element. In other words, the careful and practical study of the causes of disease with a view to prevention is in many, if not in most cases, a large part of the cure. I have already alluded to the case of scurvy, where it may be said that the cure emerges directly and exclusively from the knowledge of the prevention. And if it is not so plainly apparent in many other instances that this is so, it is probably only because of our comparative ignorance of the essential conditions both of cure and of prevention. The larger faith now existing in what are commonly called natural means of cure—*i.e.*, physiological as opposed to complicated and disturbing remedies—is the practical fruit of the free recognition of this truth by the medical profession.

Curative and Preventive Medicine.—Those who are old enough to remember, or who may even now know something about, the complicated and distressing array of medicines and of surgical proceedings which did duty for indispensable remedies in the last age, but which have now passed almost into oblivion, will be in a position to judge how much has been gained for the healing art in its more limited sense by the really enlightened modern study of the causes of disease. Were it even possible to suppose that this great advance in the direction of true science and sound practice should ever again be undone by the complete separation of preventive medicine from the healing art, the result would, in my opinion, be nothing less than a calamity both for the one and for the other. It was a strong sense of the imperative necessity of maintaining this connection between curative and preventive medicine that led, more than anything else, to my acceptance in 1863 of the office which alone gives me any claim upon your attention to-day. As a teacher of practice of medicine, already of some experience, and recently appointed professor of that subject in the University of Glasgow, I was invited by the authorities to assume the responsibility of the sanitary administration of this great city as its medical officer. It appeared to me that, whatever might or might not be the permanence of the connection, the initiation of so great a work was a task not only worthy in itself, but fitted to be of unknown advantage to the students of medicine who might be dependent on me for their instruction. On these grounds chiefly I accepted cheerfully, for what proved to be a term of nearly ten years, the labours and responsibilities of sanitary work. In the discharge of these duties I was aided by a staff of faithful and devoted officers, by the countenance and support of the authorities, and chiefly of that lifelong and still unwearied sanitarian who now sits in the civic chair. It is impossible for me ever to express adequately my sense of the permanent obligation I owe to these men, and to the work in which they were, and are still, engaged. Although the necessities of the city outgrew the original arrangements, and a greatly extended staff appeared to require a different system of administration, I was enabled to retire with a feeling of profound and lasting satisfaction in having acquired a store of literally invaluable experience as a professor of medicine; while, on the other hand, the work has been continued and advanced from year to year by one who has proved himself one of the ablest and most thorough-going sanitary officers in the country—our good friend, Dr. J. B. Russell. I could not venture in his presence to say all that I should desire to say of him and of the whole sanitary department as at present administered, but I will venture to refer those who wish to know about it, in a compact but comprehensive form, to a paper by him in the "Transactions of the Epidemiological Society of London," session 1881-82, new series, vol. i., on "The Policy and Practice of Glasgow in the Management of Epidemic Diseases, with Results."

EPIDEMIC DISEASES.—Now, epidemic disease, from the enlarged and modern sanitarian point of view, is not only a great evil in itself, but also an index to other evils of at least equal importance. My attention, as medical officer for the city, was strongly directed to this fact in March, 1869, when a wave of apparently climatic disease, specially characterised by an enormous increase in the mortality from acute diseases of the chest, swept over the city, and arrested much attention and remark. The Registrar-General in his reports at the time had ascribed this phenomenon almost exclusively to the "northerly and easterly winds" then prevailing. This and many other popular theories of the matter appearing to me inadequate, I made as careful a research as the available returns allowed, into the whole details of this singular increase in the death-rate, hitherto, there was reason to believe, almost unexampled in Glasgow. I found that while it amounted to 30 per cent. excess in 1869 as compared with the corresponding period in 1868, in Greenock the excess was 25 per cent., while in the large towns of the East Coast—Edinburgh, Leith, and Dundee—the excess was scarcely more than half as much, and in Aberdeen the difference was quite insignificant. Further, it appeared on more careful analysis that while the excess of mortality was greatest in acute pulmonary diseases, and specially great among the young, the zymotic diseases contributed to it not a little, and also tubercular affections, and among these in a very marked way the nervous diseases of infancy, as contrasted with those of advanced life (apoplexy, paralysis, &c.), which latter showed no tendency to increase. It seemed impossible, therefore, to overlook the evidence that besides possible climatic causes there were others operating largely in the case of Glasgow and Greenock to determine so much larger an increase of the death-rate in their case than in that of towns more exposed to cold winds, and that while these could not be excluded from consideration, "the true sources of the excessive liability of Glasgow to such tides of disease and death are to be sought, not in these comparatively accidental circumstances, but in the permanently acting causes of high death-rates, and especially in the low standard of domestic comfort, the overcrowding, general squalor, and physical degradation which are the unhappy characteristics of a large part of the population; and that these again are the direct results of permitting generation after generation to be brought up in houses of the worst construction, in which morality, decency, and cleanliness are alike impossible." (*a*) These conclusions were largely confirmed by further researches made during the years 1870 and 1871, and published in reports published in the latter year and in 1872. An increase of the death-rate was again subjected to a careful examination with improved means for its detailed analysis, and at once revealed the large share taken in its production by pulmonary and tubercular diseases, prevailing with increased force wherever the general death-rate was highest and the density of population greatest.

Thus it became probable that not only as against zymotic diseases, commonly so called, but also as against those inflammatory, and even those chronic affections of the lungs which form by far the largest factors in the death-rate, the true preventive medicine was to be found chiefly in improvements directed towards the ventilation, cleanliness, and general comfort of the homes of the poor; and that overcrowding and overbuilding of ground space especially were to be corrected, not only as conducing to typhus fever, but to many other diseases. This was the great object aimed at by the City Improvement Act; and while it was not permitted to me to witness during my official career its extended operation, I am nevertheless in a position to declare my belief that the policy so initiated was eminently beneficial, and that it is only by steadily following out the same principles that our great cities can gradually uproot the evils of centuries, and become even moderately healthy abodes for those who are attracted into them in search of work. Glasgow is a city peculiarly exposed to numerous causes of ill-health for its population, because (as I expressed the facts in 1871) "upon a relatively smaller acreage than any, excepting Liverpool, it is breeding up, from year to year, a much larger proportion of young lives than any other city. The inference clearly is that the sanitary state of Glasgow is in some way connected with its intense productiveness and its too small superficial area. And any one who is familiar with the high, dark warrens of closely-packed tenement-houses in this city, its narrow, ill-ventilated closes, its many miles of such streets and closes, without an open space, without a blade of grass, without a tree or a shrub to be seen, its swarms of children pouring forth from such utterly wretched dwellings through dark passages and narrow lanes, with no playground but the streets, no bathing-place but the gutter, can be at no loss to apply the moral of the tale which these numbers unfold." (*a*) The improvements which have taken place since these words were written are very great, and most creditable to all concerned; but still, as Mr. Chadwick told us through the mouth of the president last night, there is much to do. Let us hope that the authorities of the present and of the future will, as Milton says, "bate no jot of heart or hope," but will go on steadily in the course that has been so well marked out for them.

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Lectures

ON

THE DIFFERENT FORMS OF APHASIA—ON WORD BLINDNESS.

By J. M. CHARCOT, M.D.,

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(*Continued from page 264.*)

For the present moment we desire to point out the following facts experienced at the moment of entry: There does not exist any deviation of the face or tongue, nor any trace of paralysis of the superior or inferior members; his walk is free and he uses one foot as well as the other.

Dynamométric Force.

3rd March.—Right hand	...	...	60 kil.
,, Left hand	...	...	50 ,,
5th April.—Right hand	...	...	75 ,,
,, Left hand	...	...	59 ,,

(*a*) Report on the health of Glasgow for the first quarter of 1869, with special reference to the unusually high rate of mortality in March, 1869. Presented to the Board of Police by the Medical Officer, May 1869.

(*a*) Statistical Tables submitted to the Board of Police on Monday, 19th June, 1871, showing the Sanitary State of Glasgow, London, and Liverpool, from 1855 to 1870, &c.; with Remarks by the Medical Officer. Glasgow. 1871.

There is no evidence of any perversion of tactile sensibility, no analgesia (insensibility to pricking), nor any alteration of the muscular sense; patient appreciates normally both weight and temperature. There is no perversion of the sense of taste, of hearing, or of smell; vision alone is affected, as we have just observed. Patellar reflex is normal on both sides.

The existence of hemiopy can be easily demonstrated by the most summary procedure; but extended examination of the visual function ought to furnish more precise information. 1st. On ophthalmoscopic examination nothing abnormal is revealed. 2nd. Hemiopy on the right side is limited by a perfectly vertical line passing the point of fixation; it is thus such an hemiopy as one usually encounters in affections of the flattened band of the optic tract. 3rd. There is no diminution of perception in the free field of vision. 4th. There is no perversion of the colour-sense.

We must, meantime, concentrate our attention on that which relates to the power of writing and reading. I would observe at the outset that our patient presents no abnormality in the movements of the tongue or lips; no noticeable alteration in intelligence; the sole perversions belong to the *category of signs* (signatory faculty). Besides the impossibility or the great difficulty of reading, we note in our patient a forgetfulness of certain substantives and proper names. He can recall the names of persons who are near to him, but he forgets the names of certain streets of Paris which he formerly frequently traversed. He sees these streets perfectly in his mind (visual memory), and when he traverses them he knows well the places by which he ought to pass, and the house where he resolved to reside; but, as he is unable to read the names of the streets, and has for the greater part forgotten them, he dares not walk abroad alone. He knows perfectly well the usual objects, and names them accurately when presented to him.

Concerning his reading and writing power, the following represent the result of our daily examination and study:—To-day the condition of the patient is notably ameliorated. It is necessary, then, to distinguish two periods—the one from the 3rd to the 30th of March, and the second from the 1st to the 15th of April. He writes his name and address without hesitation, a long phrase and even a long letter without notable faults of orthography or omitting words. "I write," says he, "as if I did so with closed eyes, and I am unable to read that which I write." Consequently, he writes equally well with closed eyes. On writing his name, he is asked to read it. "I know quite well," he observes, "that that is my name, because I have written it, but I am unable to read it." On writing the name of the hospital, I wrote the name on another sheet of paper, and on giving it to him to read he is unable at first to do so; essaying to do it, we notice that during the attempt he retraces word by word the letters which constitute the name with his index finger, and ultimately, after considerable effort, he is able to say "La Salpêtrière." One remarks, "Rue d'Aboukir," the address of his friend, and he traces with the front of his finger the letters which compose the word, and a few minutes afterwards he says, "It is the Rue d'Aboukir, the address of my friend." You thus observe that reading is extremely difficult (not absolutely impossible), and that it is only accomplished by means of movements of the hand in the act of writing. It is evidently in this case the muscular sense which is called into action, and it is these movements alone which enable the patient to verify the vague notions apprehended by vision.

On presenting to him a printed page, he immediately replies, "I read print much less easily than writing, because that, in the case of writing, I can readily reproduce mentally the letter with my right hand, while that is much more difficult with printed characters." He never tried, indeed, to trace with his hand, as does a painter, the printed characters. He is presented with a line of printed characters to read, and he occupies eight minutes in deciphering them, and only three minutes to read the same line in a running hand. It is always observed that patient traces the characters in space with the right hand. On asking him to place his hands behind his back and to read, it is observed that he traces the letters with the index finger on the thumb-nail. For the reading of print, it is convenient for him to have a pen in his hand, with the aid of which his task is facilitated. Daily since the 5th March we give him a lesson in reading. He reads without writing, but always aids himself by tracing the characters in space. It is observed that under the treatment he makes daily progress. The following table indicates sufficiently with what regularity this was accomplished:—

21st	March	1	Minute	43	Seconds	per Line.
23rd	,,	1	,,	53	,,	,,
24th	,,	2	,,	14	,,	,,
25th	,,	1	,,	36	,,	,,
26th	,,	1	,,	47	,,	,,
27th	,,	1	,,	20	,,	,,
28th	,,	1	,,	36	,,	,
31st	,,	1	,,	21	,,	,,
1st	April	1	,,	20	,,	,,
2nd	,,	1	,,	40	,,	,,
3rd	,,	1	,,	37	,,	,,
4th	,,	1	,,	35	,,	,,
7th	,,	1	,,	38	,,	,,
8th	,,	1	,,	36	,,	,,
10th	,,	1	,,	35	,,	,,
12th	,,	1	,,	27	,,	,,

After electrisation of the sympathetic at the neck ;

13th	April—	31	Seconds	per Line.
14th	,,	30	,,	,,
15th	,,	39	,,	,,
16th	,,	25	,,	,,

In order to comprehend the importance of the notions supplied by the movements in the mental reading of written signs, the patient's eyes are shut, a pen is put into his hand, and by means of passive movements of his hand he is made to write "Tours, Paris," and he immediately says, "Tours, Paris," just as if the movements had been performed in space. Touching his reading, the following remarks are still to be made:—In reading print the patient does not move his lips, notwithstanding that this was his habit in health. He knows all the letters of the alphabet with the exception of "q r s t," and especially "x y z," and a remarkable thing, while he is unable to decipher these letters when they are isolated, he can write them with facility when they form part of a name. Thus, he writes quickly the words "Xavier, Yvon, Zébre." He finds it more difficult to read when fasting; better after food. After reading for fifteen or twenty minutes he feels fatigued. If interrogated as to the sense of what he has just read with so much difficulty, he remembers very little of the detail, and less when figures are not in the question. Thus, he remembers but vaguely that the article which he read the previous evening concerned a statue of the Republic, that it must have been colossal, but he accurately remembers the sums 400,000 and 200,000 francs mentioned in the journal. (He has since made progress in this respect.) He knows figures well, sees them well, adds and multiplies them well, but commits errors if the multiplication is a little complicated. When the meaning of a word is known to him he reads it more quickly than otherwise—thus:—

Republic ...	...	4 to 5 Seconds.
Independence	...	1 minute.
Pterigoidiens	...	4 minutes.

He frequently repeats, "When I wish to commence to read, even when I make progress, it appears to me that it is for the first time." At the same time that his education returns daily, the hemiopy modifies itself concurrently in a progressive fashion. To resume, you observe that the apprehension furnished to the patient by vision alone, in reading, is vague and insufficient to comprehend the text; it is this that constitutes *word blindness* (cécité verbale). If he is able to read, it is by means of an artifice. The series of movements which constitute a graphic representation of a letter, or of a word, awaken in him the precise recollection of the letter or the word. It may, therefore, be said of him that *he is able to read only when he writes.* By way of contrast, I shall direct your attention in our next lecture to another aphasic individual, whom I show to you to-day, who is unable to utter one single word, notwithstanding that he understands all, reads mentally with facility, writes easily, and understands all which he reads and all which he writes. You will gather already how diametrically opposed these forms of aphasia are the one to the other, how diverse are the forms of aphasia, and how rarely they are encountered free from complication.

(To be concluded.)

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A LABORATORY REPORT UPON DIGESTIVE FERMENTS.

By F. J. B. QUINLAN, M.D., M.R.I.A.,

Physician to St. Vincent's Hospital; Professor of Materia Medica and Therapeutics Catholic University; Examiner in the same, Royal University.

The Lumleian Lectures of 1880 by Dr. William Roberts, F.R.S., on digestive ferments and upon the preparation and uses of artificially digested foods at once attracted, and have since engaged the attention of the medical profession, and have opened up a line of research interesting and useful alike to the physiologist and to the practitioner. It is proposed to review some of these ferments and artificially digested foods, and to make some observations on their application and upon simple methods of estimating their comparative value, and that without any complication of apparatus, and above all with the minimum expenditure of time. It would not be too much to say that the pharmacopœial methods are entirely objectionable in this latter point of view, and that they are somewhat deficient in accuracy. That of the British Pharmacopœia is conducted at 98°F, and occupies four hours, the material operated upon being "shavings" (no size given) "of white of egg." The United States Pharmacopœia employs Scheffer's method, stating that one grain of pepsine to 500 grs. of water acidulated with ½ per cent. of absolute hydrochloric acid shall digest 50 grs. of hard boiled white of egg in 5 or 6 hours at a temperature of 38° to 40° C., about 100° to 104° Fahr. The German Pharmacopœia requires one gr. of pepsine to dissolve 100 grs. of hard boiled egg, cut in pieces the size of lentils, in from 4 to 6 hours, and at about the same temperature. All these processes are founded on the idea of exactly following the digestive temperature of the human stomach, but they are prohibitory as to time, and a simple experiment will demonstrate the correctness of M. Petit's statement (*Journal de Pharmacie et de Chemie*) that pepsine is four times more active at 122° Fahr. than at 104° Fahr.; and further, that the pepsine which is active at the higher temperature will do the same amount of work, only more slowly and deliberately at the lower. It is found that this activity increases up to about 140° Fahr., and continues more or less up to 170° Fahr. The best medium is water acidulated with 1½ per cent. of the acid hydrochloric forte of the B.P., about the same strength as ordered by the G.P.; and the best material to operate upon is white of egg, which is by far more handy and convenient than the fibrin recommended by (*a*) M. Petit. In using the white of egg the "shavings" of the B.P. are too indefinite, and it is better to employ the method of (*b*) Dowdeswell as improved by F. Baden Benger, (*c*) which consists of forcing the white of egg through wire gauze of a definite character, the result being that the hardened albumen comes through in wormlike threads of a constant thickness; the best gauze for the purpose being brass or copper made of wire of gauge No. 32 (Birmingham) and with 1,296 meshes to the square inch. One hundred grains of albumen thus treated and weighed out in a small glass mortar placed in a balance and counterpoised with a piece of lead and triturated with half an ounce of the dilute hydrochloric acid are emptied into a test tube; any particles of the albumen adhering to the mortar (easily seen in the glass one) being rinsed into the test tube with the remaining half ounce of the dilute acid. A test tube (six inches long and one wide) is thus prepared for every specimen of pepsine to be examined, and into each is placed a glass stirring rod seven inches long and 1-16th of an inch thick. Each test tube must be numbered or labelled with a pencil diamond, and each must have its own stirring rod, as the transference of a glass rod from one to the other would of course vitiate the results. The prepared tubes are now floated in a glass beaker, seven inches deep, and of diameter proportionate to their number, and which is half filled with water and placed on a stand over a Bunsen lamp. In the water the tubes float perpendicularly about an inch from the bottom, and finally another tube with on ounce of the acid is floated, and in it the bulb of a thermometer dips. The lamp is now lighted and the temperature gradually raised to 130° Fahr., which must be exactly maintained until the end of the process. When the albumen tubes have reached the necessary temperature the pepsine to be tested is added to each tube, which is stirred with its own rod punctually every five minutes. If two grains of a really good pepsine be employed the whole of the albumen will be dissolved in twenty-five or thirty minutes, and, if any be left, it can be estimated either by the tube being graduated, or by drying the albumen in its tube, weighing and subtracting the known weight of the latter. It will be seen that this process is very time-saving and simple, and it is, moreover, thoroughly reliable. If only an approximate comparison be required the process need only go on for a quarter of an hour, and simple inspection will give an excellent idea of the comparative value of the pepsines. Dr. Fenwick (*d*) of London has adopted a somewhat similar plan for the pathological estimation of atrophy of the stomach. He uses cubes of white of egg of a definite size. The wire gauze, however, exhibits a larger surface of albumen to the action of the pepsine. One hundred grains of prepared albumen digested for thirty minutes with the following pepsine compounds, exhibited the annexed results. One fluid drachm of each of the solutions was employed.

Benger's liquor pepticus, dissolved	...	gr. 73·4
Liebrich's pepsin essenz, do.	...	gr. 47·3
Commercial pepsine wine, do.	...	gr. 11·2

One hundred grains of Petit's fibrin was dissolved as follows:—

Benger's liquor pepticus	... ...	gr. 69·1
Liebrich's pepsin essenz	... ...	gr. 41·0
Commercial pepsine wine	... ...	gr. 8·2

Of course, in the above experiments the albumen was not exactly peptonised, but was rather rendered soluble. It is a remarkable fact that if a large quantity of the albumen be treated with pepsine until it is nearly all dissolved and the pepsine apparently exhausted, and more albumen be now added, with more dilute acid, the solvent process begins again, and goes on with a good deal of activity. Pepsine is best made by scraping the mucous surface of the stomach of the pig. The usual practice is to wash that surface with water, but this is attended with great loss of pepsine on account of its great diffusibility in water. It is also to be regretted that the product is sometimes evaporated at a heat calculated to impair its power; and it is a question whether the employment of vacuum pans, like those employed in sugar-making, and which would evaporate at a very low heat, might not be an improvement.

The liquor pancreaticus of Benger (which Dr. Roberts adopts as his standard solution in his test process for

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(*a*) *Therapeutic Gazette*, March 1883, p. 108.
(*b*) *Practitioner*, March 1880.
(*c*) "Year book of the British Pharmaceutical Conference for 1881," p. 417.

(*d*) "Atrophy of the Stomach." By Samuel Fenwick, M.D.

estimating the activity of pancreatic extracts) (*a*), is a very interesting preparation, and may be viewed in regard to its diastatic action upon starch, its proteolytic power, and, lastly, its emulsive action upon oils and fats. A useful example of the latter is its action upon cod-liver oil, half-an-ounce of which is emulsified by shaking it well in a bottle with a drachm and a-half of Benger's liquor pancreaticus, and twenty grains of sodium bicarbonate. Cod-liver oil thus treated is taken readily, and appears to digest at once from the absence of the oleaginous eructations so often experienced after swallowing cod-liver oil only. If some of this oil so prepared be placed in a parchment dialysing apparatus, and floated in water, a small portion of it dialyses, as is proved by the marked taste communicated to the water. The sodium compound also goes through, as can be shown by taking up a drop of the water on a wire, and examining it in a spirit flame with the spectroscope. It is but right to state that the fats emulsify in the presence of the sodium salt, and without the liquor pancreaticus; but there can be no doubt of the enormous power of the latter in promoting their absorption into the system. Dr. Milner Fothergill (*b*) says: "In many cases the administration of liquor pancreaticus causes the most satisfactory improvement in the patient's condition. The muscles become plump; the subcutaneous fat once more fills out the wrinkled skin; the brain is fed; and with this comes back the lost sense of energy, of fitness for work."

Its action on milk is worthy of notice. Many persons are unable to take milk or milky food on account of its curdling in the stomach; and this can be prevented by peptonising the milk, which is done as follows:—A teaspoonful of pancreatic fluid is added to a pint of milk, at 120° F., and the milk is allowed to stand under a cosy until a slightly bitter taste is produced; it ought then to be consumed. It has been recommended to boil it for a minute, but I have found it better to omit this, as the digestive process will continue in the patient's stomach. If, however, it be desirable not to consume the milk at once, the digestive action can be stopped by boiling for a minute. Cold milk can also be peptonised; at least, this can be done at the temperature of 60° or 65° F. (the ordinary temperature of a sick room). Some water is added, and a rather larger quantity of the pancreatic ferment, and in about six hours the process will be complete. This peptonising action can be well illustrated by a simple experiment. An ounce of milk, with half its quantity of water, is placed in a test tube, is heated up to 130° F., and twenty minims of liquor pancreaticus are added. At first, if a few drops of acetic acid be added to a portion of it, a copious precipitation of casein is produced. This gradually diminishes, and in twenty minutes the reaction ceases to occur. This explains why it is that patients suffering from irritable stomachs can retain peptonised milk when ordinary milk would be rejected.

Its amylolytic action upon cooked starch is perhaps still more striking. If a cupful of very thick arrowroot or gruel be warmed to 130° F., and a few drops of pancreatic fluid added, it almost instantly becomes thin from the digestion of the starch. This opens up a vista of usefulness in the sick room in the preparation of foods containing starch, or milk, or both, all that useful class of invalid diet which the French describe under the name of "laitage;" and these foods can be made easy to swallow and still easier to digest. A good deal can, moreover, be done in regard to peptonising soups, jellies, and blanc manges. This idea is carried out by the very palatable "self-digestive food," consisting of pancreatised farinaceous matter. It is very likely that this will replace most of the infants' and invalids' food now before the public. If Liebig's food be good, this is certainly better, inasmuch as the pancreatic ferments with which it is impregnated are much more comprehensive in their action than mere malt diastase. They will do all that Liebig's food does, and much more, for, when this food is mixed with warm milk, they come at once into action, partially digesting both the farinaceous and albumenoid matters, including the casein of the milk, the curdling of which is such a difficulty with infants. It must be always remembered that boiling, even for a minute, destroys the activity of the pancreatic principles; and this must be done or avoided, according to the indications which each particular case may point out.

The digestive power of the pancreas upon meat fibre was known to Hippocrates, who recommended dyspeptics to eat cooked meat minced finely and mixed with the raw and finely divided pancreas of a freshly-killed animal. In this, as in auscultation, (*a*) the sage of Cos anticipated some of our best modern discoveries; but these ideas died with him and had to be re-discovered by modern inventors. Mr. Watson Smith, of the Owens College, Manchester, has shown that beef tea prepared by adding a little liquor pancreaticus to the mixture of beef and water after stewing and allowing it to digest for two hours, contained three times as much solid matter (nutritive extract) as a specimen of beef-tea prepared in a precisely similar manner but without the addition of the liquor pancreaticus.

An excellent preparation for immediate use is the peptonised beef jelly, a concentrated peptonised beef-tea solidified. It is very agreeable to the palate, and may be taken either cold, as a jelly, or dissolved in a little hot water and seasoned to taste. It is always ready for immediate use, and, being hermetically sealed in tin cases, will keep indefinitely. Once a tin is opened it should be at once consumed as its peptonised character would promote decomposition.

The value of liquor pancreaticus is strikingly shown in nutrient enemas, a mode of medication much more ancient than is generally supposed, for there is good reason to believe that the practice was not unknown to the ancient (*b*) Egyptian and Greek physicians. The most notable example in modern times is that of the late President General Garfield, whose life was much prolonged by their use. Nutrient enemas are made up of soups, eggs, milk, &c., &c.; but it appears to be sometimes not sufficiently remembered that the great intestine has no peptonising power and that much of the nutrient matter is of a colloidal character and cannot dialyse through its absorption apparatus. Peptonising the enema will completely overcome this difficulty, and by rendering the fluid easily transfusible get over the feeling of rectal distension so much complained of. In an interesting article on this subject (*c*), Dr. Bliss, of Washington, U.S., says, "The late President Garfield was some of the time entirely, and all of the time very largely sustained, by rectal feeding from the 14th of August until his death on September the 19th. The value of this method of supplying waste in grave diseases has never been more strikingly shown than in this instance, because in all probability there never was a patient more closely watched by his medical attendants, and because the quantity and quality were most carefully regulated, both as to mode and time of administration. During the stage of inflammation of the parotid gland (eight days) this mode of sustenance was

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(*a*) Proceedings of the Royal Society, No. 231. 1881. Lumleian Lectures, by Dr. Roberts, foot-note, p. 59.

(*b*) "Indigestion and Biliousness," p. 61. By Milner Fothergill, M.D.

(*a*) Hippocrates was well acquainted with the method of diagnosing diseases of the lungs by auscultation, particularly with succussion and with catarrhal and friction sounds. His description of the latter is very characteristic. He says, if you apply your ear to the chest of a patient suffering from pleurisy, "*trizei to pneuma hoion mashlēs*" (the lung creaks like leather). Direct auscultation is constantly referred to by him; but it is to be regretted that there is almost a complete gap in this respect between him and Laennec.

(*b*) See Herodotus *Euterpe*, and Kaufmann *Deutsche Zeitsch für Prakt. Med.* 44. 1877.

(*c*) *New York Medical Record*, 15th July, 1882.

entirely relied on, he being unable to take any food by the mouth and stomach, and only very small quantities of cracked ice and water which were frequently rejected." The enemas Dr. Bliss mentions were prepared in the dispensary of the Surgeon-General of the United States army with Carnrick's beef peptonoids. The peptonised beef jelly also makes a good nutrient enema.

Pepsine is employed by the mouth in aiding digestion internally; but conversely, liquor pancreaticus is mostly applied to the predigestion of food outside the body and the introduction of aliment into the intestinal canal in a partially digested or even digesting condition. The liquor pancreaticus is sometimes taken with good effect along with a little carbonate of sodium to guard it on its passage through the stomach, and thus used it may materially assist intestinal digestion. In either point of view, it is a most important preparation, and seems likely to become a powerful weapon in the hands of the scientific physician in all cases where Nature requires aid in the work of assimilation.

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Case of Fracture of the Olecranon—Suturing the Fragments—Recovery.

Under the care of Mr. H. F. CLARK.

[We are indebted to Mr. W. Macnight Wilson, M.B., C.M., for this Report.]

George T., æt 19, labourer, was admitted into Ward 16 of the Glasgow Royal Infirmary, on 14th April, 1883. He is a muscular young fellow, and while amusing himself jumping he felt something suddenly give way at his left elbow-joint; pain instantly ensued, and he fell to the ground. The injury was evidently due to muscular action.

It was found on admission into the hospital that the point of the olecranon was gone, and instead of the prominence there was a depression or hollow extending about an inch and a-half upwards on the posterior aspect of the arm (humerus). At the upper limit of this depression there was a lump pretty freely movable from side to side, which on careful manipulation was found to consist of the contracted fibres of the triceps with the tip of the olecranon attached to them.

Patient could flex his forearm but had no power of extending it, so that when the flexor muscles were relaxed the arm fell downwards. A figure of 8 bandage and straight splint were applied to relax as much as possible the triceps and allow the bones to come together, but this apparatus was found insufficient to keep the fragments in proper position so Mr. Clark decided to suture.

April 17.—Primary anæsthesia having been produced by using chloroform, ether was next administered by means of Clover's inhaler, and the latter anæsthetic was continued throughout the operation. An incision was made over the most prominent part of the elbow-joint behind, extending downwards on the forearm for an inch or so and upwards for a couple of inches. On exposing the fragment of bone attached to the triceps, Mr. Clark found that this piece of bone was so small—not larger than the nail of the little finger—that it would be impossible to put a wire through it strong enough to hold it in position without splitting it, and so the thick silver suture was put through the tendon just where it joins the bone. This done, the wire was then likewise pushed through the upper end of the ulna, which had previously had a hole drilled in it; the parts were brought accurately against each other and fixed by twisting the wire. The ends of the wire were left projecting out of the wound. The wound was stitched with chromo-sulphuric gut, and a decalcified drainage tube inserted. A straight anterior splint was applied. Antiseptic precautions were adopted during the whole of the operation.

The part was dressed every third day up till 10th May, when the wire was all removed except a very small portion which had become embedded in osseous material. Union was now fairly good, and patient could both flex and extend his arm. The antiseptic dressing was continued for a few days till the wound made on removing the wire was healed up, but no splint was reapplied, the arm only supported by means of a sling.

The temperature was 100·2° on the evening after operation, next day it was 99°, and continued so till the night of the 22nd April, when it rose to 101·4°. After this latter date it never rose above 99°, and from the 26th onwards it registered 98·4°.

28th May.—Flexion and extension are very good; patient dismissed well.

12th June.—Patient reported himself to day; osseous union is very complete, and movement is excellent. The small piece of wire left in has made its way to the surface and is removed.

16th July.—He can now follow his usual employment as a labourer, and feels the left arm as strong as the right one.

It is well to remove all the wire at once if possible. There have been several cases in these wards where a portion of the wire was embedded and in all of these it has made its way out in the course of time.

Egypt.

THE CHOLERA EPIDEMIC.

[FROM A CORRESPONDENT.]

Cairo, Sept. 18, 1883.

The cholera is now at an end in Cairo, and the town has begun to assume its wonted aspect. Those, however, who fled at the commencement of the outbreak will find great alterations in the appearance of the town when they return. Numerous waste places and ruined vestiges of hovels which the flames have only partially destroyed, in the centre and on the outskirts of the town, attest the praiseworthy efforts made by the sanitary authorities to clear away nests of infection.

Across the river too near Ghizeh may be seen many hundreds of homeless families encamped on whatever uncultivated land they can find—men, women, children, donkeys, and cattle, all huddling together, without a roof or shelter of any kind. It certainly seems hard on them, but no doubt the hardship is more apparent than real, for many of the houses they have left are simply an enclosure of four low mud walls with a straw roof.

The cholera, though practically at an end in Lower Egypt, is still raging in Upper Egypt, and has now got about as far as Luxor. A week ago I was at Maghagha, in Upper Egypt, which had just been decimated by the epidemic, more than one-tenth of the population having died. The people in this neighbourhood seem to have been much neglected. Some of the doctors ran away, others shut themselves in their houses, and refused to go where their services were needed. An intelligent Englishman at Maghagha told me that during the prevalence of the cholera there "a peculiar oppressive feeling was noticed in the air; all the birds disappeared, and did not return till the epidemic was over, and the leaves on many trees withered." A similar idea as to the disappearance of the birds prevailed in Cairo, but was without ground.

Considerable surprise was expressed here at the apparent youthfulness and inexperience of the medical envoys of England, known in Cairo as the twelve apostles. Notwithstandin this, they have done very useful work, rendering valuable assistance to the *Conseil de Santé*. But they must have found great difficulty in reconciling themselves to Egyptian ways of procedure. I saw a letter from one of them to the *Conseil*, requesting that he might be provided with means for enforcing his sanitary directions. Unfortunately, the *Conseil* has no power even to enforce its own resolutions.

England and the English profession, by their unbending opposition to the view that the cholera was imported, have done much to lessen their character for fairness. It is amusing to hear Englishmen in this city maintain their opinion against all evidence that the cholera originated at Damietta. It is certainly humiliating to English medical men to see the opinions of physicians and surgeons occupying distinguished positions here and at home prostituted to political ends. Happily Dr. Grant Bey, of Cairo, maintains his independence both of English and Egyptian political considerations. He was the first to declare from eye-witness that the outbreak at Damietta was Asiatic cholera, and has all along maintained that the disease was imported, though how, there are no means at present of knowing. It is imported, and imported this year, because it has never been known to originate *de novo* in Egypt, because it is not endemic to Egypt, and has not been here since 1865, and because cholera was epidemic in Bombay when it broke out at Damietta.

If these arguments do not constitute a proof, they at any rate make it incumbent on the opponents of the importation theory to prove that the cholera originated *de novo*. The French Commission have given their decision that the disease is Asiatic cholera. They refused to communicate with Dr. Abath Pasha, the inventor of the new disease "Choleroide," on the ground that he is not *au fait* with modern scientific medicine.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 3, 1883.

DR. RICHARDSON ON FELICITY.

THE Glasgow meeting of the Sanitary Association of Great Britain has been selected by Dr. B. W. Richardson, F.R.S., as the occasion for delivery of one of those characteristically Utopian addresses which have come to be regarded as peculiar to himself. Nothing if not thorough, he is always ideally enthusiastic when dilating on the theme that possesses such irresistible attractions for the indulgence of his imagination; and in this latest development of genius in the direction of nebulous sanitation he even transcends the former efforts by which he has won distinction in this direction. We do not, however, wish to imply—indeed, no one could be guilty of the assumption—that Dr. Richardson loses sight of practical possibilities when indulging the theories he delights to elaborate. As it must invariably happen that every great reform requires to be first proposed in the spirit of a dream-like necessity, presented in the form of a visionary advantage, and insistently enforced with the energy and eloquence of an original and picturesque thinker, so can we trace not a few truths of every-day acceptance to the pertinacity and vigour exhibited by the modern apostle of sanitation in preaching the doctrine with which he is honourably and permanently identified.

Dr. Richardson's latest exhortation is truly complementary to his earlier flights, and comes in due succession as containing instructions for fulfilling the aspirations heralded in former discourses to the multitude. Like a prophet of hope in the wilderness of despair he has again and again preached the gospel of health; and now he appears once more before us in the guise of a teacher and commentator who seeks to associate the highest benefits of happiness with the grosser gifts he has already bestowed. "Felicity as a Sanitary Research" is the text on which his oration to the Glasgow audience was founded; and studied aright it includes the moral to be derived from the series of addresses preceding it in former years. Not alone is it the duty of a rational man to live long years, but enjoyably existing, to reap the fruits of such happiness as is compatible with the utmost refinement of felicity, based on the constant presence of perfect sanitary appliances and perfect domestic construction. This is the burden of the lesson first communicated to an assembly of listening Scotchmen; and doubtless they will not be slow to receive and adopt the excellent suggestions it contains.

Regarded as a dreamer of dreams, Dr. Richardson occupies an enviable position among men, for much of his dreaming is of that inspired kind that reaches far towards prophetic utterance; and though we cannot without timely consideration accept the postulates that go to make his elementary structure, yet experience so far convinces us of their legitimacy that they may not be rashly set aside as extravagant or insufficient for the purposes they are destined to serve. That human happiness, for instance, is intimately related with successful and normal performance of bodily functions, is a constantly received aphorism that is employed to direct not a little of mundane affairs. "Let good digestion wait on appetite, and health on both" is as earnestly uttered a prayer to-day as when the temporary dyspepsia of its writer suggested its appropriate introduction into a stage recital: the direst extremities are occasioned in many instances by physical derangements that are inherited as legacies from periods when our ancestors had little knowledge of the conditions necessary for preserving the *corpus sanum;* and what intimate connections are established between the *mens* whose sanity is a prime consideration in all classes of society, and the functional health of less ennobled bodily organs, it has been reserved for modern research to demonstrate.

But what is specially achieved by Dr. Richardson's highly-wrought disquisitions is the creation of an uneasy spirit of inquiry among the masses, who are stirred by the language he employs to give attention to matters directly affecting themselves, but for which they have but little taste when presented to them in the uninviting diction of science. They can appreciate the dangers of foul drains and limited air space when told of them in untechnical though verbose descriptions; though averse to a learned dissertation on disordered digestion and its attendant mischiefs, they will listen to and take to heart the picture of dyspeptic misery drawn by the skilful pen of one who can appeal to their understanding with a power and simplicity like that which dwells in Dr. Richardson's pen; and even now, when dealing with the most unsavoury surroundings of the home-life of his fellow-Britons, he will be no less successful in awakening them to a sense of the need that is upon them to be stirring for sanitary reform in their own and in their children's interests.

Felicity is a desirable thing; so much is unquestioned; and being so, it is but a matter of degree as to how much is justifiable in the search after it. Medicine has slowly taught that the duty of the physician is inclusive as regards the physical well-being of the community; that a doctor should be more than one who physics an existing ailment; that he should be active as a *preventor* of disease; that, in other words, he should be the guardian of health. Unless this is generally recognised the time will come when medical men will be able to express no *raison d'être,* supposing, that is, that "Hygeia" will be the representative dwelling-place of mankind. In that Utopian life preventive medicine will alone exert supremacy as a healing art, and it behoves the whole profession to anticipate this goodly era by the wholesome efforts it makes in the present age of sickness and unhappiness. The latter condition may not unfairly be taken, as Dr. Richardson would have us take it, to be the outcome of the former; and we should fail to be his loyal assistants in the task of limiting its evil effects did we not ably second the advice he sounds.

The minor ailments of humanity are perhaps the most important factor in this connection; and it is certain that the causes which tend to them are among those that can be most hopefully attacked by the spirit of reform. The influences at work, however, must first receive a more attentive study; they are not all summed up in the terms drainage, cubical capacity, and cleanliness, as was probably intended to be implied by Dr. Richardson's reference to climatic and atmospheric reactions. We need to know more than we have yet discovered about external forces, and their amount and degrees of influence on the body, before we can regard sanitation as anything more than a crude element of the system of health conservation we seek to establish; and perhaps successive developments of Dr. Richardson's genius may be in this direction of research.

"Felicity as a Sanitary Research" has a very taking sound; nevertheless it will prove a very delusion without its pursuit is undertaken with a full understanding of the fact that it is at present a picturesque impossibility. Happiness is an absolute term, although from the meagre distribution of it in the world the human mind is accustomed to think of it as purely relative. At any rate, Dr. Richardson's idea of the word implies an absolutism which, for the sake of his theory, it would be well to bear always in view. We do not venture to disparage the phrase, or to question its legitimate employment; we seek only to suggest a proper caution against its being allowed to mean too much, and injuriously affect the very interests it is intended to assist. Dr. Richardson's earnestness as an advocate of preventive medicine is universally admitted; his frequent addresses on sanitary matters are highly valuable as an incentive to united public action; and this last one is worthy to rank with those that have gone before it both for beauty of expression and fixity of purpose.

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THE PROPOSED INTERNATIONAL CHOLERA CONFERENCE.

Italy has proposed an international cholera conference, and at the present time when the scare has not yet completely passed away, it appears not unlikely that the suggestion will be acted upon. There are many reasons why such a conference should be held, and at the same time it must be confessed that there are some likely to lead to an expectation that but little or no benefit would result from it. The proposed conference has been ably and enthusiastically advocated by the *Allegemeine Wiener Medizin Zeitung,* the editor of which paper seems to concentrate his hopes of the well-being of mankind on the carrying out of the praiseworthy proposition of the Italian Government.

The above named paper very suitably suggests that if the proposed conference is to do any useful work, men of the most distinguished learning must be invited from all the civilised states, that these shall place on record their experiences, and that on the basis of their conclusions shall be founded that which shall be accepted by all Governments, and that sanitary laws in accordance therewith be promulgated that shall, if not absolutely, at least probably, preserve mankind from the dangers of destruction. "That such a conference has already been held five times without result," it says, "cannot prevent us from pleading, with all our might, for a sixth, a seventh, eighth, yea, even if need be, for a tenth." One reason urged by the writer for the holding of such a conference is, that although the present epidemic has been far less devastating than others that have broken out in the East, none has been so much the subject of conversation, as the English have been closely connected with it and by their negative behaviour in the face of it have given cause for recriminations on the part of the Continental powers, and have therefore given cause of alarm to the world. We, on the other hand, have thought that English physicians have been at least as conversant with the disease in all its bearings as the physicians of other nations, and that regulations have been framed and carried out in accordance with the best light we possess. If our behaviour has not met with the approval of other Governments it has at least had the merit of consistency, and has not entailed grievous and burdensome restrictions that other nations have not been backward in imposing, even notwithstanding the fact that their usefulness has not been proved. If the delegates from the Continental powers, supposing such a conference does take place, attend it with their minds already made up, as seems not unlikely to be the case, we fail to see wherein the usefulness of the conference will lie. If, on the other hand, they approach the subject with their minds open to conviction, and prepared to accept and weigh the evidence of facts, a rule of conduct may be decided upon that may prove beneficial without being burdensome to mankind.

Whilst reverting to the unsatisfactory condition of sanitary affairs in Austria, the writer, Dr. B. Kraus, the able editor of the journal, takes the opportunity of giving a cut to a gentleman who is one of a class whose great delight seems to be that of insulting and vilifying the members of an honourable profession, so long as their services are not in immediate requisition, but who are the quickest to adopt a mean and suppliant attitude the moment they think themselves in danger. He says: "Perhaps also, after the international cholera conference, an Austrian minister, after he has convinced himself of the breadth of bearing of medical influence, will no longer in public Parliament speak so disrespectfully of our status, and say that, by merely beckoning, he can procure physicians enough, although the same minister in his own illness could not find physicians enough to bring him comfort and help: all were not enough for him."

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TRUANT SCHOOLS.

The time seems to have arrived when it is the duty of the medical profession to speak out with no uncertain voice on the subject of education, and to warn the public against the vagaries and follies of those who have made the training of the young their hobby, and who, "dressed up in a little brief" School-Board "authority, play such tricks" as will make future generations tremble, unless an effectual check be put upon them without delay. Animal physiology is one of the special subjects which may be taken up by children in the advanced standards in Board schools; it ought, we think, to be a compulsory subject for every man or woman who aspires to be a member of a School Board, for a mere smattering of physiological knowledge amongst their members would save these boards from many of the blunders into which excessive zeal, rivalry, and mistaken notions are now hurrying them. Had the leading members of our School Boards but the slightest acquaintance with the delicate structure of the immature brain and its laws of functional activity we should hear no more of this educational over-pressure which is undermining the health of the young and scattering broadcast the seeds of nervous degeneration. Did they but grasp the first principles of vital periodicity a speedy stop would be put to this same work which is so grievous an infliction on the half-starved offspring of the poor, and even on the fragile children of the well-to-do. Were their sympathies quickened and enlarged by the "fairy tales of science," they would never invent such harsh and pernicious institutions as truant schools.

Truancy is doubtless an evil, and a troublesome one, which must be dealt with; but we question much whether the proper way of dealing with it is to collect all the truants together for mutual demoralisation, and to make little convicts of little boys. It seems scarcely credible that in this enlightened and humane country we should be inflicting solitary confinement—which is known to be so irksome and terrible a punishment to grown men—upon mere infants, and that the London School Board should have proposed to introduce total and rigorously enforced silence into truant schools, and should only have been prevented from carrying out this iniquitous proposal by the prohibition of the Home Secretary. It is to be hoped that the ratepayers of London will remember this proposal when the next School Board election comes round, and will show their sense of it by rigorously enforcing silence—at least, in so far as the London School-Board Room is concerned—upon all who gave it their support.

It is difficult to obtain full and precise information as to the discipline and management of truant schools, of which happily there are as yet only four in England—one in London, two at Liverpool, and one at Sheffield; but as far as can be ascertained the children who pass through them, and who numbered 2,489 last year, are subjected to very sharp treatment. We hear of the substitution of drill for play, of enforced work and schooling, and of corporal punishments. In describing one system of management adopted, the Inspector says: "Solitary confinement for a short period after admission forms the principal feature. . . . . On a first admission, the solitary confinement lasts only a few days, but the period is lengthened on a second or subsequent commitment. The boys attend school with their companions, and are allowed sufficient exercise daily, but, except when thus employed, are confined in separate light cells, in which they are supplied with work, and in which they sleep." No wonder that, in commenting on this precious system of making felons of small boys, the Inspector adds: "Solitary confinement works unequally on different boys, and could, I think, be dispensed with." The one bright spot in the dark and disheartening official record of truant schools is the benevolent interposition of Colonel Inglis, who supervises them. "Truancy," he says, "may be a serious fault, but it is rather too hardly dealt with if punished by a prolonged imprisonment. A month or six weeks' confinement in a school where the discipline is strict, and the hours of play are taken up with drill, would surely in most cases be a sufficient hint to a boy that it would be more politic to attend school regularly, and one most boys would take." We should think so, indeed! Truancy is an offence not unknown amongst adults; it has even been heard of at the London School Board, where some members are not quite so punctual in their attendance as they might be; but for our part we should not think of suggesting any more serious penalty than a month or six weeks in the House of Correction for this dereliction of public duty. That would be a sufficient hint to a member that it would be more politic to perform the duties he had undertaken, and one most members would take.

The term truancy covers a multitude of sins. Included under it are parental neglect, juvenile depravity, and scholastic inefficiency. Parents have been known to instigate their children to play truant, in order that they might have them ultimately removed to an industrial school as incorrigible, and so be free from the cost of their maintenance. Then irregularity in attendance is often but a reflection of the irregularities of home life; and to expect children who have been reared amidst dirt, disorder, and debauchery to adopt at once the habits of decent citizenship is as preposterous as to look for figs from thistles. Street arabs and the descendants of street arabs cannot lay aside at once their nomadic tendencies, and, like clockwork, take their places contentedly every morning in the educational omnibus. The old Adam will sometimes assert himself, and we are not sure that the old Adam is always to be condemned. Biographical investigation would, we suspect, reveal that many of the great men who have played a prominent part in the history of the country have also played truant when they were young, and have thus displayed that untameable love of freedom and hatred of bonds—that spirit of enterprise and relish of fresh air—which have made the nation what it is. Had Raleigh, and Shakespeare, and Drake, and Nelson been boys in these days, they would probably have been undergoing solitary confinement at Upton House.

Truancy is also doubtless an expression in many cases of idleness, and vicious tastes, deeply ingrained in the child's nature; but when this is so an entire revolution is not to be wrought by a sojourn in a truant school. The Ethiopian does not change his skin, nor the leopard his spots, during one course of Turkish baths. and it is scarcely to be anticipated that born criminals will be reformed by a month or six weeks of solitary confinement, even with drill instead of play, and copious castigation thrown in. For such inveterate cases of truancy the school is too little, while for casual cases it is too much.

But there is still another cause of truancy to be alluded to, and that not the least important and prolific—that is, bad and faulty teaching. Where a true teacher rules a school, there truancy is unknown. Where a teacher with any real talent for his vocation presides it is infrequent; but where a mere human mechanism grinds out a dull routine of tasks, there it abounds. The best way to abolish truancy is to make school attractive, to eliminate, as much as possible the painful element from learning, and to interest children in their work. What man is there who, looking back on his own apprenticeship to learning, does not recollect how to some classes, taught by genuine masters in their art, open-minded, sympathetic, gifted with expression, they went with alert foot and hungry faculties; while to others, taught by dullards, with no insight or power of speech, they went "creeping like a snail," and with anything but a "shining morning face." The more the quality of teachers in our Board schools is raised, the rarer will truancy become; but while it lasts, let us devise some better method of dealing with it than by those foolish and cruel truant schools. "They are on their trial," says the Inspector. Let the prompt verdict be guilty as libelled, and the judgment, total and speedy dissolution. If they are tolerated we may as well have separate schools for fibbing, cribbing, sneaking, impertinence, and every other variety of juvenile delinquency.

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Notes on Current Topics.

The Suicide of an Anti-Vaccinator.

The note referring to a prominent anti-vaccinator's suicide in East London, and which appeared in our last issue, has evoked severe epistles from other members of the faction to which the late Mr. Escott belonged. In these somewhat laboured productions an attempt is made to remove the onus of blame from anti-vaccination, and to connect the lamentable consequence with other entirely unassociated causes. It would, of course, be quite unnecessary to notice these effusions were it not for the fact that skilful perversion of the real facts of the case is likely to be resorted to whenever it may appear to be exerting an influence in the direction of apostacy from the principles which animate opposition to scientific protection against small-pox. The account now being industriously circulated by busybody anti-vaccinators is, rightly understood, no more than corroboration of the theory of Mr. Escott's death; but it is so put forth that it is probably calculated to mislead the ignorant. In one remarkably illogical communication, the outbreak of small-pox which carried off so many of Escott's family is put down as arising *de novo* from filthy surroundings, and in a closely succeeding sentence the unhappy father is by implication held up to admiration for resisting the removal of his sick children from the situation previously described as pestilential. We must, unfortunately, expect to hear a good deal of gratuitously apologetic nonsense talked in connection with this most unhappy tragedy during the coming campaigning season of the anti-compulsory vaccination party. It would be too much to hope that it will submit in silence to the terrible reproof that Escott's death and that of so many of his family conveys to unhygienic agitators; the class of people who make a living by pandering to the unsustained prejudices of the ignorant and thoughtless are the last to abandon the calling which, however dishonourably, brings them profit; and no amount of suffering engendered by their miserable pretentions will be effectual to suppress them until it reaches such proportions as must demand interference at the hand of the supreme authority; and this a few more experiences like that of Escott must, sooner or later, ensure.

Woolwich in Danger.

Writing to the Editor of the *Kentish Mercury*, Surgeon-Major Evatt, A.M.D., points out the anomalous position held by Woolwich in possessing no medical officer of health, and insists on the serious consequences, from a sanitary point of view, which may arise from the omission. This town alone of all towns is, it seems, exempted from the compulsory clauses of the existing Health Act, which make no provision for depriving Woolwich of its power to make voluntary appointment of a medical officer. That this privilege has been abused in the manner Dr. Evatt indicates does indeed say little for the intelligence and foresight of its local guardians, who, moreover, have been guilty of what seems almost inexcusable neglect by abolishing the system of reporting cases of measles in action up to last June, when, without previous consultation with a medical authority, the Board of Health issued directions for cessation of the practice. Accepting this as an illustration of the little regard likely to be evinced in matters of hygiene by the local governing body, there is ample reason for the alarm sounded by Dr. Evatt; nor can it be said that he exhibits undue anxiety when he demands the immediate appointment of a competent sanitary official in the interests of public safety in Woolwich. How materially the general health of the country is conserved by the admirable exertions of the staff of medical officers charged with the special duty of caring for it, is universally admitted; and that so important and populous a centre as Woolwich should, however unintentionally, be exempted from the operation of the Acts under which medical officers are appointed is an anomaly that Dr. Evatt has very advisedly drawn attention to.

Juries and Justice.

The curious sympathy exhibited by juries, and by coroners' juries especially, with whatever aspect of a question may be latest and most forcibly presented to them, was admirably illustrated recently at the inquest on a child who died from pneumonia at Rotherhithe, and concerning whom a medical certificate was obtained declaring vaccination to have caused death. In this instance the jury saddled their verdict with a rider charging Dr. Kavanagh, the district public vaccinator, with executing his duties negligently. It need hardly be insisted that such a proceeding on the part of the jury was a gratuitous impertinence which loses nothing of its intrinsic offensiveness from the fact that the sapient twelve have since sought for means of withdrawing the statement. There was absolutely nothing in evidence to justify the remark; but there was present at the inquiry a legal representative of the Anti-Vaccination Society, by whose misrepresentations the jurymen were stimulated to excess of zeal in the manner mentioned above. This gentleman, faithfully characteristic of his employers, pretending to quote from the Local Government Board's orders to public vaccinators, described how no more than five children are to be vaccinated from one vaccinifer, having obtained previously from Dr. Kavanagh the admission that he had vaccinated as many as 21 infants from the same source. The quibble thus artfully introduced of substituting *child* for *vesicle* was successful in its employment, and led the unsuspecting jury to consider that the public vaccinator had been guilty in the way it was intended they should think; and the rider was delivered accordingly. It is to be hoped that such discreditable ruses may meet with the reward they merit, and lead coroners to be peremptory in refusing a *locus standi* to anti-vaccination pleaders whose presence at an inquest is avowedly with the object of publicly advertising the business they are engaged to push. Otherwise there is but one course open in the interests of public morality and safety, and that is for the Local Government Board to be represented by counsel at such inquests as are likely to be favoured with the attention of anti-vaccination orators. It need not be said that Dr. Kavanagh is perfectly exonerated from any suspicion of blame, for no one could have been more prepared than he was for the gross trickery comprised in the action and pretence of which he was made a victim.

The Cure of Abscesses without Cicatrices.

Dr. Quinlan, in the *Philadelphia Medical and Surgical Reporter*, advocates the introduction of a fine silver wire through the walls of the abscess, the ends being tied outside. The wire acts as a drain; and to secure the advantage claimed for this method of treatment, it must be introduced before the pus reaches the surface, when it is about half-an-inch from the surface. Poultices must not be used; and after the contents of the abscess have been evacuated, a compress should be applied. Dr. Quinlan claims that this treatment has never failed in his hands.

Tetanus Treated with Curare and Chloral.

A case of a three-year-old child who received a severe crush of the calf of the leg is reported by Dr. Hjorst in the *Norsk Magaz. fur Laegevidensk.* Under antiseptic treatment of the wound the patient did well until the thirteenth day, when symptoms of retanus developed. Morphia and chloral gave some relief by the rectum, but the disease became more marked. On the twenty-fifth day the child's condition seemed hopeless, and after consultation it was decided to give hypodermically an injection of curare (gr. 1-64th), which was repeated at the end of three hours increased to (1-48th gr.), which gave decided relief. The next morning an injection (1-32 gr.) was given; the patient was decidedly more comfortable; chloral was again given by the rectum at night. The next day patient was much better and had spontaneous diuresis and evacuation from the bowels. Convalescence gradually was established.

The Cholera in Egypt.

We can do no more at present than solicit attention to a communication on the above subject, which appears in another column, from a correspondent in Egypt. That document contains several statements of fact as well as theory which more than merit a passing consideration. For example, the destruction by fire and otherwise of the houses of the poorer classes in Cairo is said to attest *praiseworthy* efforts to clear away "nests of infection." The result of this "praiseworthy" measure is described by our correspondent:— "Homeless families — men, women, children, and cattle, all huddling together without a roof or shelter of any kind." If this be “sanitation,” in the name of humanity we protest against the measure.

What Surgeon-General Hunter appropriately called the “cholera wave” has extended and is extending upwards along the Nile; in this the disease is but following one of its acknowledged laws. The meteorological conditions and the disappearance of birds are circumstances confirmatory of phenomena noticed during many epidemics of cholera, and in different parts of the world. The apparent object of our correspondent is to show that cholera was imported into Egypt. With every deference to him we consider that the “arguments” adduced by himself point to the *de novo* origin of the epidemic in that country.

The Preservation of Bodies.

Dr. J. Polak, of Warsaw, has for some time past been employing an aqueous solution of sublimate for the preservation of cadavers. It is used in the proportion of 1 to 500, or 1 to 300. He claims that better results are obtained from the employment of this salt of mercury than from thymol as ordinarily used, *i.e.*, thymol 3 parts, glycerine 2,000, and water 1,000; and that being at the same time much cheaper, it is to be preferred. The injections are made in the ordinary way, through the carotid or femoral artery, and no special appliance is needed.

Hydrobromic Acid as a Substitute for the Bromides.

At a meeting of the American Neurological Association (*New York Medical Journal*) Dr. Dana said the dose of pure acid should be from ten to twenty drops; of the officinal, one to two and a half drachms. He employs it in the following conditions:—Epilepsy, alcoholism, various forms of headache, vertigo, general nervous depression, neurasthenia, chorea, insomnia, hysteria, post-hemiplegic disturbances, &c. He had seen the greatest benefit from the drug in epilepsy, in post-hemiplegic difficulties, and in other lighter general nervous troubles. In the doses in which it is usually prescribed, the doctor says it will not prevent cinchonism. Hydrobromic acid was recommended in preference to haloids, because it was agreeable to take, non-irritating, and did not produce an eruption or bromism.

Salycilimania.

The *Philadelphia Reporter* observes that many American physicians seem to be afflicted with a form of disordered cerebration, to which might be attached the term *salycilimania*. As so often happens when some new and truly valuable remedy is given to the profession, there are some who seem to lose their reason, and rushing headlong into the reckless use of these really beneficent articles, bring them into disrepute, just as abuse has so dismissed the use of venesection. Salicin and salycilic acids are unquestionably among the most valuable articles in our materia medica, but for all this, they are drugs, and all drugs must be handled cautiously, else they are potent for harm. A case of simple uncomplicated rheumatism with a fatal termination is reported, and a correspondent commenting on the case hints very broadly that the death was rather due to maltreatment than to the disease. That there was much ground for this criticism will seem evident when we learn that fifty grains of salicin were given every two hours, and after three hundred grains had been taken, it was ordered to be continued every two hours, if not asleep. The next morning sixty grains of salicin were directed to be taken every second hour, and on the next to be continued, and about a minute before midnight the patient died.

The Fifty-sixth Meeting of German Naturalists and Physicians.

This meeting began its work on the 18th ult., at Freiburg, in Breisgau, after a meeting for greetings on the evening of the 17th. About 700 members and participants from all parts of Germany, but mainly from Freiburg and Breisgau, assembled to hear the address of welcome delivered by Professor Claus, who was followed by various distinguished gentlemen, who welcomed the conference in the names of the Archducal Government, the City Council, and the University. Magdeburg was chosen as the place of meeting for the year 1884. Professor Hertwig, of Jena, then delivered an address on “Symbiosis in the Animal Kingdom,” and after him followed Professor Liebermeister with a paper on “Recent Strivings in Therapeutics.” The Sections, of which there were 24, were well attended, and some of the papers gave rise to very animated discussions. Those that called forth the greatest amount of interest were the various papers on Tuberculosis, as considered from different points of view. That of Professor Demme, of Bern, on “The Frequency of Tuberculosis in Childhood,” and one by Professor Weigert on “The Anatomical Course of the Tubercle Poison after its Entrance into the System,” are especially to be noted in this respect. The excursions and entertainments usually provided on such occasions were fully appreciated, and in some instances were of a novel and interesting character.

Mad Witnesses.

The United States Supreme Court has recently decided that—“A lunatic or person affected with insanity is admissible as a witness if he has sufficient understanding to apprehend the obligation of an oath, and to be capable of giving a correct account of the matters which he has seen or heard with reference to the questions at issue; and whether he has that understanding is a question to be determined by the Court upon examination of the party himself, and any competent witnesses who can speak to the nature and extent of his insanity.”

An Operation for the Cure of Masturbation.

Dr. Haynes records in the *Boston Medical and Surgical Journal*, the removal of parts of the spermatic ducts. An incision is made midway between the external inguinal ring and the testis laid bare, the duct, from which a half inch was resected, and the slight wound closed by sutures. By this simple operation, leaving behind it no deformity of the genitals, Dr. Haynes has succeeded in all three cases in improving the mental and physical condition of his patients, while the sexual appetite was as effectually destroyed as by castration.

Post-Mortem Annotations.

PROFESSOR BENCKE has recently issued, in a circular form, on behalf of the American War Department, the following deductions from a long series of post-mortem examinations:—1. Before puberty the aorta is smaller than the pulmonary artery; after this period the relation begins to be reversed, and in advanced life the aorta is always the largest. 2. The aorta and pulmonary artery are absolutely smaller in the female than the male, but relatively to the length of the body there is scarcely any difference between the circumference of the arteries in the two sexes, while the heart in females is absolutely as well as relatively smaller than in males. 3. In adult males the volume of the lungs is greater than that of the liver; in adult females the reverse seems to be true. 4. In men the volume of the two kidneys is nearly equal to that of the heart; in children it is greater. 5. Children have relatively larger intestinal canals than adults. 6. Sudden increase in the size of the heart occurs at the age of puberty. 7. The iliac arteries diminish in size during the first three months of life. 8. The cancerous diathesis is in the majority of cases associated with a large and powerful heart and capacious arteries, but a relatively small pulmonary artery, small lungs, well developed bones and muscles, and tolerably abundant adipose tissue. 9. Pulmonary tuberculosis is often associated with an unusually small heart. 10. In constitutional rachitis the heart is generally large and well developed; the arteries are also large. In the circular full directions are given so that all autopsies made by the government officers shall be uniform. Tables of comparison are also given.

Experimental Researches on the Tension of the Vocal Cords.

DR. HOOPER, of Boston, has, with the assistance of Dr. Bowditch, been pursuing researches on this subject in the physiological laboratory of the Harvard University. By the aid of the graphic method the experimenter has been enabled to determine the action of the cricoid cartilage, the crico-thyroid muscle, and the pressure on the air column in the act of phonation. One of the important results of this investigation is the demonstration of the mobility of the cricoid cartilage. The crico-thyroidian muscle taking its origin from the thyroid cartilage, puts the cricoid in movement by its contraction. Thus the column of air, as showing the manometric measurements of its pressure, helps efficaciously and directly to produce longitudinal tension of the vocal cords. Are not the results obtained by the new method of training deaf-mutes confirmations of this theory? for by means of methodical exercises of deep respiration and inspiration they can produce sounds the articulation of which depends on the movements of the lips and buccal walls.

THE Pope has forbidden the faculty and students of Victoria College of Montreal to enter the Hospital Hotel Dieu and has turned them over to the Laval University. The first of these schools is Protestant and the second Catholic. The priests are also instructed to notify their flocks that the Catholic youth who attend the Victoria College are liable to excommunication.

Infants' Dress.

THE subject of children's clothing during the period of earliest growth is one of some importance, inasmuch as on the freedom of movement and ease enjoyed by the child will the manner of its physical development depend. That the mode of dressing in vogue is often calculated to interfere with the due growth of children there can be little question, and we think, therefore, that Mr. E. Overman Day has done good service by pointing out existing deficiencies in his little work on the "Diseases of Babyhood." Mr. Day suggests in substitution for the dress he condemns a form of robe which avoids the faults of length, weight, clumsiness, and shape, all of which are features of ordinary long clothes. The costume here described has been approved after exhibition at the various sanitary and health exhibitions, and in the interest of helpless infants it is much to be hoped that the excellent directions given in Mr. Day's little manual may be very generally followed.

THE anti-vaccinationists are holding an international congress in the Swiss capital; delegates from all countries have been invited, and will doubtless attend, with the usual result.

SURGEON-GENERAL HUNTER has just arrived from Egypt; the whole of the English medical staff sent out with him have now returned, with the exception of three, who with the Indian contingent are to remain there pending further instructions.

IT is stated in well-informed naval circles in Portsmouth that the Admiralty are dissatisfied with the result of the suspension of the Contagious Diseases Act, and that a scheme to overcome some of the objections of Mr. Stansfeld's party will shortly come into operation.

DR. ROCHARD, Medical Inspector-General of the French Fleet, whilst walking home in the Avenue Gabriel, Champs Elysées, on Wednesday evening last, was shot in the back, and now lies very seriously injured. He does not know his assailant.

WE learn from the *Indian Homeward Mail* that at a meeting of the Senate of the Bombay University, on Sept. 17, it was proposed by a Brahmin that in the regulations the pronoun "he" and its derivatives should be deemed to denote either sex. An Englishman seconded the motion, which was carried without a division. Many Hindoos, Parsees, and Mahomedans were present. This will have the effect of throwing open the learned professions to women in the Western Presidency.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 21, Madras 43, Paris 21, Geneva 17, Brussels 20, Amsterdam 26, Rotterdam 20, The Hague 17, Copenhagen 21, Stockholm 18, Christiania 14, St. Petersburg 23, Berlin 29, Hamburg 24, Dresden 27, Breslau 25, Munich 27, Vienna 22, Prague 35, Buda-Pesth 28, Trieste 29, Turin 23, Venice 22, Lisbon 31, New York 29, Brooklyn 24, Philadelphia 22, Baltimore 18.

The annual rates of mortality last week in the principal large towns of the United Kingdom averaged 19·6 per 1,000 of their aggregate population. These rates were—Derby 14; Halifax, Leicester, Bristol 15; Edinburgh 16; London, Birkenhead 17; Portsmouth, Oldham 18; Nottingham 19; Bradford, Wolverhampton, Huddersfield, Hull, Sheffield, Bolton 20; Salford, Preston 21; Birmingham, Brighton, Norwich 22; Manchester, Glasgow, Sunderland, Leeds 23; Dublin, Plymouth 24; Cardiff 25; Blackburn, Liverpool 26; Newcastle-on-Tyne 29.

The highest annual death-rates in the large towns last week from diseases of the zymotic class were—From measles, 1·4 Brighton and 2·4 in Newcastle-upon-Tyne; from scarlet fever 1·4 in Sheffield, 1·6 in Preston, and 2·4 in Leeds; from whooping-cough, 1·7 in Newcastle-upon-Tyne; from "fever," 1·0 in Blackburn and 1·3 in Wolverhampton; and from diarrhœa, 3·9 in Bolton, 4·2 in Plymouth, and 5·3 in Preston. The death-rate from diarrhœa, which did not exceed 0·7 in London, averaged 2·4 in the other towns. The 44 deaths from diphtheria included 26 in London, 7 in Glasgow, 2 in Edinburgh, 2 in Liverpool, and 2 in Preston. Small-pox caused 7 deaths in Birmingham, 2 in London, 2 in Sunderland, and one in Liverpool.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Aberdeen.—Poor-law Administration.—A conference of inspectors of poor and members of parochial boards was held in Aberdeen last Wednesday to discuss questions of Poor-law administration. The following papers were read: Dr. R. Beveridge, Aberdeen, on public health in connection with pauperism, advocating the judicious expenditure of public money in improving sanitation and checking the spread of disease as one of the surest means of improving the comfort of the working classes, of preventing them from lapsing into pauperism, and of materially reducing the expenditure of parochial boards. Another paper on the same subject, by Dr. Simpson, Medical Officer of Health for Aberdeen. Mr. David H. Pearson on the evil effects of indiscriminate outdoor relief. Bailie Macdonald, Aberdeen, on "Is intemperance or improvidence the greatest feeder of pauperism?" Bailie Duffus, on "Our industrial school system in relation to pauperism." Sir Robert Burnett of Crathes, on the influence on pauperism of our abundant charitable funds. Discussion was freely engaged in by those present on the questions raised, and before adjourning it was remitted to a committee to make arrangements for another conference.

Sanitary Association of Scotland.—The annual meeting of this Association was held in Glasgow last week, under the presidency of Mr. Andrew Wallace. The president, in the course of his introductory remarks, said their secretary had been in communication with Mr. Wallace, the secretary of the Sanitary Institute of Great Britain, with the purpose of endeavouring to have the association affiliated with it. As a result of that correspondence, they had appointed that the representatives of this society meet with the Council of the Institute. It had been thought that to be affiliated with such a large society would be of advantage to them in Scotland, and would be the means of largely increasing their membership and in extending the sphere of their operations. They had not gone so thoroughly into sanitary matters in Scotland as they had done in England, but the visit of the Sanitary Institute to Glasgow would no doubt produce a great impetus in these matters. He hoped it would be the beginning of a new era in sanitary matters in Scotland. In furtherance of this object the following were appointed a deputation to meet the Council of the Sanitary Institute for the purpose of obtaining affiliation—Mr. A. Wallace, president, Mr. Ferrier, vice-president; Mr. Shaw, Dr. Christie, Mr. Kenneth Macleod, Mr. Don. M'Donald, Mr. Matheson, and Mr. M'Kay, the secretary.

The Public Health in Glasgow.—Dr. Jas. B. Russell, the energetic health officer, reported that during the fortnight ending 15th September, there were 470 deaths registered as compared with 511 in the fortnight preceding —a decrease of 41, representing a death-rate of 24 in place of 26 per 1,000 living (or, on his estimate of population, 23 in place of 25). The death-rate in the first week of the fortnight was 23 (23·3); in the second week, 25 (24·5). The number of deaths of persons aged below one year was 123 in place of 129, and of persons aged 60 years and upwards, 56 in place of 63. The proportion of deaths below 5 years to the total deaths was 49 in place of 46 per cent.

An Unfortunate Hospital.—We regret to hear that the Adamson Hospital, Ceres, Fifeshire, is to be closed in the course of a few weeks for want of funds. The farm rents from which the income of the hospital is derived have gone down to such an extent that it cannot be carried on.

Aberdeen University.—The Aberdeen University Court last Thursday appointed as examiners in medicine for one year, from 1st October, John Alexander, Western Infirmary, Glasgow; Dr. James Anderson, of London; Dr. C. Campbell, Dundee; Dr. G. Edward, of Stonehaven; Mr. Fred. Treves, F.R.C.S., of London; and Dr. R. M. Wilson, of Old Deer.

Falkirk.—Water Supply.—For nearly two years past the members of the Town Council have been considering the introduction of a supplementary supply of water to the town, the present supply, particularly in dry weather, being very inadequate. Various schemes have been discussed, but unanimity of opinion could never be arrived at. Recently it was agreed to take a plebiscite of the ratepayers within the burgh as to which of the different schemes should be adopted. This was done last week, with the result that of four schemes, the Camelon one (the cheapest) had a large majority of votes. As a consequence of this plebiscite, the Provost, one of the bailies, and four councillors have, we hear, resigned their seats.

Glasgow Death-Rate.—The death-rate in Glasgow for the week ending with Saturday, the 22nd ult., was 23 per 1,000 per annum, as compared with 20, 19, and 21 in the corresponding periods of 1882, 1881, and 1880.

Edinburgh Health Statistics.—The mortality in Edinburgh for the week ending with Saturday, the 22nd ult., was 67, and the death-rate 15 per 1,000 per annum. There were 22 deaths under one year, and 15 above 60, of which 5 were above 80 years. Diseases of the chest accounted for 24 deaths, and zymotic causes for 6, of which 1 was due to fever, 1 to diphtheria, 1 to scarlatina, and 2 to measles. The intimations of these diseases were 6, 4, 49, and 27 respectively.

Literature.

THE CHANGE OF LIFE IN HEALTH AND DISEASE. (*a*)

There are probably few names more familiar to our readers than that of the author whose latest work is now before us. Nor does this book show any failure in the originality of thought and clearness of expression which are characteristic of all Dr. Tilt's writings. The subject of "Change of Life" considered in its physiological and pathological aspects is sufficiently important to merit the attention which Dr. Tilt has given to it, and the need which existed for some special treatise on these points is attested by the fact that we are now reviewing the fourth edition issued within a comparatively short time of his work on those protean disorders, structural and functional, which are more or less intimately associated with the cessation of menstrual activity, and which were formerly better known as the "Climacteric Diseases." Dr. Tilt, it may be observed, often uses the expression "the change of life" in a sense somewhat peculiar to himself—namely, "to indicate the *pre-cessation* part of the change of life, in contradistinction to the *post-cessation* period which begins at cessation, and concludes with the permanent restoration of health." The importance of this period being so universally recognised by the sex itself, as well as by the profession, it certainly seems strange that only two other treatises are known to exist on the disorders and management of this epoch—viz., Gardanne's "Avis aux Femmes entrant dans l'Age Critique" and Menville's essay, "Du Temps Critique chez les Femmes." As the first was published in 1816, and the last in 1840, Dr. Tilt may now be regarded as the special cultivator of this department of gynecology. "In treatises on Diseases of Women," says Dr. Tilt, "the critical time and its infirmities are generally dismissed with half a page, and in none of our classical works have I found diseases of the change of life brought within the range of the laws of general pathology and general principles of treatment; not even in the work of those who think it wrong for a medical man to make diseases of women the sole study of his life. Large experience has taught me that the deficiencies of medical literature are reproduced in the practice of our most eminent practitioners. I do not pretend that nothing is done to relieve the sufferings of women at the change of life, but not enough, and that a placebo is given where systematic treatment is required."

With regard to the physiological results of this change in comparatively healthy tissues, Dr. Tilt adopts the words of M. Flourens, who holds that the period of life from forty to fifty-five is one of invigoration for both sexes—a period in which the daily work of nutrition proceeding in all our tissues renders them healthier, and thereby ensures a more perfect performance of all the functions. This change is insensibly worked out in man, but in woman the passage is often perilous, and the result is more marked. The great improvement in the general health subsequent to the change of life is a notorious fact. "Although the phenomena of the change of life," continues Dr. Tilt, "are principally due to ovarian involution, it is helped by structural changes proceeding alike in both sexes, and due to coming age. For instance, Sir Wm. Jenner has reminded us that at about fifty the spleen grows smaller, the lymphatic glands waste, and Peyer's patches smoothe down, and lose their peculiar structure. The immense importance of this change in the subsequent lifetime of women cannot be too highly rated, for as it is well got over or full of suffering, so will the subsequent lifetime be healthy or otherwise. It is a final settlement, for if it does not give activity to fatal pathological seeds previously sown in the system the rest of life is generally passed in uninterrupted health, longevity being attained more frequently by women than by men."

This invigoration of health is sometimes accompanied by a very great improvement of personal appearance, when the emaciated put on a fair amount of fat, which *suave incrementum* is both comely and conducive to health; others do not recover health without some sacrifice to feminine grace, their appearance becoming more masculine, the bones projecting more than usual, while the skin is less unctuous, and tweezers are required to remove stray hairs from the face.

The effect of the distubance of ovarian action on mental faculties towards the first part of the change of life is thus alluded to:—"There is almost always, while the change is proceeding, a partial paralysis of that force which controls ganglionic and cerebral power, causing endless varieties of nervous irritability, and an amount of confusion and bewilderment which for a time may deprive women of the mental adornments to which they had acquired a good title by forty years enjoyment." From our own long experience we can fully confirm the accuracy of Dr. Tilt's observations, and may add that it has always seemed inexplicable to us how little recognition is generally accorded by writers on insanity to the intimate and frequent connection traceable between many forms of mental and nervous diseases and certain functional disorders of the utero-ovarian organs. This may be traced throughout woman's entire life, from the mental and moral change which ushers in her first menstrual echo, and in a greater or lesser degree manifests itself at each succeeding period, which accompanies every deviation from normal menstruation, which is shown during pregnancy in perverted or altered tastes and dispositions, and in the most characteristic form shows itself during convalescence after delivery in puerperal mania, that may either pass off completely when the exciting cause ceases to operate, or may in some instances result in confirmed lunacy. Of similar origin are those strange perversions of the mental powers and moral dispositions which are so often associated with the closing scenes of woman's menstrual life. Frequently have we seen women suffering from this generally transient form of mental disturbance resulting from the change of life needlessly imprisoned in lunatic asylums; and more than once have we, by recognising the true cause of this reflex nervous irritation, been instrumental in obtaining the restoration of mad patients firstly to their homes, and secondly to the renewed enjoyment of a sound mind in a healthy body—*mens sana in corpore sano*.

One of the most frequent questions which comes before us in connection with this subject is the average date of normal cessation, for, as Dr. Tilt observes, a knowledge of this will enable us to be on the look out for any uterine affection that may prevent involution, when the date of cessation in morbid involution is likewise important, marking a turning-point in the progress of a case. That date stands at the end of a more or less troublesome pathological period, and points to the gradual mending of many sexual diseases. To assist in the determination of this important question Dr. Tilt gives us a very elaborate series of statistics, from which is shown "that the average date of cessation is higher in proportion to the amount of cases; that the average of 1,082 is 45 years and 9 months, and that more women cease to menstruate in the fiftieth year than in any other." This late average of cessation, however, is ascribed to the inclusion of cases of ovario-uterine disease in the tabulated cases, and hence Dr. Tilt concludes that "average normal date of cessation of menstruation in England is more likely to be under 45 than 45 years and 9 months."

An interesting observation is made by our author concerning the connection between late cessation of menstruation and longevity. With Dr. Duscord, he considers ovarian activity to be commensurate with constitutional vigour, because all those in whom he has observed the menstrual flow to be unusually prolonged were remarkable for strength and good health, and he adds, "I believe that life is longest in those women in whom puberty is retarded, as it is proved to be the longest in cold countries, where the average date of first menstruation is delayed beyond the average in temperate climates. The protraction of cessation to the fifty-fourth year, which is said by Dr. Robert Cowie to occur frequently in the Shetland Islands, corresponding with the frequent occurrence of longevity in the same islands. It is fair to assume that when the ovarian nisus is healthily manifested it indicates a corresponding healthy activity of the other functions of vegetative life, and that when it is unusually prolonged it implies in all that relates to vegetative life a corresponding power of that endurance on which depends longevity."

It would be impossible, within the limits of this review, to follow Dr. Tilt into the many subjects of great interest which are discussed in the volume before us. Any one of the three parts into which the work is divided would furnish ample material for a separate article. Thus we have the

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(*a*) "The Change of Life in Health and Disease: a Clinical Treatise on the Diseases of the Ganglionic Nervous System incidental to Women at the Decline of Life." By Edward John Tilt, M.D., past President of the Obstetrical Society of London, Knight of the Crown of Italy, &c. Fourth Edition. London: Churchills. 1882.

following headings to these divisions, which we cite merely to show the wide range of subjects embraced in Dr. Tilt's treatise. Part I. contains "The Physiology of Change of Life;" Part II., "General Pathology of the Change of Life;" Part III., "Special Pathology of the Change of Life."

Some of the most troublesome cases in which we have been consulted were those in which the final cessation of menstruation has given rise in the patient's mind to the idea that she was pregnant. Cases of this kind are very frequent, and we hardly think that anything like sufficient justice has been done to this part of the subject in the scanty consideration which Dr. Tilt has given to it in his present work. For our own part, we are convinced, by clinical observation, that no cause of pseudo-cyesis is of more frequent occurrence than this, and none better deserve the most careful attention of every medical practitioner. And here we may again repeat, for the benefit of our younger brethren, who must, from time to time meet with such cases, that spurious pregnancy is most generally met with about the turn of life, when the catamenia, becoming irregular previous to their final cessation, are suppressed for a few periods.

The duty of a medical man is seldom more unpleasant than when, under such circumstances, he is obliged to disillusionise a patient who, having persuaded herself that she is with child, has communicated this intelligence to her friends, has made all the usual preparations for the expected event, or even, deceived by the abdominal pains which sometimes occur in such cases, has sent for medical assistance, under the impression that her labour has actually commenced. On the other hand, if, from want of sufficient acquaintance with the symptoms, and frequent occurrence of such cases of pseudo-cyesis, the practitioner too easily accepts an elderly patient's statement as to her being pregnant, without sufficient inquiry, and thus unconsciously makes himself a party to her self-deception, as soon as the true state of the case comes to be known he will incur an almost incredible amount of odium from the disapointed lady, who will certainly seek to make him the scapegoat for all the bitterness of which a woman's wounded pride is capable. We have seen so many instances of this kind that we would urge Dr. Tilt to give much more space to their consideration in the next edition of his valuable work. At the same time, we need hardly add that every elderly woman who imagines herself pregnant is not to be set down without any inquiry as suffering from pseudo-cyesis. On the contrary, Dr. Tilt insists on "the frequency of pregnancy late in life, because," he says, "grievous mistakes have often followed the practitioner's persuasion of its impossibility. To my knowledge, pregnancy late in life has been mistaken in three cases for an ovarian tumour. . . . . . . Dr. Fordyce Barker has confined a lady in her fifty-second year. Dr. Marion Sims has met with two cases of parturition at fifty-two; and a negro woman was said to be sixty when she was confined—twenty years after the last confinement—but the ages of negroes are seldom to be depended on."

We regret that space will not allow us to follow Dr. Tilt further through the chapters of his instructive book. On some points, did time admit, we might have expressed, our non-acceptance of Dr. Tilt's views, and we cannot but think that he might have omitted from his list of cases such instances of supposed climacteric disorder as those he describes as "ganglionic or hysterical asthma," "lumbo-abdominal neuralgia, "pyelitis," "sciatica," "trifold spasm," and "jaundice," which in this connection might be better instanced as examples of the *post* and *non propter hoc.* We shall only say, however, in conclusion, that Dr. Tilt may be fairly congratulated on having produced a work which will not only add to his reputation as a writer, but will also enable others less experienced than himself to treat successfully many obscure cases of climacteric disease, and which should therefore be a valuable addition to every medical library.

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Literary Notes and Gossip.

We are asked by the Council of the Society of Arts to announce that the next award of the Swiney Prize will be in January next. The prize is a goblet, value £100, and money to the same amount. The award is made jointly by the Society of Arts and the Royal College of Physicians, London.

At the solicitation of numerous friends, Messrs. Cole and Son, the well-known microscopists, and editors of "Studies in Microscopical Science," have undertaken to make a series of preparations, which shall serve for the perfect illustration of the text of Dr. Klein's "Manual of Histology."

⁂

Dr. Hermann Zeisel, Extraordinary Professor in the University of Vienna, has recently had a patent of nobility conferred upon him. Von Zeisel, whose name is a familiar word everywhere in the domain of medical literature, on account of his *Lehrbuch der Syphilis* (a fourth edition of which appeared last year), was already distinguished by the title of Regierungsrath.

⁂

The subject for the annual competition for the "Howard Medal" (1884) is "The Preservation of Health, as it is affected by personal habits, such as Cleanliness, Temperance, &c." The essays to be sent in on or before the 30th June, to the Statistical Society of London, the Council of which have again decided to grant the sum of £20 to the writer who may gain the "Howard Medal" in 1884.

⁂

A new prize, to be called the Bufalini prize, is announced for international competition, having been established in fulfilment of the wishes expressed by a late Minister of Public Instruction in Italy, Signor Bufalini. The first award is to be made at the end of 1884, and competing essays are required to be sent in to the Secretary of the Medical Faculty of Florence before October 1st of next year. The subject selected is "The Application of the Experimental Methods to Science."

⁂

Negotiations regarding the literary treaty between Germany and Belgium are still going on between the Governments. The date or place for the conference of delegates is not yet fixed, but it is hoped that it will meet in Berlin. The literary treaty between Germany and France will probably serve as the basis. In some far-off future we hope our American cousins will see the justice of a reciprocal copyright treaty with this country as opposed to literary piracy so freely indulged in in the past.

⁂

"L'Annee Medicale," a retrospect of the advances made in medical science, edited by Dr. Bourneville, with the assistance of a large number of our *confrères* in France, has just attained the fifth year of its publication. It is a useful if not an indispensable book to all those who, while wishing to keep themselves well informed of the progress made in the different branches of medical science abroad, have not the time to read each week the medical journals and the reports of scientific bodies.

⁂

The subject selected for competition for the 1884 Fothergillian Gold Medal is, "The Degenerative Changes affecting the Cerebro-spinal Centres and the Symptoms attending them;" and that for 1885, "The Pathology and Surgical Treatment of Joints Stiffened from Injury or other Causes." Essays, which must be in the English or Latin languages and not in the handwriting of the author, must be delivered to the Registrar at the Society's House on or before the 1st of November next preceding. With the Dissertation must be delivered a sealed packet having a motto or device on the outside, and the author's name and designation within. The same motto or device must be inscribed on the Dissertation.

⁂

An exceedingly amusing little *brochure* has just come to hand, entitled "Dr. Corpus's Class" (Wyman and Sons, London)—a series of nine lectures on the human body, in which the anonymous author demonstrates "how mistaken is the notion of associating medical science and instruction with everything that is dreadful and dismal." He then proceeds with his *descriptive* anatomy in the most un*practical* fashion imaginable, tearing every part of one's body into shreds of wit, and suggesting the quaintest connections and coincidences it were possible to conceive; nor do we envy the temperament of the reader who does not find himself frequently convulsed with laughter over this outrageously funny book.

⁂

The coming publishing season promises a superabundance of works in medicine and the cognate sciences. In illustration of this unusual literary activity, we have only to turn to the fourteen or fifteen closely-printed pages of publishers' announcements in our Students' Number (Sept. 19th.) Such an extensive and complete catalogue of medical books we have never before seen in any publication, and if the qualified practitioner or the student, who hopes to be such, cannot here satisfy his every possible requirements, our learned lexicographers must be encouraged to coin words for future titles, and medals be struck for distribution among those who can achieve the distinction of writing *something new.*

⁂

The Council of the Society of Arts announce that they will award the Swiney prize again in January next. The medical profession has already contributed four winners of this distinction since Dr. Swiney's benefaction first became an object to be attained. The last occasion on which the prize was awarded was in 1879, when Dr. Norman Chevers received the £100 cup and £100. of which it consists, for his "Manual of Medical Jurisprudence for India." The previous medical recipients of the prize had been, in 1849, J. A. Paris, M.D., and J. Fonblanque for their "Medical Jurisprudence;" in 1859, Dr. A .S. Taylor, for his "Medical Jurisprudence;" and in 1869, Dr. William F. Guy, for his "Principles of Forensic Medicine."

⁂

The importance of the prostate gland as a disturbing element in certain states of young people as well as old is one of the most commonly recognised facts of clinical observation. There is not, however, any very ready means accessible either of demonstrating the size of the organ or of its changes during the progress of treatment with a view to its reduction after enlargement. An ingenious instrument has, however, been devised by a French surgeon, M. Mallez, for overcoming these difficulties, the name applied to it being the Pantograph. By its aid tracings can be obtained of the changes in the prostate as well as a record of dimensions, and possibly enough it may be found a most useful auxiliary in practice.

⁂

Newspaper discussions of social difficulties are not always productive of unmixed good. A patient is now under treatment in a principal London hospital suffering from melancholia, whose state has been mainly induced after reading the *Daily Telegraph's* correspondence on "Our Boys." This youth had been a clerk in a City house, but was temporarily disengaged, and during his forced idleness at home the numerous letters appearing in our daily contemporary came under his notice. They caused him to lose all hope of obtaining further employment, and this preying on his mind, led to disturbance of his mental balance, the result being he is now almost hopelessly melancholic and suicidal.

⁂

A literate of some considerable eminence has just passed away in the person of Dr. Hy. Dunbar, of Garelochhead. Deceased was born in 1816, and was the son of Dr. Dunbar, the well-known Professor of Greek in the Edinburgh University, the predecessor of Prof. Blackie. Dr. Hy. Dunbar was severely wounded during the Crimean war, and was awarded by our allies the French with the Legion of Honour. Subsequently he engaged in private practice, but renounced this some few years ago in favour of literary pursuits, which possessed a great charm for him. His labours were almost entirely confined to the classics, and his scholarly concordance to the *Iliad*, the *Odyssey*, and to Aristophanes' *Comœdiæ* will be remembered by many of our readers. Dr. Dunbar was in receipt of a pension of £80 from the Civil List in recognition of his eminence in this direction and as a linguist.

⁂

"Facultative Sterility," is the title of a pamphlet a second edition of which has just been issued by Louis Henser, of Leipsic. It is but a very short time since the first edition appeared, the rapid exhaustion of it being favoured by the extreme openness with which very remarkable views were expressed by its pseudonymous author, the name C. Hasse not being the real name of the writer. The peculiarity of the writer's views, which by the bye, do not appear to differ much from those inculcated in a certain pamphlet the sale of which was suppressed in this country a few years ago, will be plainly enough indicated by the following sentence:—"When the life, the well-being, and health of the mother appear to be jeopardised by further pregnancies, it is the duty of the philanthropist to forbid pregnancy, to allow of *facultative sterility*." We venture to express the belief that the not over-wise buyers of such a work are rather the ignorant laity than the educated and presumably morally-inclined professional men.

⁂

Messrs. Cassell & Co. announce among their forthcoming works a "Book of Health," for lay readers, edited by Mr. Malcolm Morris, F.R.C.S., the contributors to the volume being Sir Risdon Bennet, M.D., F.R.S.; Dr. T. Lauder Brunton, F.R.S.; Dr. J. Crichton Browne; Mr. F. Treves, F.R.C.S.; Dr. J. E. Pollock; Dr. J. Russell Reynolds, F.R.S.; Dr. W. B. Cheadle; Mr. Henry Power, F.R.C.S.; Dr. J. S. Bristowe, F.R.S.; Mr. Charles S. Tomes, F.R.S.; Sir Joseph Fayrer, F.R.S.; Dr. J. Ewart; and Dr. Hermann Weber. A similar volume on "Our Homes, and How to Make them Healthy," with numerous practical illustrations, is also promised by Mr. S. F. Murphy, Medical Officer of Health to the parish of St. Pancras; the contributors to which are Dr. B. W. Richardson, F.R.S.; Mr. R. W. Edis, F.S.A.; Mr. Malcolm Morris, F.R.C.S.; Mr. R. Brudenell Carter, F.R.C.S.; Mr. Douglas Galton, F.R.S.; Mr. William Eassie, C.E., F.L.S.; Prof. W. H. Corfield; Dr. William Squire; Prof. F. S. B. François de Chaumont, F.R.S.; Mr. R. Field, M.I.C.E.; and Mr. J. W. Peggs, C.E.

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New Books and New Editions.—The following have been received for review since the publication of our last list, August 1st:—The Law of Sex, by G. B. Starkweather, F.R.G.S. Insanity: its Classification and Treatment, by E. C. Spitzka, M.D. Practical Clinical Lessons on Syphilis, by Fessenden N. Otis, M.D. Sexual Impotence in the Male, by Wm. A. Hammond, M.D. The Diagnosis and Treatment of Diseases of the Ear, by Oren D. Pomeroy, M.D. The History of Tuberculosis, by Eric E. Sattler, M.D. Home Nursing and Sick Room Appliances, by S. C. E. Lückes. Practical Examination of the Urine, by James Tyson, M.D. (4th edit.). Speech and its Defects, by S. O. L. Potter, M.D. Alcoholic Inebriety, by J. Parrish, M.D. The Utilisation of Town Refuse, by Lawson Tait, F.R.C.S. The Cause and Treatment of Phthisis, by H. A. Rawlins, M.R.C.S. The Present Aspect of the Antiseptic Question, by E. Lund, F.R.C.S. The Natural History of Dysmenorrhœa, by John Williams, M.D. Æsthetical Sanitation, by W. White, F.S.A. Pharmacopœia of the North-Eastern Hospital for Children. Asiatic Cholera, by C. Moore Jessop, M.R.C.P. Dr. Corpus's Class. Transactions of the Academy of Medicine of Ireland (Vol. I.). Manual of the Operations of Surgery (5th edit.). Cholera a Disease of the Nervous System, by John Chapman, M.D. The Dispensatory of the United States, by H. C. Wood, M.D. (15th edition).

Correspondence.

UNDEFINED TYPHUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I notice in your reply to "Neuralgia," in the issue of your journal, September 5th, p. 212, that he has evidently raised the question as to the patients having been the subject of syphilitic taint. I can assure him that there is not a shadow of evidence in the case to support such a supposition, neither is there any family history of gout or rheumatism. With the exception of the very low range of temperature whilst under observation, absence of characteristic rash, and the tendency to obstinate constipation of the bowels, all the other indications were decidedly favourable to the view that the disease was one of typhoid fever. Certainly, the supposed exciting cause strongly favours such a view. I think an interesting inquiry might be made by those who are in a position to do so, as to the diagnostic value of gargouillement, as a symptom of typhoid affection of the bowels.

1. As to the frequency of its occurrence in cases of pure typhoid.

2nd. Its frequency of occurrence in other diseases.

An interesting inquiry might also be made in connection with the appearance of the tongue in typhoid, and other enteric affections, to see if it might be possible to define a typical typhoid tongue. I confess my suspicions lean strongly to the idea of specific disease, when I get gargouillment combined with a tongue that is furred at the base, with large red prominent papillæ appearing through the fur, and a red denuded triangular patch at the tip, but still these are not in themselves sufficient to pronounce a decided opinion upon, and I have met with many men who have regarded their presence lightly. It is quite certain that all forms of gastric, and gastro-enteric derangements, do not produce exactly the same appearances on the part of the tongue. One knows too well the large looking tongue, heavily coated with a white fur extending to the very tip, that is so frequently seen in what are commonly called bilious attacks. This appearance is decidedly different to that which I have described above, and which I have invariably noticed in all cases, in which there was ample reason to feel sure that the derangement was due to sewer gas poisoning.

The question is, is there anything specially characteristic of the specific disease in the condition of the tongue, or does the tongue present the same distinctive appearance in specific and non-specific affections of the gastro-intestinal tract, due in the one case to sewer gas, plus specific germs, in the other, to the influence of sewer gas alone?

I trust you will not think that I have occupied your space at too great length, but I think the points I wish to raise are not altogether devoid of interest.

I am, &c.,
John W. Martin.

76 Brunswick St., Sheffield,
Sept. 10th, 1883.

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THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reply to your two correspondents, "Æsculapius" and "Mus. Bac.," the former appears to write in support of unqualified as contrasted with qualified physiologists.

I wish no credit for originality where I do not deserve it, but I should like to know in what work I can find pointed out the *motive* Nature has for difference in thoracic form.

The metaphysical school I have vainly tried to induce musicians to take up is fairly represented in Mr. Sully's work, "Sensation and Intuition." The school of voice training I am now scientifically defending is the old Italian school of Porpora. "Æsculapius" seems confused between the two. Had "Æsculapius" looked to his dictionary he would have learned that a "surgeon" is one who, by manual or other means, restores disturbed, distorted, or broken parts of the body to their right relationship. If I am right in asserting that spoken words disturb the physical conditions for true and beautiful voice, then I am equally right in saying it is a surgical work to correct this disturbance and reinstate the organs to their natural laws. I see nothing "absurd" in this.

As regards "Mus. Bac.," I have heard Mr. Behnke lecture and produce his voice, and I am writing of the voice as produced by Mr. Reeves and Mr. Santley, not as produced by Mr. Behnke, and am endeavouring, if my critics will have patience, to explain the difference between them.

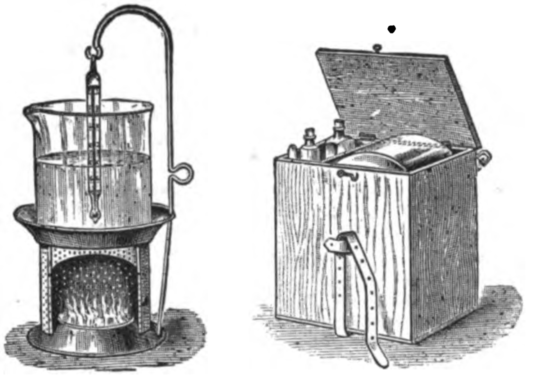
I am, Sir, yours, &c.,
Edgbaston, Birmingham. Charles Lunn.

◆

Novelties.

SAVORY & MOORE'S PEPTONISER.

Modern researches have done more than a century of gratitude can repay to assist the weak digestion of invalids and children to prepare food for assimilation. By employing the resources opened up by the discoveries of physiological chemistry the assistance of artificial digestion has been imparted as an aid to the treatment of the sick, who are now provided with foods so far digested that when taken into the stomach the labour that organ has to perform is reduced to a minimum. Hitherto, however, such articles have been prepared in laboratories and sold ready for use, but Messrs. Savory & Moore have devised a most elegant and admirable peptonising apparatus by means of which artificial digestion may be readily carried out at home. This consists of a specially constructed lamp, the stand of which supports a glass beaker, the latter serving to hold the substance, milk, gruel, &c., to be digested. In this a thermometer, sent out with the instrument, is suspended by an overhanging wire support, and the whole apparatus is packed in an exceedingly light and portable case, in which also a store of essence of pancreatine (*succus pancreaticus, Savory*) and of spirit for the lamp finds a place. For home use in the nursery and sick room this little invention is invaluable. Sickly infants' food can be partly digested with it before being taken, and it is in every way a most useful addition to the house.

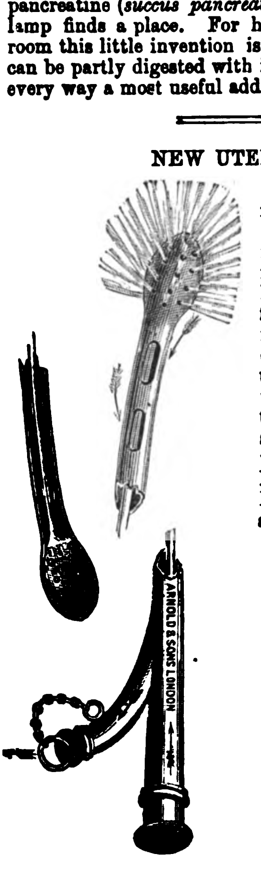


NEW UTERINE DOUCHE.

Dr. R. Ostlere, of Stoke Newington, sends us the following:—

Messrs. Arnold, of West Smithfield, made the uterine douche for me some four years ago, and having used it constantly and found the great convenience of it in cases requiring "washing out," I am induced to bring it under the notice of the profession with the accompanying illustration. It consists of a double silver tube, the arrangement of the inner tube is shown in the illustration. It is used with an ordinary Higginson's enema syringe. Its advantages are:—

1. The ease and safety with which it can be introduced.
2. The outlet tube, which prevents all risk of injecting the Fallopian tubes, and also the discomfort of the returned fluid soaking the bedding.
3. The arrangement of the inner tube is such that it can be removed easily, and the whole instrument easily cleansed.



THE PREVENTION OF HORSE ACCIDENTS.

Mr. C. C. Baird, of the Dick Veterinary College, Edinburgh, has invented an indiarubber frog pad for fitting into the heels of the shoes of horses, with the view of preventing the animals from slipping and falling on the causeway. The invention is exceedingly simple, and will be of great value to medical men and others who drive horses, especially on asphalte and in frosty weather. The pad can be removed in the evening and replaced in the morning. A set of pads, it may be added, is expected to wear out two sets of shoes. The trial of the invention, we believe, has fully borne out the statements of the inventor as to the merits of the apparatus.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's, 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m., and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Notices to Correspondents.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

F.R.C.P.—Unless you know any special reason why your son should not enter at the school of which you are an *alumnus*, we should think it the one to which your inclinations would extend. It is a fair, average school, and being small, each student is ensured a proper share of attention.

Mr. Carnegie.—The study of comparative pathology is a vast and all but unexplored field, the researches already made in it dealing with only a few scattered subjects. You should devote careful attention to the several works of Mr. George Fleming, President, R.C.V.S.

Dr. Forsyth.—Citrate of caffeine is an excellent diuretic, given in doses of three grains thrice daily. It is also made up in the form of granular effervescing compound, each ounce of which contains one grain of citrate; in this shape it is most palatable.

EXPERT EVIDENCE FROM A SCIENTIFIC POINT OF VIEW.

A "SCIENCE" correspondent is of opinion that "an expert, 'called' by one side or the other in a legal case, is strongly tempted to become a partisan. He holds an anomalous and unrecognised position between that of a witness and an advocate, and unless he be a man of sterling integrity he is tempted to follow the example of counsel by the *suppressio veri* and the *suggestio falsi*. He cannot help knowing that if he contributes in any marked manner to the success of 'his side,' his reputation and emoluments are increased. Even if he eschews all such consideration, and adheres absolutely to the truth without fear or favour, he is treated by the 'opposite side' as a hostile partisan. So unpleasant is this position that it is recognised among men of science as a difficult task to come out of the witness-box without injury to their credit and without having received insults for which no redress is possible. Hence, among scientific men, the general opinion is that the expert should be the adviser of the Court, not called by either side, and consequently free from all suspicion of partisanship, since acquittal or conviction would be to him alike. In many cases, too, medical or chemical facts would be understood more clearly by the jury if presented to them without the intervention of persons who—as may be seen on careful consideration of the questions in cross-examination—either in reality misunderstand the witness or seek to force a meaning upon his words which he had no intention of conveying."

Dr. Holding.—Each of the three slides you have forwarded contains a different preparation. Section A is from a small, round-celled sarcoma; B is taken from a spleen which, from the characters of the section, appears to have been perfectly normal.

Mirator.—It is a question of professional morality, the standard of which each must decide unto himself. It is quite possible that there may be a mistake, but in that case the result can scarcely be different.

G. D. K.—You cannot hope to create sympathy by ignoring the canon of good taste. You are undoubtedly in the wrong.

Dr. H. A. H.—Thanks for note; the subject was hardly worth an illustration.

Querist.—Your information is in a measure correct, but not entirely so. The venerable and much-esteemed Prof. Owen was born at Lancaster in 1804. At ten years of age he was entered as a midshipman on H.M.S. *Tribune*, but all prospects of naval advancement were speedily clouded by the peace which ensued at the close of the American war of 1814. The youthful middy returned to school on shore, and subsequently studied medicine under Mr. Baxendale, a surgeon of his native town. In 1824 he matriculated at the University of Edinburgh, and two years later received the diploma of the Royal College of Surgeons in London, where, as a student at St. Bartholomew's Hospital, he acted as dissector under Abernethy, who quickly recognised his remarkable talent. A visit to Paris was the next turning-point in his life. There he worked in the laboratory of his master and friend the great Cuvier, then at the zenith of his fame as a comparative anatomist. On returning to England subsequently he obtained a congenial post as assistant to Mr. William Clift, F.R.S., then engaged in cataloguing and arranging the magnificent collections of John Hunter, purchased by Government, and transferred to the museum of the Royal College of Surgeons, of which Mr. Clift was conservator. From this time he gradually abandoned the medical profession for a life's devotion to research, in which, at 80 years of age, we find him still zealously engaged.

Dr. W. F. Fenton.—After inquiries in a quarter where reliable information is obtainable, we can hardly advise midwives or trained nurses to go out to India without a definite appointment. On the other hand, a good trained nurse going out with good recommendations might find remunerative employment equal to £10 per month, besides board; but the chance of getting such appointments has to be risked, as the facilities are now so great in India for the training of nurses and midwives, and the demand for imported ones less in consequence. There is no agency in this country that we can hear of for sending ladies out in these capacities.

Sanitarian.—Read side by side with Surgeon-General Hunter's Report, the letter from our correspondent in Egypt which appears in another column of our present issue is of striking importance.

Statist.—According to the latest returns, the revenue in India from alcoholic drinks has risen in five years by about 15½ per cent. The consumption of brandy and gin has, however, begun to fall off, but there is a corresponding increase in the consumption of other kinds of spirits, particularly of whisky.

Dr. Gordon Holmes.—We shall be glad to receive the MS.

Dr. Wilson.—By the will of the late Sir William Taylour Thomson, St. Andrew's University will now be in a position to offer attractions to female medical students, as that gentleman has bequeathed the munificent sum of £30,000 to found bursaries for students of both sexes in equal numbers, and, in the case of females, to assist them as far as practicable in qualifying themselves to enter the medical profession.

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Vacancies.

Cancer Hospital, Brompton.—Assistant Matron and Head Nurse. Salary, £35, with board. (See advt.)

Chichester Infirmary.—House Surgeon and Secretary. Salary, £100, with board. Also an Assistant House Surgeon. Salary, £20, with board, &c. Applications to the Chairman before October 22.

King's College, London.—Pathological Registrar. Open only to former students of the College.

Listowel Union.—Medical Officer. Salary, £75. Election, October 4

Royal Hospital for Diseases of the Chest, City Road, London.—An Assistant Physician, a Surgeon, and Pathologist. Applications for either office to be sent to the Secretary on or before October 6.

Appointments

Dixon, H. J., L.R.C.S.I., Assistant Medical Officer and Dispenser to the Infirmary and Workhouse, Greenwich Union.

Fotherby, H. A., M.R.C.S., Assistant Medical Officer to St. George's Union Infirmary and Workhouse, Fulham.

Hayman, S. A., L.R.C.P.L., M.R.C.S., Medical Officer for the First District of the Abingdon Union.

Lindsay, J., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Physician to the Royal Hospital, Belfast.

Morison, D., M.B., C.M. Glas., Medical Officer for the Fourth District of the Bridlington Union.

Page, F. J. M., B.Sc., F.C.S., Demonstrator of Practical Chemistry at the London Hospital Medical College.

Prowse, A. B., M.D. Lond., M.R.C.S., Assistant Physician to the Bristol Royal Infirmary.

Redmond, J. M., Joint Lecturer on the Theory and Practice of Medicine and Pathology in the Ledwich School of Medicine.

Marriages.

Carter—North.—September 26, at St. Martin's Church, Potter Newton, Francis Richard Carter, M.R.C.S., of Chapel Allerton, to Mary Temperley, youngest daughter of the late William North, Esq., of North Grove, Potter Newton.

Rogers—Sykes.—September 27, at Holy Trinity Church, Paddington, Surgeon-Major J. G. Rogers, M.B., Army Medical Department, Principal Medical Officer, Egyptian Army, to Edith Louisa Julie, daughter of the late Major W. H. F. Sykes, Bombay Cavalry.

Deaths.

Balding.—September 25, at his residence, Barkway, Herts, James Balding, M.R.C.S., aged 36.

Dunbar.—September 25, suddenly, at Boscobel, Garelochhead, Scotland, Henry Dunbar, M.D.

Hewan.—September 20, at his residence, 9 Chester Square, London, Archibald Hewan, M.D., aged 51.

Hodge.—September 20, at Sidmouth, Benjamin Terry Hodge, M.R.C.S., L.R.C.P. Lond., aged 65.

Yarde.—September 19, at Fairlea, Beechin Cliff, Bath, William Yarde, M.D., late Staff Surgeon of H.M. Navy, aged 47.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 10, 1883.

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Lectures

ON

THE VARIETIES OF APHASIA—(I) WORD BLINDNESS.—(II) MOTOR APHASIA. (a)

LECTURE II.

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

(*Continued from page* 287.)

GENTLEMEN,—You have not forgotten the exposition made you in my last lecture of a partial perversion of the faculty of expression by language. Notwithstanding that in our patient visual perception was in no sense impaired in the left half of the field of vision of the two eyes, he experienced a difficulty in spelling the words which he perfectly well saw, and meanwhile he translated his thoughts by writing quickly and correctly. The affection with which we have here to deal, I have said, has been considered in recent times as a particular form of aphasia, and described under the names of *cécité verbal*, *blindness* of words, *Wordblindheit.* The last term is that employed by M. Kussmal, one of the original describers of a malady but yet imperfectly, and to only a limited extent, appreciated among us. Our case, I have remarked, is distinguished from the major portion of similar cases published in its being so free from all complications. It may not be out of place or unprofitable to consider at this period the observations recorded of similar cases, and published in the different journals. This may invest our own case with greater interest.

The clinical history of *cécité verbal* does not extend to a very distant past. I believe it is to M. Kussmal that is due the credit of having first described it as a special form of aphasia in 1872. (*b*) To A. M. Wernick (*c*) on the other hand, belongs the credit of the first description of another form of aphasia, on which I shall have something to say in our next lecture, which is designated *sensorial aphasia,* while M. Kussmal, in his systematic exposition, terms it *word blindness* (*sardité des mots*), *wortabheit.* We must not conclude, however, that *word blindness* has not been observed only until recently; thus it is not a little remarkable that in his "Medicine Pratique," which dates back some forty years, M. Gendrin (*a*) speaks of patients "who find themselves unable to read, but who are able to write by a sort of *souvenir* of movement of the fingers necessary to trace the words. The word once traced, the patient is able to comprehend it."

Trousseau, in one of his clinical observations, makes a similar remark. (*b*) "Note," says that great observer, "a patient who is unable to read, yet he speaks marvellously well. He cannot comprehend the title of a journal, he is unable to group the syllables, yet he is not amblyopic; he can lift a pen from the ground. That which is still more remarkable is that he is unable to read that which he writes with perfect accuracy." That patient, like ours, had been hemiplegic and aphasic during several days.

But. I repeat, it is to M. Kussmal that is due the credit of having pointed out that *verbal blindness* presents as a clinical entity in a state of isolation, and that it represents a pathological perversion of a special faculty which may be called, as we have already called it elsewhere, the *visual memory of the signs of language.* These views of M. Kussmal have not been received without discussion in France. They have, indeed, been the subject of a most cogent criticism at the hands of MM. Mathieu (*c*), and (*d*) Dreyfus-Brisac. On the other hand, they have been favourably treasured by M. Magnan in his teaching at the Asylum of Saint Anne; and one of his pupils, Mlle. Skwortzoff, has published in her

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(*a*) Translated from *Le Progrès Médical.*
(*b*) "Die Störungen der Sprache, Leipzig." 1877.
(*c*) "Wernicke: Der Aphasische Symptomen Complexe." Breslau. 1874. "Ueber den Wissenschaftlichen Stroudpunkt in der psychiatrie." Kassel. 1881. "Lehrbuch der gehirnKrankheiten." Kassel. 1881. Bed. 1, p. 206. "Fortschritte der Medicin." Bd. I. 1883.

(*a*) "Traité Philosophique de Médicine pratique." P. 432. T. 1, 838.
(*b*) "De l'Aphasie d'apres les leçons Cliniques of Prof. Trousseau in Arch. Gen. de Med." 1865.
(*c*) Arch. Gen, de Med. 1879 and 1881.
(*d*) "De la Surdite et de la Cécité Verbalis." *Gas. Heb. de Med.*, &c. 1881. P. 200.

thesis (*a*) a special chapter dedicated to *word blindness*, containing an analysis of twelve cases, one of which belonged to the author, and two to M. Magnan.

Since the publication of that work, five new cases have been published, three followed by a post-mortem examination, a point afterwards to be referred to, and two others well described, but limited to the clinical phase: the one came under the observation of M. Armaignac (*b*) the other of M. Bertholle, who designates it *Asyllabie.* The study and comparison of those cases, numbering sixteen, furnish in relation to the subject of *word blindness* some lessons full of interest. 1st. As a general rule, the affection comes on suddenly; and it is frequently originated by a certain degree of right hemiplegia, which soon disappears, as has happened in our patient. During the first days there is more frequently a certain degree of *motor aphasia*, which also gradually disappears after a subsequent brief period, leaving in certain cases the word blindness in a condition of isolation. All these conditions, you see, manifest themselves in our patient. But it is necessary to remember that *word blindness* may primarily reveal itself in a state of isolation (case of Armaignac and of Gueneau de Mussy (*c*) without the complication of hemiplegia.

2nd.—Perversions of vision are but equivocal in a certain number of cases; hemiopy, such as it exists in our patient, is mentioned only as being present in the case of M. Westphal. (*d*)

3rd.—That same case of M. Westphal embraces another circumstance which interests us. You have not forgotten how our patient, while he attempted to read either writing or print, succeeded in so doing by tracing in space the outlines of the letters by means of the index finger of his right hand. The impression furnished by these movements seemed indispensable to give value and precision to the vague notions furnished by the mere visual images. In other words, the patient could only read when he wrote. The same fact is noted by M. Westphal in one case, and by Mlle. Skwortzoff in another.

4th.—In our case the instinctive movements of the fingers coming to the aid of visual reading has been utilised, you will remember, as a means of treatment. Daily our patient performed the task of reading a certain number of lines thus aided by these movements as a means of reviving, in some measure, the visual memory. We have recently seen how, in this respect, he has made somewhat rapid progress. In the case of Mlle. Skwortzoff, the patient with the right hemiplegia experienced, no doubt by means of the fingers of the left hand, but imperfect assistance. Mlle. Skwortzoff, acting on the advice of M. Magnan, resorted to another expedient: the patient learned by means of large block letters, and while she was sufficiently instructed in this respect, she was enjoined to read by sight, while, at the same time, she was aided, through these characters, by the sense of touch; though, after several several months, the patient was unable to read by means of this process, only very short words.

5th.—I approach now the following cases of post-mortem examination. These cases are three in number—one occurring under M. Déjerine (*e*), another under M. Chauffard (*f*), and a third under MM. d'Heilly et Chautennesse (*g*). Unfortunately, important details are wanting, because the *verbal blindness* was complicated in a great measure by *word deafness.* Nevertheless, these three cases—the sole ones, if I mistake not, on which one can attempt to base approximate conclusions as to anatomical localisation—entirely accord on that point. In all three the lesion predominated on the lobule of the inferior parietal convolution, with or without lesion of the lobule of the fissure Sylvius and of the first temporal convolution. It is thus in the lobule of the inferior parietal convolution, with or without complication of the *pli courbe* or angular gyrus, that the lesion causing *verbal blindness* is situated, as we have seen it in our patient. It will be well enough understood that we indicate this situation with reserve, as justified only by our present knowledge, and the indications presented by the present actual state of science. This localisation, besides, will explain the existence of a phenomenon which forms a marked feature in the clinical history of our case. I refer to the hemiopy, whose existence we took so much pains to demonstrate. We had there to deal with an unequivocal right hemiopy. Without entering in an exhaustive manner on any discussion as to the question of cerebral hemiopy, which to be sufficiently treated would require some time, I content myself in the meantime with the observation that there exists a certain number of cases—some seven or eight—in which post-mortem examination seemed to demonstrate conclusively that the phenomena of lateral hemiopy were due to a lesion of certain parts of the cortical, or grey surface, of the cerebrum. (*a*) But it appears from these observations that almost invariably in hemiopy due to lesion of some portion of the cortical surface of the brain, the lesion occupies the place we have just indicated, as being the seat of pathological changes associated with *verbal blindness.* You will notice that we but summarise in these observations the conclusions arrived at (*b*) by experimentation on animals as to the seat of vision, for there exists at present among authorities on this subject only a mass of contradictory statements. Besides, supposing there existed an unanimity of opinion as to the seat of vision in animals, it remains for us to prove the accuracy of the observation in relation to man. Be that as it may, the phenomena presented by cerebral hemiopy in man enable us to comprehend how, in our case, there is the coincidence of lateral hemiopy with *word blindness.*

The same observation applies to the case of M. Westphal. But you will at once appreciate the difficulty which it presents. If the *verbal blindness* and cerebral hemiopy originate in the same portion of the brain—that is to say, the inferior parietal lobule, the two clinical phenomena ought always to present themselves together. But this does not appear to be the case, for examples of cerebral hemiopy might be cited without *verbal blindness*, and *vice versâ.*

It may be remarked, however, meanwhile, that the phenomena of hemiopy in those cases, as in our patient, where they are not well marked, where the line of visual defect does not extend much beyond the line of fixation, are very apt to be overlooked if not scrupulously looked for. Subsequent observations alone enable us to judge of the value of that supposition. The inferior parietal lobe is besides of sufficient extent that a twofold lesion might occupy it without the one necessarily complicating the other.

I would just observe in passing that, in our patient, either spontaneously or under the influence of treatment the hemiopy has become remarkably modified to an extent that does not obtain for the *verbal blindness.* At its commencement the hemiopy differed in no respect from the classical type, as it results from lesion of the optic band, as the line of demarcation passed exactly by the point of fixation (figs. *a* and *b.*) At the present

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(*a*) Skwortzoff—"De la Cécité et de la Surdite des Mots dans l'Aphasie." Thesis de Paris. 1881.

(*b*) Revue Clinique du sud-Ouest. 1882.

(*c*) "Asyllabie ou Amnesie, partielle et isolée de la lecture."—*Gaz. Heb.*, 1881, p. 280.

(*d*) Gueneau de Mussy—"Recuil d'Ophthalmology." 1879. P. 129.

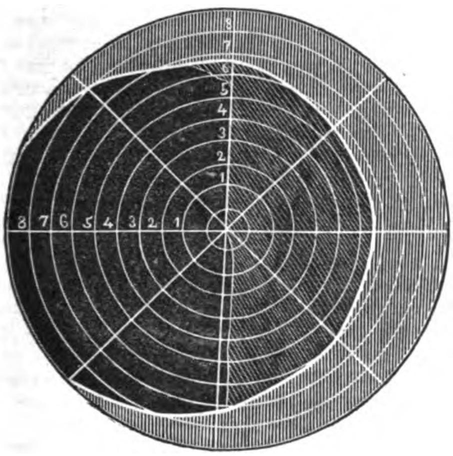
(*e*) Skwortzoff—*loc. cit.*, p. 52.

(*f*) Chauffard—*Revue de Medicine*, T. 1881. P. 393.

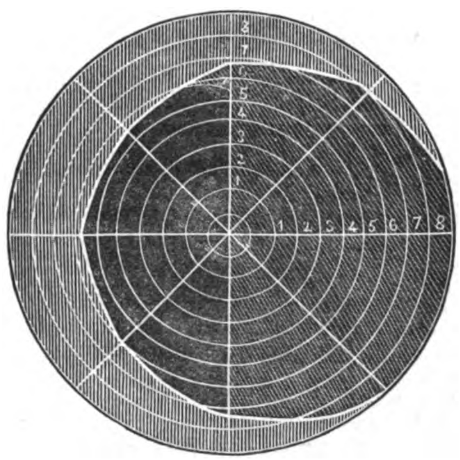
(*g*) D'Heilly et Chautemesse—*Progrès Medical.* 1883.

(*a*) Ch. Féré. Contribution a l'étude des troubles fonctionnels de la vision par lesions cerebrales (amblyopie croisée et hemianopsie). 1882.

(*b*) Rappelens que si deux ordres des lésions encéphaliques, les unes centrales ou de l'ecorc, les autres peripheriques ou des bandalettes optiques, peuvant déterminer l'hemianopsie homynee, c'est toujours comme l'a montré M. Charcot, une lesion du carrefour sensitif qui donne lieu à l'ambyopie croisée (Leçons, etc. (Ch. F) 187 , p. 114.


8 7 6 5 4 3 2 1
1 2 3 4 5 6 7 8

a.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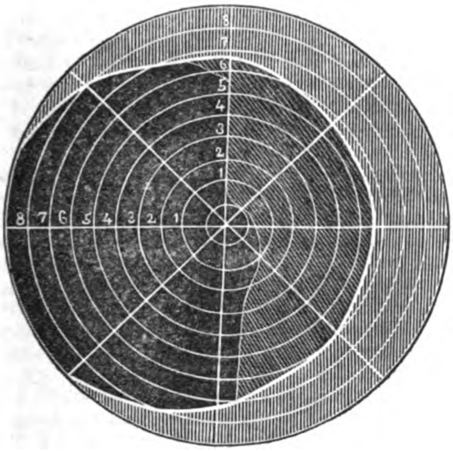
b.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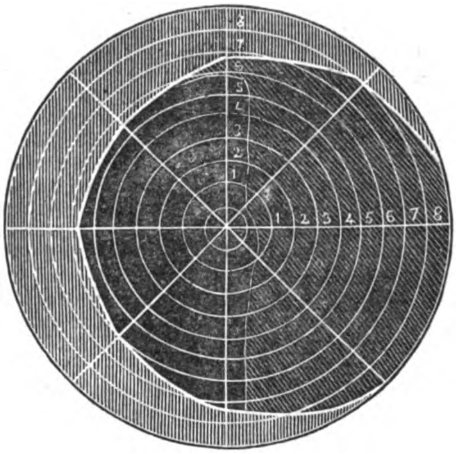
c.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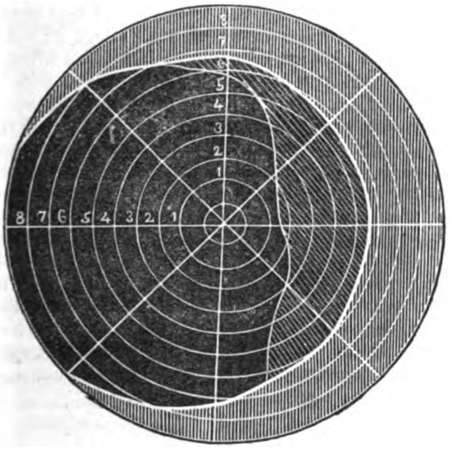
d.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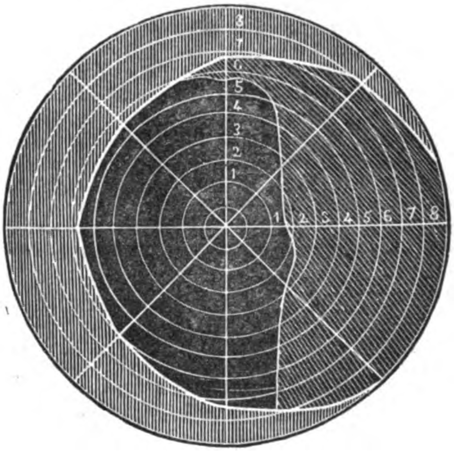
e.


8 7 6 5 4 3 2 1
1 2 3 4 5 6 7 8

f.

moment it is not thus; the limit of defect seems to extend by degrees from the point of fixation, and the extent of the field of vision enlarges by degrees (figs. *c*, *d*, *e*, and *f*). An improvement of this nature is rare —exceptional in hemiopy with lesion of the optic band as its cause. This may possibly be one of the peculiarities of hemiopy of cerebral origin.

(*To be concluded.*)

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SIR JAMES PAGET, F.R.S., delivered an eloquent address on Monday last to the students and others attending the Working Men's College, Great Ormond Street. The crowd was as great as the capacity of the building would permit.

Original Communications.

THE DISPOSAL OF THE DEAD.

BY JOHN W. MARTIN, M.D.,
Sheffield.

The time approaches, when this question must come to the front, and occupy to a much greater extent than it has yet done, the attention of those in power and of the public generally. There are many considerations, which it will not be necessary for me to enter upon particularly, but which, must in time compel attention to, and reconsideration of the whole question. Some of them, however, are worth noting, and, if possible, emphasising.

In the present day there is a marked tendency to rapid increase in the populations of towns, and the consequent extension of the towns themselves. Bricks, stone, and mortar, swallow up ruthlessly, what, at no distant date, were pleasant fields and country suburbs to the towns in question. As a consequence, churchyards and cemeteries, which, in former days were well isolated from the towns, are now, but too often to be found in the centre of thickly-populated districts, and are, therefore, to a greater or lesser extent, likely to become, from a sanitary point of view, sources of danger to the surrounding population. But there is yet another standpoint, from which the question must be looked at. The advancing knowledge of germ-life, and the earnest study that is at present being given to their life histories, and differentiation into noxious, and innocuous species, and to the part they play, as the progenitors of epidemic and infectious disease, lends additional importance to the question, as to the proper disposal of our dead. If, as certain observations which have been made by Dr. Domingo Freire, at Rio de Janeiro, in connection with a study of yellow fever, and an inquiry into the manner in which it is propagated, would seem to establish, churchyards and cemeteries, serve as the breeding grounds, and foci, for fresh outbreaks of disease, it is quite time to take into consideration what is best to do. To me there is something most repugnant in the present method of disposing of our dead. Long usage, and what to my mind seems to be a false sentiment, have created a prejudice in favour of our present system of burial. I can quite enter into the views and feelings of those who are influenced thereby, and I should be sorry to try and ride roughly over their prejudices in any way; indeed, the thing would be an impossibility if one wished to do so; it is the majority that are in the position, to disregard and set aside the desires and wishes of the minority, and hitherto they have, I think, unfortunately elected to do so.

I trust, however, as time goes on, and as new lights are thrown upon the subject, and fresh grounds are firmly established, on which the necessity for change can be demonstrated, these prejudices may be so far conquered and put aside, as to make the final disposal of our mortal remains a matter of option. It seems a nice idea to the religious minded to christen the churchyard "God's Acre;" and by many it is regarded as an idea of great beauty, that the dead are sleeping peacefully in the quiet churchyard, an undisturbed rest until the great Day of Judgment, beneath the grassy knolls that mark their graves. They dream of these places as surrounded by an atmosphere of reverent peace and quietness. Such are the ideas which sentiment associates with our present method of burial; but are they true? do they faithfully represent the actual condition of affairs? Are cemeteries and churchyards the undisturbed resting places they are supposed to be? Is it a thought of peace and beauty to think of the festering mass of corruption which is daily being added to, year in and year out, the grave of one so often touching upon that of another, that the quiet rest is broken by the unfeelingly guided touch of the sexton's spade, the coffins or the bones of those who have been laid to rest being but too often exposed to view? I confess the knowledge that such events are of no uncommon occurrence has always been a thought full of bitterness to me. Again to my mind, it has ever seemed most painful to me to feel, that the outward form of those we have loved lies beneath cold damp clay, there passing through a slow and loathsome process of corruption and decay, horrible to think of when the mind is allowed to dwell upon it, and a source of danger to the living, where the burial place is not properly isolated. If true sentiment is allowed to have sway in deciding the question, I am convinced that the balance lies a long way in favour of the advocates of cremation. Before touching upon the advantages of such a method of disposal of the dead, I must not forget one other argument in its favour.

In cemeteries where a freehold right is not secured in a grave, seven years is the period allowed for the undisturbed rest of the bodies buried therein. There is certainly no charm or beauty attached to such a practice. As for the system of burial in vaults I shall not touch upon it further than to say that I consider vaults abominations around which can gather no thoughts or sentiments of beauty. To every reflecting mind the system must stand condemned by the horrors and disadvantages by which it is surrounded. Far different are the ideas that present themselves in connection with the practice of cremation. In one short hour or two all that is destructible of our bodies is consumed, and only the indestructible portions remain, powerless for harm to the living, and small in bulk, to be disposed of, as our wishes to do reverence to the departed one may suggest, and most reverently would I have them treated. Our cemeteries and burial places might then indeed, be made quiet and pleasant resting places, pleasant to visit, and free from the present horrible associations of corruption and decay. No longer would our minds be torn by the conflicting thoughts, that the form we loved is a mass of corruption beneath, whilst we wish to imagine the spirit a thing of beauty above. Then indeed, would it be a truth, that dust had returned to dust, and ashes to ashes, and our minds could dwell peacefully upon the last resting places of those we loved.

I would have the act of cremation carried out with every regard to the dictates of decorum, so that the feelings of the survivors might be spared in every possible way; but I am satisfied, that once the practice was thoroughly established, the prejudice against it would rapidly disappear. In time I feel satisfied, that it must become a necessity for all, but in the meantime I think it is a cruelty to deny its being optional with those who desire it. Those who claim consideration for their own feelings, ought to be willing to consider equally the feelings of others. Cremation offends against no law, human or divine. Ample precautions might easily be taken to render it difficult to prevent its being used as a means to defeat the ends of justice. Its denial to those who desire to adopt it, is the outcome of a most unreasoning feeling of sentiment on the part of those who have not given the subject a careful, calm, and unbiassed consideration, and who have been misled by the dictates of their prejudices, rather than guided by the exercise of their reasoning powers and judgment. I trust at no distant date, better counsels may prevail, and that those who are in favour of cremation, and to whom the present system of burial is abhorrent, may be at liberty to act in the manner most pleasing to their own feelings.

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TWO HUNDRED AND FIFTY YEARS OF SMALL-POX IN LONDON. (a)

By M. D. MAKUNA, M.R.C.S., L.R.C.P., Lond.,
Formerly Medical Superintendent Fulham Small-Pox Hospital.

Under the above heading, Dr. W. A. Guy, F.R.S., read a paper before the London Statistical Society in

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(a) We willingly insert Dr. Makuna's paper, though it has been suggested by a false assumption of Dr. Guy's opinions and comes to hand somewhat late in the day.—Ed.

June, 1882, which appeared in the *Medical Press and Circular*, Aug. 2, 1882, p. 86. While conducting vaccination inquiry I have had considerable opportunities of testing the display of figures in his paper, and I beg to be permitted to make a few observations on their value as representing the mortality in London from small-pox, measles, and all causes. I have authenticated these figures with the bills of mortality themselves, and with their assistance I shall fill up the interruption left by Dr. Guy for years 1832-40 inclusive. The question I wish to decide in this communication is, Does Dr. Guy's paper, claiming to represent mortality of London for the period, deserve the full credit or not? A careful inquiry and examination into the sources and the extent of these bills will at once show that it does not.

Parish registers of marriages, christenings, and burials appear to have had their origin in England in 1538, and the parish clerks of London commenced to make a weekly return from the 21st December, 1592. They were first published in 1594, a year after the plague, and discontinued a year after, the 18th December, 1597. Up to the year 1629 an aggregate number for the week were made out, but after that a return giving the causes of death was annually published up to the year 1845, with an interruption from 1637 to 1646 inclusive. They were entirely discontinued from the year 1849. (a)

We learn from various authors, including Dr. Heberden, Capt. J. Greant, and from prefaces to weekly returns and yearly bills of mortality, that they never represented the mortality of London, but the burials in the parochial cemeteries in the metropolis according to the rites of the church of England. Dr. Guy, in quoting the opinion of Dr. Heberden that these Bills deserve a considerable degree of credit, has lost sight of the fact that Heberden never meant them to be representing the mortality of London but, as I have stated above, the burials in parish cemeteries, which two are quite different things, as shall be shown below. I could quote various authorities of the seventeenth and eighteenth centuries and the beginning of this century in proof of my statement, but the one I have given below is quite sufficient to satisfy any scientific inquirer into the subject.

"That there are, however, many and very great imperfections in the bills of mortality cannot be doubted; for, first, the births include only those who are baptised according to the rights and usages of the church of England, by which means all Jews, Quakers, Catholics, and the very numerous body of dissenters are omitted. And though some among the poorer sort, both of papists and dissenters, who live at a distance from their respective burial grounds and cannot bear the expense of being carried thither, are buried according to the rites of the Established Church, and consequently have a place in the register, yet the numbers so accounted for must be very few compared with the deficiencies.

"Secondly.—Of those who are of the church of England a very large proportion are either buried in the country or in burial grounds adjacent to London, but without the Bills. The burials also in St. Paul's Cathedral, in Westminster Abbey, the Temple, the Rolls, Lincoln's Inn, St. Peter's in the Tower, the Charter House, the several hospitals of the metropolis, and other places which are not parochial cemeteries, are for that reason omitted. Besides which, the great parishes of Marylebone and St. Pancras have never yet had a place in the bills of mortality. In the former of these alone the burials on an average of five years from 1795 to 1799 inclusive amounted annually to 1,550.

"Thirdly.—Many abortives and still-born, making together about 700 in the year are noticed in the deaths, but not in the births."

"Fourthly.—The mistakes and misrepresentations to which the particular diseases are liable, are too obvious to be insisted upon, yet it deserves to be repeated, that even in the smaller divisions of the subject the correspondence of one year, and of one week, with another, is such as must convince every attentive observer that a considerable degree of credit is due to these reports." ("Observations on the Increase and Decrease of Different Diseases." By W. Heberden, M.D., F.R.S., 1801).

The following table, compiled from the bills of mortality and the Registrar-General's Reports, will at once show the extent of the difference between the two, and will fill up the interruption for the years 1832 40 in Dr. Guy's Table I.

A Table of comparison of Mortality of the Metropolis according to the London Bills of Mortality and the Reports of the Registrar-General. (a)

Years.	According to the London Bills of Mortality.			According to the Registrar-General's Reports.		
	Small-pox.	Measles	All causes.	Small pox.	Measles	All causes.
1832	771	675	28,606	—	—	—
1833	574	524	26,577	—	—	—
1834	334	528	21,679	—	—	—
1835	863	784	21,415	—	—	—
1836	536	404	18,229	—	—	—
1837	217	577	21,063	—	—	—
1838	788	240	18,266	3,817	588	52,698
1839	239	78	16,685	634	2,036	45.441
1840	231	171	14,574	1,235	1,132	46,354
1841	254	239	14,599	1,053	973	45,507
1842	33	263	13,142	360	1,293	45,400
1843	34	214	13,121	433	1,442	48,718
1844	257	162	12,943	1,804	1,182	51,110
1845	99	323	12,949	909	2,318	48,318
1846	—	—	11,415	257	747	49,450
1847	—	—	13,291	955	1,778	59,131
1848	—	—	12,634	1,620	1,144	57,771
1849	—	—	14,268	521	1,154	68,755

The figures in this table demonstrate that the London bills of mortality do not in any way represent the mortality of London from small-pox, measles, or from all causes. It is also evident from the quotation given from Heberden that they neither represent the mortality of a community—church of England—nor that of a district.

Again, what observations might have satisfied an investigator in the seventeenth or eighteenth century are not likely to stand the test in the year 1883 if their correctness and precision had never been determined before. The plan adopted to collect this information was "to appoint to females, whom they denominate searchers, in each parish, under the sanction of the parochial authorities, which searchers, on a death being announced, visit the house of the deceased and inspect the body, inquire the age, and the disease which occasioned the demise." The qualifications of these searchers are described as "possessing plain good sense, matronly deportment, and much experience in diseases affording as a fair guarantee for exactitude in their reports as is likely to be obtained in any other manner without consulting the medical practitioner by whom the deceased was attended previous to demise." It would not be within the limit of this communication to give all the causes of death assigned by these searchers and published in these Bills, but I will note here some to show their vagueness and utter want of medical basis. "E. G., aged, bedridden, bile, blasted, and planet struck, choaked, chrisomes, eruptive diseases, king's evil, found dead, grief, impostheme, infants, rash, rising of the lights, sores and bleers, spleen, spotted fever, suddenly, swine pox," and so on.

(a) Mr. Makuna's paper is written throughout on the assumption that Dr. Guy believes the figures in his tables to represent the *absolute* mortality from small-pox and measles, and that his reasonings are based on this assumption. In this view the author of this paper is obviously mistaken, and he has only to refer to the second complete paragraph in page 402 of Dr. Guy's Paper in the number of the *Statistical Journal* for September, 1882, to be convinced of his error. For the first lines of this paragraph run thus: "In the absence, during the earlier periods, of reliable data respecting population, and in the face of frequent changes in the area from which the death returns were drawn, as well as of sundry omissions of places and classes of people, I have been compelled to have recourse to the deaths from all causes as my standard of comparison."—Ed.

(a) The value of this table would be greatly increased if the ratios of small-pox and measles to the deaths from all causes were added in, as is done in Dr. Guy's first table.

Herberden remarks, "the deaths imputed to measles are very remarkably different in different years, sometimes amounting to one thirteenth of the whole number of deaths, and at other times falling short of one in 4,000, yet it is possible that this disease may not in reality be so very irregularly epidemical or fatal. The scarlet fever or malignant sore throat often occasion such appearances upon the skin, as may easily be mistaken for measles by better judges than the mothers and nurses, who, thinking themselves able to distinguish this distemper and equal to the management of it, often call in no other assistance. This mistake is well known to have been sometimes committed within these few years, during which the scarlet fever and malignant sore throat have been so generally understood."

From these remarks it is evident that bills of mortality do not give even an approximate idea of the mortality from small-pox, measles, or all causes treated of by Dr. Guy in his paper.

As the sources of his information have been demonstrated to be erroneous, (*a*) it would be impossible to judge of the exact recurrence of the epidemics of small-pox in the last three centuries. His standard of a small-pox epidemic, viz., 10 per cent. of the total deaths, arbitrary and open to many objections as it is, is very unreliable, on account of the very varying and imperfectly-kept records of mortality. (*b*) I know from experience that for various reasons small-pox mortality tells heavily on the poor, and most of them are buried by the parishes; consequently a larger number of burials would be in the parish cemeteries, giving a higher proportion of deaths from small-pox. We are fully aware that small-pox was rife, and frequently epidemic, in the 18th century, because the inoculation was practised by the generality of the better classes to protect themselves from the diseases, without taking the precaution of isolation. The poor, who neglected it, suffered heavily from it.

Through miscalculation or misplacement of the decimal, the year 1772 is represented on the chart of his paper as 15·32, while properly speaking it ought to be 153·22. (*c*)

In conclusion, I beg to observe that it is impossible to ascertain the extent of the ravages of small-pox in figures before the year 1838, and that the London bills of mortality should have no place with the statisticians of this country representing the mortality of London. (*d*)

(*a*) See first foot-note.

(*b*) Dr. Guy is well aware that the ratio of 10 per cent. is arbitrary, and speaks of it as such. So is the ratio assumed for measles. Dr. Guy's reasonings are obviously not in any way affected by this arbitrary selection of a ratio or by the alternative figures which he substitutes.—Ed.

(*c*) We have referred to the figures for the year 1772 in Dr. Guy's number first table as published in the September of the *Statistical Journal*, and find it to be (as represented by Dr. M.) to be 15·32; and this figure is indicated in the curves at page 414.—Ed.

(*d*) Can it be necessary to state that the statisticians of this country do not assert that the absolute figures of mortality are accurate prior to 1838. Dr. Guy, it will be seen, starts afresh with the year 1841, omitting the early years of registration, 1838, 1839, and 1840, as wanting in accuracy when compared with the subsequent years.—Ed.

Clinical Records.

LONDON HOSPITAL.

Case of Aneurism of the Aorta in which no physical signs were present except Dyspnœa—Death—Autopsy.

Under the care of Dr. FRANCIS WARNER, F.R.C.S.

[Reported by Chas. H. Wade, B.A.]

B. C., æt. 35, married, and by occupation a stevedore, was admitted into the London Hospital August 28, 1883, suffering from a throat affection, the only description of which the medical attendant previously in charge of the case could give, being that it was "chronic." To the patient's understanding the "chronicity" and a sense of obstruction produced by recurrent accumulations of viscid, mucous secretion in the trachea, were synonymous, and it was mainly in the hope of obtaining relief of this obstruction and the attendant difficult respiration during its continuance that he became an inmate of the hospital.

The family history yielded nothing of any importance in the way of hereditary tendency, nor any nothing sufficiently important to demand recapitulation. The patient had been twice married, his first wife dying childless. The second wife, however, had once miscarried, and borne one living child, which, fifteen months old at the time these notes were taken, had always been healthy, except that its legs were "a little bandy."

Seventeen years ago patient was laid up at Kurrachee with typhus fever for three weeks. The fortnight preceding this attack he was ill on board ship, being a sailor at the time, but from what complaint he was then suffering he was unable to state. Five years later he was down with pleurisy, while in China. But with these exceptions he has never been compelled to omit a day's labour through ill-health. When fourteen years of age he went to sea as a sailor, and pursued this calling until seven years ago, when he became a dock labourer, and in this capacity he has been constantly accustomed to carry heavy weights, up to as much as two and a-half hundredweight, and to drag and push even heavier burdens than this. For a long time he has suffered from constipation, to relieve which he resorted to strong doses of purgative medicines. During his life as a sailor he sometimes indulged somewhat heavily in drink; and on two different occasions he contracted soft chancres, the sores appearing within a week of contact, and having spread by inoculation of the surrounding tissues. He has not exhibited any secondary symptoms, but asserts that he has frequently had attacks of hoarseness, the consequence of long-continued shouting on ships' decks while following his labour as a stevedore.

When admitted the patient had the appearance of a well-nourished man of good intelligence, robustly formed, and of strong physique. The most remarkable fact observed about him was a peculiar laryngeal (?) stridor, audible on both inspiration and expiration, but laryngoscopic examination showed only a healthy condition of the larynx and of the trachea beyond, as far as could be seen. Neither could anything at all amounting to explanation be found after careful investigation of the chest and throat. The heart was normal in position and in sound. The lungs were found to be healthy and efficient, the only departure from the usual condition being the evidence of pleuritic adhesions at the apex on the right side. That no pressure by contraction was exerted on the corresponding recurrent laryngeal nerve was, however, shown by the perfectly normal action of the vocal cords as seen in the laryngoscopic mirror; nor was there any accompanying spasm of the glottis. The axillary lymphatic glands could be distinctly felt, but were not pathologically enlarged; and a similar description applies also to the glandulæ concatenatæ behind the sterno-mastoid on the right side of the neck. All other organs were healthy, and no signs of syphilis could be distinguished in any part. It remains only to be mentioned that the stridor was accentuated at intervals more than at other times, and that there was constant expectoration of a viscid, thin, aerated and mucilaginous sputum, in which slight flecks of blood appeared whenever it was discharged in considerable bulk, but not concurrently with the expectoration. Treatment adopted on admission was inhalation of vapor benzoin, with internal administration of pot. iod.

Aug. 31.—Stridor more marked in character; attended with dyspnœa and cough, which was relieved by the use of morphia linctus every four hours. During the next few days the symptoms showed little alteration, unless at times in the increased difficulty of breathing. This, however, arose solely from dyspnœa, to account for which, in the absence of *pain*—no complaint of this being made at any time—it was impossible to import the explanation of laryngeal disease; also the absence of dysphagia, vomiting, and abnormal tubercular breathing negatived the suspicion of intra-thoracic pressure; and the observed equality of the two radial pulses and total freedom of the nerves about the trachea from any trace of compression tended to add to the difficulty of diagnosis.

Considerable bronchial irritation was nevertheless demonstrated by the copious expectoration of partially viscid, aerated, hæmorrhagic sputum, thus lending support to the belief that pressure was exerted by some means, probably a growth, on the trachea. That it should be in or about this situation, and not in a main bronchus, appeared probable from the character of the sputum, the aerated nature of which proved it to be traversed by the air in its course to and from the lung, while its viscid property evidenced inflammation. All the grounds, therefore, being duly considered, it was thought to be probable that the growth was primary in the trachea or lung.

Sept. 5.—Inhalation of conia commenced, and followed by marked relief of dyspnœa. Iodide mixture continued, with addition of tinct. belladonnæ.

Sept. 7.—Attacks of dyspnœa recurred at irregular intervals; stridulous breathing more pronounced and continuous, and dyspnœa less effectually controlled by conia.

Sept. 8.—Dyspnœic attacks more distressing in character, preventing sleep, and after a short interval of relief, returning with even increased intensity. Some degree of ease was obtained after administration of a draught containing pot. bromid. gr. xxx. and chloral gr. x.

Sept. 9.—No improvement in condition of patient. Brandy, ʒss. each hour. Accumulation of viscid sputum in air passages threatening suffocation, vin. ipecac. ʒj. was given as an expectorant, and afforded temporary relief. At night coughing and dpspnœa occurred in paroxysms, and a steam tent was placed round the bed, with, however, the slightest possible good result; and nitrite of amyl was then made use of, in the hope of giving some amount of ease. These efforts were, however, unavailing, and at 2.45 a.m. on Sept. 10 the patient suddenly coughed up about a pint of blood, and immediately after died.

Autopsy, thirteen hours after death: Veins on right side of neck much engorged. On removing the trachea below the larynx a vascular mass was found nearly blocking up the windpipe, and eroding two of its rings about one inch above the bifurcation into the two bronchi. Extensive atheroma of the walls of the aorta was found on dividing the vessel along its length, and vegetations existed on the distal surface of the semilunar valves.

Both bronchi were healthy, but filled with clot, which extended into them from the mass, from which latter also a long clot passed into the aorta.

On careful examination an oval opening was found in the wall of the aorta posteriorly, measuring in the longest diameter ¾ of an inch, and leading into a false aneurismal sac. This projected for an inch and a-half into the trachea, which was compressed by the dilatation, and into which it opened by a ragged rent in its wall. This sac was full of clotted blood, directly continuous with the collections already referred to.

All the other viscera were quite healthy, except the right lung, whose apex was adherent, and upper lobe somewhat congested.

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Dr. Joseph Redmond, Physician to the Mater Misericordiæ Hospital, Dublin, has been appointed Lecturer on Pathology and Practice of Medicine in the Ledwich School, *vice* Dr. Foot, appointed Professor in the School of the College of Surgeons. It is understood that the Lectureship in Surgery in the Ledwich School vacated by Dr. J. E. Kelly's resignation will not be filled, the duties of the chair being already amply provided for.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

The late Comte de Chambord.—The malady to which the Comte de Chambord succumbed always surrounded with obscurity, has formed the subject of a lengthy communication from the pen of Dr. Vulpian, the distinguished physician, who was twice called to examine the august patient. It will be remembered that various opinions were expressed, not only by outsiders, but by those who were professionally engaged during the six weeks which preceded the fatal issue, as to the nature of the disease—carcinoma of the stomach being the one which gained the most credence. Poisoning was insinuated at one time, but it was soon contradicted. The report of Prof. Vulpian, in the *Gazette Hebdomadaire*, which I translate as he has written it, will settle the question. "On my return from my first journey to Froshdorf," M. Vulpian proceeds to say, "I did not wish to say or write anything on the disease of the Comte de Chambord because I had engaged myself towards my *confrères*, who had charge of the case, to observe absolute silence for the time being. We had together agreed to style the malady as an acute catarrh of the stomach, although that term did not render in a faithful manner their opinion. Catarrh of the stomach was admitted, but that organ was considered to be suffering from a grave affection which it was thought advisable to conceal. However, the death of the Comte relieves me from my engagements, and, with the consent of the *entourage*, I am able give an exact account of the cause and progress of the malady, with the results of the post-mortem examination. The health of the Prince began to give uneasiness about two years ago. Previous to that epoch he enjoyed excellent health, and were it not for a certain *embonpoint* he had nothing to complain of, but this corpulency which was steadily increasing, seemed to trouble him very much, and, pressed by the desire to diminish his weight, he submitted himself to the Banting system with the result of a loss of 50lbs. in a few months. This rapid decrease brought on considerable weakness and inappetence, with difficulty of digestion, which, however, soon passed away. Twice afterwards he was attacked with dyspepsia, very painful for some days, and last year while at Marienbad for the waters, he became so ill that his medical attendant became alarmed. While at Goritz in the spring of this year he was taken with a sudden and violent pain in the leg as he was stepping into his carriage, so violent that he turned pale and cried out that his leg was broken. A swelling was almost immediately observed on the seat of the pain, and the doctor called the lesion *coup de fouet.* Afterwards it was considered to be phlebitis. As the slightest movement was attended with pain the Comte had to keep his bed for several weeks. Towards the end of May, he was able to move about, and up to the middle of June he seemed to be in his usual health. On the 13th of that month he was seized with vomiting and diarrhœa, and on the following days the symptoms were so aggravated, that by the end of the month the *entourage* of the Prince became alarmed. His medical attendant recommended the presence of one of the most distinguished professors of Vienna, and accordingly, M. Drasche was summoned. After minute examination the existence of a tumour in the gastric region was believed probable, but not being able to positively affirm it, the advice of M. Billroth was sought. This latter surgeon hesitated between three opinions or hypotheses, an affection of the liver, gout of the stomach, or a carcinoma of that organ. He inclined to the latter opinion. The patient continued to suffer greatly, so that he moaned incessantly. The matter vomited was chiefly composed of aliments, it never contained any blood. The fæces of the patient became greatly altered. Under the treatment of M. Drasche the symptoms became for a time less alarming, but the amelioration did not last long, and then a French doctor was proposed in consultation, and the prince consenting, I was summoned to Froshdorf. On my arrival I was touched with the appearance of the patient. His eyes were sunken, his face wasted, and his limbs much diminished in their contour; the weakness was considerable. The mouth was dry and the prince was tormented with constant thirst. In the epigastrium he complained of pain and pressure, and in this region an ill-defined tumour was felt. The liver was perhaps a little reduced, but no other abnormality was found in the abdomen. The pulse was irregular as regards its strength, but the heart sounds were unattended by any abnormal *bruit*. M. Vulpian terminates this first part of his report by saying that, as the patient was very susceptible, he told him that he was suffering from a simple catarrh of the stomach, and that he would be sure to get well. This last observation of M. Vulpian is characteristic of French consultations. Veracity in the profession is a rare virtue, of course the motive is charitable.

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Department of Lunacy.

THE LAW AS REGARDS CRIMINAL LUNATICS.

The rule of law, that every person is presumed, by law, to be of sound mind and responsible for his acts, and that it is for the person charged to prove that he is not responsible, is a rule that might provoke a smile if it were not for the grave issue that is often at stake. The law tells a lunatic accused of a crime, that the burden of proving himself a lunatic rests upon himself. How is the lunatic to do this? If he is capable of taking efficient steps, and if he gets up his case well, it might be insinuated that he is not so much of a lunatic after all; whilst if he is not mentally capable of getting up a good defence, then he suffers all the same. We cannot help thinking that this rule of law, which is always brought out and solemnly paraded before the jury at every trial of a lunatic for murder, as in the present case of the convict Gouldstone, must have been formulated by the same sages who invented the trial by fire and the trial by water. We all know that if the suspected person floated on the water he or she was deemed guilty, and was promptly executed, whilst, if the person sank and was drowned, the innocence of the accused was established at the expense of his life. This is very similar to what now happens when an act of homicide is committed by a person supposed to be mad. The State provides a judge to try him, and provides counsel to prosecute him, and at the last moment it may assign counsel (who knows nothing of the case) to defend him, but it provides no satisfactory way of ascertaining his mental condition before the trial. If nothing whatever is done by the friends of the prisoner in the way of producing evidence of insanity, then the prosecuting counsel will probably not press the case with any severity, but of course the non-production of evidence leaves the case in an unsatisfactory state. If, however, the friends do what they can, at the last moment, to bring into court such evidence of insanity as they can command, then the prosecuting counsel thinks it apparently in some cases a matter of honour to demolish the defence. It becomes, then, not a question of arriving at the truth, but a question of skill between the opposing counsel.

We are glad to see that, at the recent annual meeting of the Medico-Psychological Association a resolution, having for its object to improve the practice with respect to this matter, was adopted, framed in the following terms:—"That prisoners suspected of being mentally deranged should be examined by competent medical men as soon after the commission of the crime with which they are charged as possible, and that this examination should be provided for by the Treasury in a manner similar to that in which counsel for the prosecution is provided. It is suggested that the examiners should be the medical officer of the prison, the medical officer of the county asylum or hospital for the insane in the neighbourhood, and a medical practitioner of standing in the town where the prison is situated; that the three medical men shall, after consulting together, draw up a joint report to be given to the prosecuting counsel, the cost to be borne by the public purse, inasmuch as it is useless to tell an insane man that the burden of proving himself insane lies upon himself."

EDUCATION IN THE TREATMENT OF INSANITY.

The last number of the *American Psychological Journal* contains an interesting account of the management of the Richmond Lunatic Asylum, Dublin, from the pen of Dr. Lalor, the Superintendent, who is justly proud of the improvements he has effected during the past twenty-seven years. The main features of his rule have been the almost total abolition of single rooms, the substitution instead thereof of associated dormitories, and his special system of school teaching. We are, however, inclined to think "sixteen single rooms or seclusion cells" too small a number for 500 female patients. Many asylums that have a large number of single rooms have few cases of seclusion to record, and merely set them apart for noisy and dirty people. We also doubt that the association of so many patients in one division—125 in the smallest—can tend to the comfort of the curable and more harmless ones. Dr. Lalor may, however, well be proud of his schools; he is the only superintendent in the United Kingdom who has adopted "education" on such a large scale as a treatment for insanity, and no one visiting the Richmond could leave without being impressed with the conviction that his system does much to elevate the minds of the patients, and to promote in no small degree the happiness of the chronic patients and the recovery of the curable ones. It is no small benefit to have the patients constantly under the supervision of trained school teachers; it would be well if all asylums had charge attendants of the same standing. Dr. Lalor believes that "associated education, applied in all the varied occupations of the insane, so that any individual may partake of its advantages, is the grand moral instrument best suited to accomplish such a desirable and holy end." One sentence in the report rather puzzles us: "Behind No. 15 is the laundry, with large wooden vats, in which soiled clothes are steeped four days in the week, and the general body of the female patients are bathed and cleansed two days."

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Dr. Jackson, in a paper read before the West Kent Medico-Chirurgical Society, shows that pre-historical man was afflicted with a variety of diseases, including syphilis.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 10, 1883.

COMMENCEMENT SERMONISING.

"As to the nobility of your calling, a man may sell fish to the glory of God."

Though Dr. Clifford Allbutt is, perhaps unconsciously, in a manner cynical when dilating on the glories of medical practice; and though he may possibly shatter with the rude thrust of truth many a fair-proportioned picture of dignity and honour and heroism drawn by commencing students of medicine when imagining for themselves the life path that spreads before them; still there is unsurpassable honesty in his determination to paint realities without the varnish of fancy, that commands respectful admiration of the man whose courage enables him to speak with the intention of revealing fact alone. Continuous successions of introductory addresses in years past have dwelt *ad nauseam* on one and only one theme, as though it were a matter of life and death importance to force on those entering the portals of the profession for the first time the suggestion that henceforth they should cease to be men and aspire to play the parts of self-sacrificing deities. Fortunately we are at length becoming emancipated from the traditions of ages; the scales of prejudice are falling from our eyes; and the men who embody the principles of "light and leading" by virtue of their own merits and distinctions, are daring openly to preach that the divinity of doctors is no higher or better than that of every willing worker who sets about the duties he has to perform in a spirit of devotion and earnest desire to put forth his ablest efforts.

Faith in the value of "introductories" which took the form of meaningless remarks on the relations of medicine to the outer world has become hard to hold in the light of advancing practicality; and in the majority of those addresses which heralded the commencement of another *annus medicus* last week, there is grateful evidence of growing appreciation, on the part of leading members of the profession, that young men who seek to be practitioners cannot be too soon brought face to face with great questions of social and sanitary and professional reform like those with which the horizon is studded. Discussion of subjects such as has been incorporated by the greater number of speakers, both in London and in the provinces, into the remarks they have addressed to their hearers, affords a healthy indication of awakenment to existing necessities, and conclusively shows willingness to accept new-coming students as helpful assistants in bringing about the changes that are demanded in the interests of a general well-being. Youth is naturally enthusiastic; and those of a younger generation who have deliberately chosen to enter on the study of professional medicine may safely be supposed to do so with a full perception of the moral and ethical privileges thereby accruing to them. They cannot, however, be expected to have acquaintance with the larger problems of social economics that will by-and-by become an imperative study for them; and a wise judgment has been exercised by those orators who have recognised how great a service they could render by depicting the nature of these problems and their associations with routine labours of medical practice. In some cases, nevertheless, there may have been shown too conspicuous a zeal in defending particular individual beliefs, although the very energy with which such convictions are publicly expressed is a not unsatisfactory testimony of the vigour expended in their discussion. For instance, Mr. Pearce Gould's excellent and really valuable address to the students of Middlesex Hospital breathes forth a delightfully energetic spirit of practical usefulness, but at the same time and with characteristic force it attacks what Mr. Gould conceives to be the evil of modern-day specialism. It ought not to be forgotten in this connection that specialism may be either true or false; that the legitimate specialist is at the same time a cultivated and competent general practitioner who elects to devote his faculties to refinement of procedure and to productive research as regards a particular branch—who, in other words, pursues completely the study of a group of diseases with a knowledge, the most invaluable to be gained, that he is an impostor who dares to assert finality on any single point in the science of medicine. To specialists, in the accurate acceptation of the word, we owe the brightest conquests over disease; and at this moment the labours of specialists pure and simple are being devoted to the elucidation of problems that intimately affect the health and welfare of millions of our fellows. Mr. Gould's objections, of course, do not apply to these; but there is a danger lest his well-intentioned denunciations may not be understood by an audience unprovided with sufficient experience to draw a necessary distinction between the quackery of specialism and scientific following of particular branches of the profession; a mistake which would be productive of much unintentional and calamitous injury.

Eloquence and picturesqueness of description are undoubtedly desirable attributes for an "introductory" oration to possess. The one enchains the listener; the other tends to deepen impressions that may be eminently productive of future good; but though for practical usefulness the rugged and emphatic speaker may lack the polished diction of the skilled rhetorician, it may be debated whether the former effects as much as the latter by his efforts. At University College Mr. Tweedy delivered an almost impassioned exposition, which, while travelling somewhat on old and worn lines, was still perceptibly animated by a newer spirit of the kind we have already mentioned. For good advice and lofty exhortation to students it compares with the best of its predecessors; but it is less imperious in its insistence, or rather, it should be said, less imperative, on the duties which are laid on medical men in connection with prevention and the influence the profession should exercise over the public in this respect. Not very many years ago, anyone who had ventured to predict the extent to which such a connection exists now would have been stigmatised as a dreamer of impossibilities; and yet we are but now on the threshold of discoveries destined to affect the health conditions of innumerable millions in the future. In all fairness, too, it must be admitted that the conviction contained in this assurance finds expression in every one of the opening addresses to a greater or less degree, although supposed exigencies or personal inclination have been instrumental in some cases in consigning it to a non-conspicuous position. At King's College, for instance, Professor Acland utilised the opportunity presented to him of insisting on a combination of theology and medicine by medical students, as is required at King's by the rule which demands attendance at divinity lectures on the part of all pupils of the College. Dr. Acland, naturally, delivered an impressive address, and one which is well deserving to be attentively studied. Naturally, also, the President of the Medical Council eschewed politics altogether, and chose to address his hearers in the way of exhortation to lead reverent lives, rather than venture, as so many of his younger fellow-lecturers have done, on the billowy sea of reform in medicine. Indeed, taken as a whole, the 1883 lectures afford a very curious but significant insight into the phases of professional opinion which mark this present time. Progress and reform find supporters by assertion among those mainly who are of a newer and a later generation, who have been influenced by the events of recent times, and who are unfettered by the traditions of the past. On the other hand, they whose memories burn with the reverence of admiration for the great lights which illuminated medicine a generation or more ago, these cannot sever the chain that binds them to the past; and so, in the practical present they would fain once more repeat fanciful, eloquent, but useless addresses that were the one time invariable commencement of a session. We need not regret this; but at the same time we heartily rejoice as each year adds new schools to those that give evidence of such advance as is shown in the delivery of addresses aimed at some practical end.

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NIGHT LECTURES AND SHAM CERTIFICATES IN DUBLIN.

Our readers will recollect that the subject of night lectures and sham certificates in Dublin was brought prominently under the notice of the General Medical Council by Dr. Jacob at its last meeting, in a letter which invited them to declare that ostensible study at night by persons who were engaged all day in offices and shops is not a *bonâ fide* compliance with the regulation which requires four years of medical study. The Council, after some deliberation decided to send on Dr. Jacob's letter to the Irish Branch Council for inquiry and report. The Branch Council called on Dr. Jacob to give times, persons, and places to support his allegations. Dr. Jacob replied that the facts were notorious and might be established by reference to many public records (to which he gave references) or to any medical teacher in Ireland, but he declined to become the accusant of any particular school, or to stigmatise by name any practitioner who obtained his qualification by means of purchased certificates.

Since then the Branch Medical Council has deliberated, and has resolved upon the following minute:—

"Under these circumstances the Branch Council could come to no definite decision on any particular case.

"The Branch Council for Ireland, however, believe that the statements made in Dr. A. H. Jacob's letter, respecting *mala fide* attendance on lectures, are substantially accurate, and have therefore directed that a copy of the following Resolution be forwarded to each of the medical authorities in Ireland:—

"Resolved—That the Branch Medical Council for Ireland desire the co-operation of   in enforcing the following recommendation:—

"That no Certificate of attendance on Lectures be accepted from any Student unless it certify, under the hand of the Lecturer, that the holder has attended not less than two-thirds of the total number of the Lectures delivered by him."

This minute having—at his request—been communicated to Dr. Jacob, he has addressed to the Branch Council the following acknowledgement:—

Dear Sir,—I am much obliged to you for sending copy of minutes of Branch Medical Council containing record of the proceedings of the Council upon my letters respecting night lectures and fictitious certificates. I observe with much satisfaction that the Council has, on inquiry, found my statements to be substantially accurate, and has taken steps to obtain the co-operation of medical authorities in the effort to secure *bonâ fides* of medical study. If it shall appear that that effort has been—in the case of any institution—ineffectual, I shall look with confidence to the General Medical Council, and to your Council, to take such steps as may be necessary to cause the certificates of every such institution to be refused recognition as evidences of medical study. I would respectfully remind your Council that the attendance on all lectures and hospitals which they recognise as sufficient may be ostensibly fulfilled by students, who, being employed for the entire period of medical study in other avocations, cannot—and do not—comply with the spirit or the letter of the recommendations of the General Medical Council, and I trust that the Council will not rest satisfied with an ostensible fulfilment which is really only an evasion.

Yours truly,
A. H. Jacob, M.D., F.R.C.S.I.
23 Ely Place, September 29th.

It may now be taken that the allegations made by Dr. Jacob, are officially established, at least, so far as "*mala fide* attendance" on lectures is concerned. This phrase clearly refers not to sham certificates or the *mala fide* issue of certificates to students who have put in no attendance, but rather to that pretence of attendance by students who are engaged in business other than medical, which pretence is the chief feature of the night lecture system. The resolution does not include *mala fide* attendances at hospital, but we imagine that this omission is accidental, because whatever excuse may be urged for night lecturing, there can be none for the system which encourages the clerk or counter assistant to write his name in the hospital book at 9.15 a.m. in order that he may assume his place in office or shop at 9.30 a.m. Such a transaction, which is the only means by which one of the night-lectured can obtain credit for his hospital attendance, is nothing less than a deliberate fraud, in which the student and hospital executive are tacitly joined.

The method which the Branch Council has taken to remove the abuses which it acknowleges to exist is manifestly weak, but it may serve its purpose by inducing the Colleges and Universities to exercise that vigilance in which they have heretofore been so grievously wanting. To comply with the suggestion offered to them by the Branch Medical Council, the Colleges and Universities in Dublin will need to establish a system of the closest scrutiny of certificates, and to insist upon some system of checking attendances, which, at least, bears the appearance of being honest. Every one knows that the roll-call may be a genuine means of ascertaining the presence of the student, or it may be a *ruse* by which the teacher complies with the regulation while he connives at the answering of calls by deputy. In fact, this method of checking attendance is honest or dishonest at the will of the teacher, and it ought to be discarded in favour of the ticket system which cannot be eluded without intentional falsification; but the Royal Irish University and the University of Dublin adhere to the roll call nevertheless, and, while they do so, must continue to receive certificates which may either be genuine evidences of study or fraudulent concoctions intended to pass idle and ignorant students into our profession.

We do not believe in any system which depends on the disinterestedness of teachers or the magnanimity of students, for there will always be found a few persons willing to gain money or position by evading such a system.

It is quite easy to produce an arrangement which is a hardship to none but the trickster, and, until this is done, the abuses of medical education will continue.

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DR. CLIFFORD ALLBUTT'S ADDRESS.

The amalgamation of the Leeds School of Medicine with the Yorkshire College of Science, which Dr. Clifford Allbutt was able to announce as all but an accomplished fact at the opening of the former institution on the 1st instant, will secure to the latter a number of able and accomplished professors, and amongst them none more able and accomplished than Dr. Clifford Allbutt himself. The address with which he inaugurated the new Session of that School of Medicine, which he has himself done so much to make distinguished, was a graceful exhibition of his scholarly attainments and of his genius, for some spark of the divine fire unquestionably glows in him who can blend humour with poetic insight, and wed lofty thought to pure and simple language. But while admitting the learning and brilliancy of Dr Clifford Allbutt's harangue, we cannot at the same time allow that these qualities have been made subservient in it to the highest ends. The learning is now and then twisted in a somewhat pedantic manner, and the brilliancy is slightly suggestive of fireworks let off as much in mischief as in triumph. It seems to us that the address must have been composed in a contentious and paradoxical mood, striking now and then a high note of earnest exhortation, it sinks occasionally into the *basso profondo* of downright wordliness. Closely reasoned out in some parts, it is self contradictory in others. But the fault which we have chiefly to find with it is that it does not maintain the just claims and privileges of the medical profession, but surrenders at discretion many positions which it is the duty of every gallant doctor, proud of his colours, manfully to defend. It is of course advisable to place high aims before the young recruits who have just entered the ranks, and to preach to them enthusiasm and self denial, but it is not needful while doing this, to invite them to abandon all thoughts of certain material advantages which might be legitimate results of the campaign, and which might also be incentives to effort. Dr. Clifford Allbutt delights in his work and finds in its faithful discharge his exceeding great reward. He is content to suffer and be strong. He breathes sometimes the spirit of the martyr, and one detects in his reminiscences a tone of regret that he did not die of fever in his early professional youth. But he must not insist on all his professional brethren being like minded. "Shall there be no cakes and ale because he is virtuous? Ay, and ginger hot in the mouth too." Shall there be no medical baronetcies because Dr. Clifford Allbutt does not want one. Ay and medical peerages too, if we can but win them. Dr. Clifford Allbutt sees no incongruity in the bestowal of honours and public rewards on generals and admirals who are skilful in destroying life, while no notice is taken of those who are skilful in saving it. The soldiers and sailors he says "are decorated with titles appropriately, because such titular ornaments were derived from times earlier, and other than these and belonged to State services," but doctors he argues render services "of a private or personal character," and are not entitled to State recognition. Almost immediately he refutes his own argument by showing that in relation to sanitary science medical men do render to his country at large services of the first magnitude, for which no reward that the Executive Government can offer could be too high a signal. But apart altogether from State medicine, Dr. Clifford Allbutt's argument is fallacious, for honours have never been claimed for medical men on account of mere private professional services, however extensive or successful these may have been; but in acknowledgment of the additions which they have made to medical science, the gifts they have conferred not only on their country, but on humanity at large, or the labours they have undertaken on behalf of the sick poor. Practice brings a pecuniary reward, but scientific observation and research involve a pecuniary sacrifice. The fashionable physician enjoys all the dainties of life, but he who toils in an hospital may have a difficulty in earning bread and butter. But continuous medical research, and unremitting medical evangelism, are of the first importance to the public weal, and surely every possible encouragement should be given to them. And if the bestowal of titles on those who have acquitted themselves nobly in these paths be a gratification to them and an encouragement to others to follow their example, then such titles should be conferred with no niggardly hand. It is not upon a large practice, as Dr. Allbutt hints, but upon discovery, devotion, and invention that the claim for medical honours is founded. His baronetcy was claimed for Sir Spencer Wells, not because he had been consulted by the great of the land, but because he had, by his scientific foresight, courage, and precision, brought relief within the reach of even the humblest in what was formerly a hopeless malady. Fitting recognition is now desired for Lister, not because of his private services in many homes, but because of the minute investigations, luminous generalisations and practical adaptations, by which he has robbed surgical procedure of many of its terrors in every quarter of the globe, and has saved countless lives that, but for him, would have been squandered away. What generals, we would ask, have ever merited the gratitude of their fellow men as the two surgeons we have named have done. The flush of the most sanguinary victory is soon over; dynasties and territories shift and change; but the great flood of human suffering flows on for ever; and those who have done something to stem its tide and restrict its ravages deserve well of their country. It is for men who have rendered such services that the medical profession demands State recognition; and it must be confessed that some irritation is felt on the score that Lister, who is received with such conspicuous marks of esteem in every European country that he visits, and who has just had so noble a reception at Pesth, is still left without any public recognition of his merits in his own country. The wish is that public medical honours in England should no longer be reserved for the fortunate holders of Court appointments, but should be bestowed on the true leaders of the profession, whether attached to the Royal household or not, and the great satisfaction with which Sir Andrew Clark's promotion to a baronetcy was received was due not only to the conviction that he was well worthy of the honour, but also to the fact that in his case the old rule was broken through and an honour conferred on one having no connection with the Court.

No class of men can possibly set less value on titles as such than doctors do. They estimate at their proper worth such fripperies, and know with anatomical certainty that "the rank is but the guinea stamp, the man's the goud for a' that." They think none the better—sometimes rather the worse—of a professional brother on whom the Royal favour has shone, and who can prefix "Sir" to his name. But they know human nature in its weakness as well as in its strength, and on its emotional as well as on its intellectual side, and are therefore alive to the fact that badges of distinction secure public consideration and enhance public usefulness. They realise that when their profession is besprinkled as it ought to be from the fountain of honour, it will rise in public esteem, be listened to with greater deference than it now is, and attract into its ranks youths from social grades that would now think themselves humiliated by being connected with it. When a few medical peers have been created, even a Bishop will be ashamed to say that he is "not a medical student." Social consideration s a power in this country, and it is a power which the medical profession would use for the public good, and which it therefore desired to possess in ampler measure than heretofore.

And there is still a wider ground whch may be taken by those who desire to see the leaders of medical science suitably decorated, and that is the probability that such a policy would be conducive to peace and good will amongst men. The bestowal from time immemorial of titles, triumphs, and pensions on successful soldiers and sailors with blood on their hands has helped to keep alive a sanguinary spirit and to inspire the youth of the country with belligerent aspirations. War has seemed glorious because it alone brought glory, and its horrors and agonies have been lost sight of in the blaze of triumph at its close. Only when the triumphs of peace are celebrated like those of war, when the lovers of science and humanity are rewarded like those of slaughter and destruction, will peace cease to be ignoble, and war to be glorious.

But it is not only on the question of medical titles and honours that Dr. Clifford Allbutt is heterodox. He is opposed to medical representation in Parliament, he does not wish to see "a medical Semaphore set up in one or other House, who might consent only to utter professional shibboleths and take from the professional their sole political colour," and all that can be said in answer to that statement is that he takes a somewhat low view of professional independence and public spirit. Those medical men who have entered Parliament have not proved mere automatic brakes, retarding progress in obedience to the touch of professional wire pullers, and it is difficult to understand how they could have taken their political complexion from a profession which includes within itself every shade of political opinion. No one has ever seriously argued that the profession as such should be represented in the House of Commons, for as well might bakers and bootmakers have their representative, and then Parliament would be converted into an assembly of trades union delegates, but it does seem eminently desirable that a number of medical men should find their way into the House, as representatives of ordinary or University constituencies, their counsel and assistance could not fail to be of the utmost utility in those sanitary, social, and educational subjects which must more and more occupy the attention of Parliament, and no apprehension need be felt that they will display undue professional bias. Those medical men who have gained admission to Parliament whether as Conservatives or Liberals, have been invariably valued and respected, and have left their mark on the legislation of the day.

Dr. Clifford Allbutt wants no professional organisation, but he extols the work done by the British Medical Association, and admits that the medical Press and corporations have vastly improved the position of general practitioners. On the subject of vivisection he is peculiarly weak-kneed, seeming to have been deeply impressed by the opposition to it of Mr. Hutton, Mr. John Morley, and Mr. Gurney, who is now, if we mistake not, exercising his "clear head and profound humanity," which Dr. Clifford Allbutt admires so much, in the investigation of haunted houses, mesmerism, and thought-reading. Did not the medical profession, asks Dr. Clifford Allbutt, in relation to vivisection, "bluster a little too much?" If silence renders the most odious charges and submission to the grossest injustice means bluster, then we must admit the force of the charge conveyed in the question. But the general impression certainly now is that the medical profession blustered a good deal too little, had they spoken out boldly, declined a deceptive compromise, and taken every possible opportunity of exposing the misrepresentations and sophistries of anti-vivisection fanatics, the agitation would have been stamped out by this time, and medical science would have been free from the grievous disabilities which now press on it.

We have no space in which to differ further from Dr. Clifford Allbutt, although we might find in his address many other points on which to raise discussion. But however we might differ from him we should still recognise in him a most skilful and thoughtful opponent whose polished sentences are delightful reading alike to those who accept, and to those who are inclined to dispute the theories which they set forth.

ARTERIAL TENSION.

Arterial tension was very fully discussed at the annual meeting of the British Medical Association in August last. So important is the subject itself in relation to practical medicine that we have endeavoured to gather briefly from what was said on that occasion some definite knowledge in regard to it.

Dr. Broadbent considered that high arterial tension is a relative, not an absolute term; that ultimately the measure of the tension in the arteries is the force of the systole of the heart; that with regard to it "after all, the educated fingers can tell us everything revealed by the sphygmograph, and more—that all the terms required to describe the different conditions brought out by the sphygmograph were found ready made in the works of Galen (born A.D. 131, died A.D. 201)." Dr. Broadbent further stated that the arterioles are capable of opposing the flow of blood, that this is demonstrable in the frog's foot, that there is no obvious reason why resistance may not arise as well in the pulmonary as in the systemic capillaries, that he has never been able to accept Sir William Gull and Dr. Sutton's hypothesis of arterio-capillary fibrosis in Bright's disease, still less Dr. Mahomed's extension of this theory, that in cases of chronic arterial tension without albuminuria or other evidence of renal disease there is general arterio-capillary change, not affecting the kidneys. He expressed his belief, on grounds stated, that the cause of the arterial tension under consideration appears to be in the blood; and that as a clinical fact, high tension affords an indication for treatment. Dr. Eddison was dissatisfied with the word "tension;" he wished it could be given up and some such words as "sustained pulse" used instead of it. He was glad to find that the tendency of opinion now was in favour of the original cause of overloading of the arteries lying in the capillaries. Dr. Smith alluded to two different meanings applied to the term "increased arterial tension." According to the one, the term indicated a condition of vessels; according to the other the sphygmographic trace was the most certain symptom of its existence. Dr. Saundby observed that high arterial tension might occur suddenly, and be removed readily by a purgative; that Dr. Johnson's vaso-motor theory was ingenious; that in certain cases the stimulus of poisoned blood on the cardiac ganglia was the true explanation of increased arterial tension; that structural changes (in the heart) were the secondary results of increased functional energy. Dr. Mahomed stated that increase of pressure due to increased action of the heart undoubtedly occurred as a temporary condition, but he did not accept this as the common cause of increased arterial pressure. He believed that at present the physiologists were misleading guides on the question of variation of blood pressure; also that increased arterial pressure was chiefly caused by delay of the corpuscles in the capillaries. Dr. McVail deprecated the tendency to regard morbid changes of tension as due wholly to changes in the capillaries and peripheral parts. Dr. Sansom thought that the word "tension" best explained the idea which it was intended to convey, as to the relation between an artery and its contents; whether there were obstruction in the capillary circulation, or whether there were abnormal contraction of the muscles of the arterial core, the condition within the artery was the same as it was one of strain. Dr. Byrom Bramwell could not see his way to accept the theory that the cause of increased arterial tension was to be found in the capillary system of vessels. He did not think Dr. Saundby's argument conclusive. He admitted that while a certain amount of obstruction might take place in the capillary system of vessels, the main cause of increased arterial tension must be placed in the minute arteries. He thought the theory advanced by Dr. Johnson more satisfactorily accounted for the conditions than any other. He quoted the fact that there were no vaso-motor nerves in the lungs.

With reference to the statements made by the eminent men named, we endeavour to take stock as it were of the precise respects in which our knowledge of the subject in hand has been advanced by the late discussion regarding it. This accordingly is what we learn :—The term "arterial tension" is relative. The measure of it is the force of the systole of the heart. The arterioles are capable of opposing the flow of the blood. There is no reason why resistance may not arise also in the pulmonary capillaries, notwithstanding the fact that in the lungs there are no vaso-motor nerves. The cause of arterial tension in certain cases of renal disease appears to be in the blood. The word "tension" is unsatisfactory; in its stead "sustained pulse" is suggested. All the conditions now brought out by the sphygmograph are describable by terms expressed in the second century of the Christian Era. At the present time the expression "increased arterial tension" bears two different meanings. The vaso-motor theory is "ingenious." The physiologists are misleading guides in regard to this subject. The chief cause of the "tension" is within the capillaries. Changes of "tension" are not entirely due to changes in the capillaries. The condition named "tension" is another word for that of "strain." The theory that the cause of tension was to be found in the capillaries could not be accepted; the main cause is in the minute arteries.

It is impossible to read the exposition thus presented and not have the impression strongly forced upon one's mind that the whole subject of "arterial tension" is not only purely speculative, but that the endeavours recently made to elucidate and give it form have only served to enshroud it in chaos.

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Notes on Current Topics.

Professor Lister Abroad.

It is a curious reflection on ourselves that one of the greatest surgeons we possess, the founder of modern antiseptic surgery, is more highly appreciated in other countries than his own. A striking proof of the estimation in which Professor Lister's invaluable services to surgery are held by the profession on the Continent, was afforded during a visit paid by Mr. Lister to Buda-Pesth last week, when, after being entertained by the whole professional staff of the University, the illustrious guest was serenaded by a band of some hundreds of students, who had formed in procession, lighted by torches, to do him honour. An address expressive of the lively satisfaction his presence gave them was then presented, and a reply was made by Mr. Lister in German. These evidences of recognition of the immense benefits conferred by Prof. Lister on the profession in which he is so worthily distinguished, are something more than merely personal compliments. Notwithstanding that some few operators profess to work without adopting Listerian precautions, still it remains that no surgery of to-day is intentionally non-antiseptic, and this is perhaps the greatest triumph that could have been achieved. Even those who avowedly refuse to adopt the doctrines propounded by Mr. Lister, do, nevertheless, in a great degree act on the lines he declares essential to the successful treatment of wounds; and the introduction of perfect cleanliness which has followed antisepticism is in itself productive of results that would never have been obtained under the old *régime*. He, therefore, who has mainly effected the revolution brought about in recent years is well deserving of all the honour that is characteristically wanting to him "in his own country."

The Mastership of the Coombe Lying-in Hospital, Dublin.

We understand that the Lord Lieutenant has intimated to the Governors of the Coombe Hospital that he cannot advise Her Majesty to grant the permission which the Governors seek to enable them to re-appoint the outgoing Master, whose period of office has expired. We most entirely approve of this decision, and of the determination of the Irish Government to prevent the recently-granted charter of the hospital being over-ridden in the interest of any individual whomsoever. The fixed period of service has for 150 years worked exceedingly well in the Rotundo Hospital, and—however worthy any Master may be of a special relaxation of it in his favour—it would be very unwise to break the rule and thus create a precedent for similar relaxation whenever the ex-Master could get together a majority of his friends in the governing board.

We hear that the Governors contemplate seizing, for the benefit of the hospital, the fees payable by the Assistant Masters to the Master, a project which is unjust and unwise, and is not justified by the condition of the hospital finances. If the institution were administered with any degree of providence its funds would amply suffice for all demands upon them, but it is not to be expected that they should be adequate to meet the reckless extravagance of management authorised by the Board of Governors.

An institution which expends annually £72 for each bed which it contains, and which allocates £50 of this to establishment charges from which the patient derives no direct benefit, has no right to make a poor mouth, nor to mulct its medical officers to enable it to throw money away in this style. The bed which here costs £72 is no better kept—as we believe—than that which costs £50 in the Rotundo, nor is the executive, which involves an outlay of £50 per bed, one whit more efficient than that which manages the sister institution at £39. We invite the Governors to improve the finances of the Coombe Hospital by pruning down the redundant salaries and expenses which are weighing down the hospital and restricting its usefulness, and when they have done this and reduced the outlay to the lowest sum consistent with efficiency, it will then be time enough to talk of reinforcing its funds by annexing the medical officers' emoluments.

Dr. Freire, of Rio Janeiro, shows that soil from the graves of persons who have died with yellow fever swarms with microbia, which by inoculation produce the disease in animals.

M. Ramon de Luna, in a communication to the Academy of Sciences, maintains that the cause of cholera is always found in the air, and that its acts upon men through the respiratory organs.

At the Edinburgh Police Court a butcher was fined £20, or sixty days' imprisonment, for exposing eighty-two pounds of horse-flesh which was unsound and unfit for human food. The mincing-machine was found filled with horse-flesh.

The Schools.

At most of the medical schools in this country, work commenced on Monday and Tuesday, last week, and each succeeding day witnessed the flocking of increased numbers to dissecting and class rooms. So far as can be judged at present, the entries will not be much if at all behind those of the few previous years; but very probably one or two metropolitan hospitals, especially among the smaller schools, may not occupy so favourable a position as before in this respect. It is satisfactory to learn on the authority of the officials connected with the various colleges, that the deplorable lack of dissecting material of which serious complaint has in the past two or three years been made, will not arise this session to render practical anatomy a subject difficult to study. Already arrangements have been carried out under the advice and with the aid of one of the Government inspectors for ensuring a due and regular supply of bodies; and each school has been able to make a fair start unhampered by deficiency in this respect. At the London Hospital seventeen subjects were available on the first; and at Guy's almost a similar number. At the other principal schools all new students will be able to get to work at once instead of waiting for some time ere doing so; and generally the scarcity complained of may be said to be, for a time at any rate, changed to plenty.

Irish Professorships of Anatomy.

The Board of Trinity College, Dublin, has elected as Professor of Anatomy and Chirurgy in the School of the University of Dublin Dr. Cunningham, who for the last year occupied the Chair of Practical and Descriptive Anatomy in the Royal College of Surgeons in Ireland. The vacancy to which Dr. Cunningham succeeds was caused by the appointment of Dr. MacAlister to the analogous Professorship in Cambridge. Dr. Cunningham was practically the only candidate for the University chair, which is worth about £1,300 a year, the high character which he bore, both as Professor Turner's lieutenant in the Edinburgh University School and as Professor in the Irish College of Surgeons having kept other serious competitors out of the field.

The resignation by Dr. Cunningham of his connection with the College of Surgeons creates a vacancy for which, no doubt, there will be brisk competition, inasmuch as the school has been recently reconstructed and reorganised, and is now one of the first centres of education in Ireland. It is yet too soon for us to nominate the competitors for the post.

In Belfast the Professorship of Anatomy recently held by Dr. Redfern is vacant, and Dr. Anderson, the Assistant Professor, is a candidate. Dr. Knott of Dublin, and Professor Charles of Cork are also spoken of as possible claimants, but their candidature is not yet announced. The vacancy is at present worth about £1,100 a year.

Mr. Austin Cooper, Demonstrator of Anatomy in the Royal College of Surgeons in Ireland, has been appointed Assistant Surgeon of the Richmond Hospital, Dublin, in the room of Dr. Newton Dickenson, resigned. Mr. Cooper was one of the most distinguished students of the Dublin School during his period of pupilage.

Alterations at University College Hospital.

The out-patient department at University College Hospital has during the vacation just ended undergone very considerable alteration and improvement. Room for carrying out the changes has been gained by utilising an adjoining house, and under the direction of Mr. A. E. Barker, assistant surgeon, and Mr. Newton H. Nixon, secretary, assisted by an architect, additional rooms for physicians and surgeons in which patients may be seen, and well-arranged dressing-rooms for the use of patients themselves, are among the inducements offered to the public to become patients at this hospital; but the most remarkable, because the most novel feature of the additions, is the provision of two casualty wards, in which accidents are to be received until a decision as to their fitness for immediate discharge can be arrived at in those cases where such decision cannot be announced offhand. Two nurses will always be on duty in the out-patient department, and altogether things are to be made very pleasant to applicants for gratuitous medical help who exhibit wisdom enough to select University College Hospital for the scene of their curing. The alterations, however, are unquestionable improvements, and will very materially tend to smooth the work of those whose duty it is to attend to this department of the hospital's administration, and they reflect much credit on those who devised them and carried them out.

The Public Health Act in Sheffield and the Lay Press.

We notice with pleasure that the Sheffield newspapers have followed in our wake by inserting the leading article from our columns on the treatment by the Town Council of their health officers, and by pungent remarks of their own on the dead letter to which ignorance and interested motives have turned the Public Health Act in that town. "No one has a right," remarks a local organ, "to disregard sanitary laws. If the consequences of such disregard came only upon the person guilty of it, he might be left alone; but they may affect numbers of other people besides himself, and for their protection, if not for his own, it is desirable that he should be compelled to observe necessary sanitary precautions. There is a good deal of nonsense in all this talk about 'interference with the liberty of the subject.' We quite endorse the view expressed by Professor Humphry, who says: 'No sentimental fancies, no overdrawn apprehensions of interference with the liberties and rights and free action of citizens should be allowed to hinder the enforcement of those principles and laws which are requisite for the prevention or mitigation of disease.'" The passages quoted are sound and sensible, and we trust will have an enlightening influence in opening the eyes of the Town Council in Sheffield to the object and scope of the Public Health Act. Once impressed with the importance of the work it is meant to accomplish, they may possibly be inclined to act more generously, and in a manner better calculated to reflect credit upon themselves, in connection with the appointment of a medical officer of health. They may perhaps see the enormity they are guilty of in permitting midden and ashpit and other organic refuse being used as levelling-up material on grounds used for the erection of dwelling-houses. They may see the necessity for the proper inspection of dwelling-houses by the medical officer of health, to ensure proper compliance with the conditions of healthy drainage. They may perhaps make their nuisance inspector subordinate, as he most certainly ought to be, to the medical officer of health. They may, in fact, arrive at a true appreciation of their own proper functions, and what ought to be the relations between them and their medical officer of health, a knowledge of which they are at present lamentably ignorant. We trust that good results will follow in time the words we notice.

Carey's Brain

Has been weighed by the district medical officer at Port Elizabeth, Dr. Ensor. He says that though he has given special attention to the subject, he never met a brain so heavy or so bulky as Carey's. This infra-cranial member weighed no less than sixty-three ounces, the mass, as Dr. Ensor states, lying in the cerebellum, where according to physiologists, the animal propensities are situated. The largest brain recorded weighed seventy ounces, while the average weight is fifty-one.

Beer Adulteration.

A novel, but none the less important congress was held at Anderton's Hotel on Friday last, to take into consideration the steps requisite for preventing adulteration of beer. Some curious evidence was afforded of the extent to which the Adulteration of Foods Act is inoperative as concerns the article beer. One gentleman testified that in the year concluded June 30 last, hop substitutes comprising various chemicals and drugs amounting to the enormous quantity of 245,000 cwts. were used, while malted barley was very largely replaced by raw grain, Indian corn, potato sugar, &c. Instructive as these facts necessarily are, it is still more so to learn from trade experts that the liquid ordinarily vended as beer is "an imposition and a sham." The assembled members of the Anti-Beer-Adulteration Association did not positively condemn the mixtures to which the term "beer" is popularly applied as injurious to health; but they might very justly have gone this length even; and if they can ucceed in bringing about a change in every way so desirable as that of purifying the national beverage, they will accomplish that which will entitle them to a universal gratitude.

Longevity of Savans.

At a recent sitting of the Paris Academy of Sciences the President reminded the members that in another three days the Dean of the Academy and of the Institute, M. Chevreul, would enter his ninety-eighth year, not only retaining his physical vigour, but also his mental activity. He added that he looked forward with confidence to the time when the Academy and France would celebrate the centenary of one of the most illustrious scientific men of the age. Indeed the office of Dean of the Institute would seem to be closely associated with longevity, for the present ages of the seven distinguished Frenchmen who share this dignity with M. Chevreul are—M. Barthélemy Saint-Hilaire, the youngest, seventy-eight years; M. Charles Lucas, eighty years; M. Boussingault, eighty-one years; M. Dumont, eighty-two years; M. Dumas, eighty-three years; M. Milne-Edwards, eighty-three years; and M. Mignet, eighty-seven years.

Testimonial to Mr. G. W. Hind, F.R.C.S.

It is with great regret we learn that Mr. G. W. Hind, so well known to many generations of our professional brethren as a most successful private teacher of anatomy and surgery, has been compelled, in consequence of increasing years and painful bodily illness, to relinquish the courses of instruction which he has so long delivered. We are grieved to add that the pressure of pecuniary need is added to Mr. Hind's bodily afflictions, and at upwards of eighty years of age he finds himself literally in want of the necessaries of life. Under these circumstances, a number of his friends and former pupils have formed themselves into a committee for the purpose of raising a fund, both for his immediate relief, and for supplying the means of purchasing an annuity, or of making some other suitable provision for his declining years. About £200 has already been subscribed, some of the most distinguished members of our profession being among the contributors, and subscriptions will be thankfully received by Dr. B. W. Richardson, F.R.S., chairman of the committee, Manchester Square; or by Professor Tweedy, F.R.C.S., treasurer, 24 Harley Street. The Messrs. Coutts, Strand, have also kindly consented to receive subscriptions, to be directed "The Hind Fund."

Simpsoned Milk.

At Woolwich, last week, one Butters was charged with adulterating his milk to the extent of 18 per cent. of added water.—The defendant's man said he knew there was water in the milk, for his master put a churn with water in it into the cart when he sent witness to milk the cows. The milk was then passed into the churn with the water.—Mr. Hughes: How much water?—About eight quarts to sixty quarts of milk.—Was this the usual system?—Yes; every afternoon about six quarts of water was put to a churn, which would hold sixty-four quarts, but was seldom full.—Did you ever mix it yourself?—Yes, by defendant's orders.—Mr. Lewis: You knew that you were robbing the public?—Yes, under orders.—Defendant said: I never put water into the milk to the extent mentioned. I admit putting in a little, like any one else, but my man must have put in more and made money of it.—Mr. Marsham fined defendant £3 and costs.

The highest annual death-rates in the large towns last week from diseases of the zymotic class were—From scarlet fever 1·4 in Newcastle-upon-Tyne, 1·6 in Sheffield, and 1·8 in Leeds; from measles, 4·2 in Newcastle-upon-Tyne; from whooping-cough, 1·0 in Newcastle-upon-Tyne, and 1·9 in Brighton; from "fever," 1·4 in Salford, and 2·8 in Halifax; and from diarrhœa, 4·8 in Blackburn, 5·8 in Bolton, and 6·9 in Preston. The death-rate from diarrhœa, which did not exceed 0·8 per 1,000 in London, averaged 2·4 in the provincial towns. The 36 deaths from diphtheria included 19 in London, 7 in Glasgow, 3 in Edinburgh, 2 in Bristol, and 2 in Salford. Small-pox caused 4 deaths in Birmingham, 2 in London, and 2 in Sunderland.

Adulteration of Lime-Water.

One would reasonably think that, of all the articles of our materia medica, lime-water might most probably escape sophistication, considering that a halfpenny-worth of lime will, without any preparation, make a tubful of lime-water. Nevertheless, at Nottingham, recently, a chemist was summoned for having sold lime-water not of the nature and quality of the article asked for. The borough analyst certified that it was deficient in the usual quantity of lime to the extent of 47 per cent. No evidence being offered, the defendant was fined £5.

Wintergreen as an Anti-Rheumatic.

At a recent meeting of the New York Medico-Chirurgical Society Dr. Flint gave the results of the trial of oil of wintergreen in rheumatism. In thirteen cases tried at the Bellevue Hospital it had yielded rather better results than those ordinarily obtained with salicylic acid. The oil was given in 10-drop doses in linseed tea several times a day. Dr. Kinnicutt also stated that he had used the oil in acute rheumatism with good results, and had found that it was less disagreeable when administered in milk than either salicylic acid or salicylate of sodium.

Fœtid Feet.

M. Vieusse says that excessive sweating of the feet, accompanied by pain and fœtidity, can be quickly cured by frictions carefully conducted with the subnitrate of bismuth. In the *Gaz. Hebd.*, July 27, he states that he has never seen any bad results follow the suppression of the sweating.

Harvey's Remains.

The Registrar of the Royal College of Physicians requests us to state that the remains of the illustrious Harvey, now lying in the vault under Hempstead Church, in Essex, will be removed, with the sanction of Harvey's next-of-kin, to the Harvey Chapel, and placed therein in a sarcophagus provided by the Royal College of Physicians. The ceremony will take place on Thursday, October 18th, being St. Luke's Day, and Fellows of the College intending to be present on the occasion must signify the same to the Treasurer or Registrar of the College on or before Thursday, the 11th inst., from whom all necessary information may be obtained.

The step which is about to be taken in this connection, and which is officially announced in the preceding note, has long been a very necessary one, and is the result of two separate inquiries into the condition of Harvey's coffin instituted by the College of Physicians. The first report presented on the subject was drawn up by Drs. Richard Quain and Stewart, who described the vault containing the body as being occasionally inundated, while the leaden coffin containing the body itself was exposed to the rain beating through an open window. The case also was broken in one place, and the interior for long periods filled with dirty water. The College of Physicians, then, in 1859, wished to make the necessary repairs; but Harvey's descendants refused their permission, preferring to execute them at their own cost. Last year Dr. B. W. Richardson, F.R.S., after visiting the tomb, gave a report condemning it as an unfit resting-place for the remains, and renewed efforts were then made to ensure them more honourable repose. A committee was appointed, and the consent of the next-of-kin of the illustrious discoverer of the circulation of the blood having been secured, and a faculty obtained from Dr. Claughton, Bishop of St. Albans, within whose diocese is the parish church of Hempstead, it was determined to remove the remains from the vault, and enshrine them in a sarcophagus on the floor of the Harvey Chapel—a comparatively modern structure, which opens into the old building. The chapel, which was erected by the Harveys, already contains the ashes of most of the members of the great physician's family who have died since his time, and the walls are covered with monumental tablets recording the names and dignities of the deceased. In the midst of these mural monuments all that remains of Harvey will be fitly laid to rest, enclosed in a sarcophagus of white marble, the cost of which will be about £200. The cavity in which the coffin will be placed has been hewn out from the solid block, and on the outer side will be engraved these words:—"The remains of William Harvey, Discoverer of the Circulation of the Blood, were reverentially placed in this sarcophagus by the Royal College of Physicians of London, in the year 1883." At the foot of this monument will be the simple record, "William Harvey. Born, 1578. Died, 1657;" and the whole will in all probability be surrounded by an ornamental iron railing.

A Ramrod in the Brain—Recovery.

Dr. Georg Fischer, of Hanover, reports the following remarkable case in the *Deutsche Zeitschrift für Chirurgie*:—A carbine exploded accidentally, forcing the iron ramrod through the back of the patient, the point of entry being by the right side of the fourth dorsal vertebra. The missile passed upwards along the chest, the deep parts of the neck, through the skull and brain, and a length of 30 ctm. of it appeared through the left side of the head. After cutting down upon it through the neck, it was forced back by blows from a hammer, and extracted through the neck opening. The patient recovered, with loss of the sight of the right eye.

St. John Ambulance Association.

The Central Executive Committee have just issued their report for the current year, in which they gratefully acknowledge their indebtedness to the medical profession for valued instruction and co-operation in the work. The number of centres and branches now established at home and abroad amounts to 190, while in addition many hundreds of "detached classes" for both sexes have been held in the United Kingdom, the Continent, and the Colonies, among the more recent foreign centres being Gibraltar, Bombay, and the "Victoria centre," Australia. During the year 9,069 certificates have been awarded, of which 1,139 were to women for the nursing course, 3,322 to women for the "first aid" course, and 4,608 to men, making a grand total of at least 70,000 certificates issued since the institution of the Association in 1877. At one centre alone (Middlesbro'-on-Tees) 18 classes, numbering 600 pupils, were examined in one week. As in previous years, it has been found that those engaged in dangerous occupations—such as colliers, miners, railway *employés*, factory hands, firemen, &c. — show great eagerness in attending the classes, the benefits of which have lately been extended to the police at the naval dockyards, the Mercantile Marine, and the Metropolitan Fire Brigade.

Tapeworms.

M. Paul Agniel reports, in the *Semaine Médicale*, the case of a man, 24 years of age, who had never been ill, and whose appetite had always been good, who at intervals for a week had noticed the expulsion of segments of tapeworm. After preparation, an infusion of 80 grmm. of pomegranate-rind was administered, followed by castor oil. This brought away an enormous mass of tapeworm, which was found upon examination to consist of eleven worms, with their heads as shown by the hooplets. The mass weighed 1 kilogram, and the combined length of the different worms amounted to 34·50 mètres.

Suppression of Urine for Eighteen Days.

A fatal case is reported from Warsaw of a railway conductor, 45 years of age. The patient was admitted into the Child Jesus Hospital, Warsaw, on February 8th of the present year. He had then suffered for five days from complete anuria. From time to time one or two drops of mucus had passed the urethra. For two days no movement of the bowels had taken place; there were meteorismus, eructations, dull pain in the kidney region, headache, sleeplessness, and restlessness. The patient attempted to evacuate urine three or four times in the hour, but without success. The pulse was weak—100; temperature, 37 (C). No urine came away on passing the catheter. Warm irrigations of the bladder, purgatives, extraction of blood from the kidney region, and warm baths produced no alleviation. On the 12th of February vomiting set in, which lasted several days. The catheter was passed every second day, but yielded no urine. The vomiting became more frequent, and pyrexia set in—38·50 (C). On the 21st of February, for the first time, an ounce of urine was passed, and on the 22nd 1½ ounces. The patient became still worse, and died on the 23rd, after eighteen days of acute suffering. The autopsy showed widening of the calyces. In both ureters calculi were found, which completely prevented the passage of urine. The bladder was empty and contracted. No mention is made of uræmic (so-called) convulsions.

Mr. John Jaffray, of Birmingham, has promised to present that town with a suburban hospital to accommodate fifty male and female patients. The Town Council have gratefully accepted the offer, and the work will be proceeded with at once.

Dr. A. R. Haughey, of Crewe, who was thrown out of his carriage on Monday night week, died from his injuries on Friday last. He remained in a state of unconsciousness after the accident, from which he never rallied. Deceased was the medical officer of the Crewe district of the Nantwich Union.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 37, Madras 42, Paris 21, Geneva 18, Brussels 24, Amsterdam 24, Rotterdam 15, The Hague 15, Copenhagen 20, Stockholm 16, Christiania 11, St. Petersburg 26, Berlin 27, Hamburg 22, Dresden 25, Breslau 30, Munich 26, Vienna 19, Prague 27, Buda-Pesth 26, Trieste 24, Rome 31, Naples 34, Turin 23, Venice 21, Lisbon 30, New York 21, Brooklyn 21, Philadelphia 22, Baltimore 22.

The annual rates of mortality last week in the principal large towns of the United Kingdom averaged 19·1 per 1,000 of their aggregate population, which were:—Leicester, 14; Derby, Bristol, Huddersfield, Bradford 15; Cardiff, London 16; Portsmouth, Oldham, Birkenhead 17; Edinburgh, Wolverhampton, Halifax, Blackburn, Salford 18; Leeds 19; Birmingham, Nottingham, Brighton 20; Sheffield 21; Glasgow, Norwich 22; Dublin, Plymouth 23; Bolton 24; Sunderland, Manchester, Hull 25; Liverpool 26; Preston 28; Newcastle-on-Tyne 33.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Edinburgh Medical School.—The work of the winter session in the University and extra-academical medical schools was partially entered upon on the 1st October, when the practical classes in anatomy were opened. The attendance of students, so far as an opinion can yet be formed, promises to be even greater than that of previous years.

Faculty of Physicians and Surgeons of Glasgow.—The annual general meeting of this body was held in the Faculty Hall on Monday, the 1st inst. Dr. Andrew Fergus was elected President. At this critical juncture in the history of the Faculty the appointment of Dr. Fergus is exceedingly judicious. He is *au fait* in medical politics, and his energies will doubtless be strongly exerted in the interests of this ancient body. Mr. Fleming was re-appointed an Examiner in Physiology, Dr. A. M. Buchanan in Anatomy, Dr. Stirton in Midwifery, and Dr. Cameron in Surgery. The President, in dimitting office, referred in handsome terms to the assistance cordially granted to him by the Fellows in conducting the business, and he paid a well-merited compliment to the energetic and courteous secretary to the Faculty. The meeting was a large one.

Death-Rate of Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 29th ult., were at the rate of 22 per 1,000. This is against a rate of 23 in the preceding week, and 24, 18, and 20 in the corresponding periods of 1882, 1881, and 1880.

Singular Death of an Infirmary Patient.—Last week a patient in the Greenock Infirmary named John Colquhoun, suffering from acute pneumonia, effected his escape from that institution by smashing one of the windows. The nurse in charge gave prompt pursuit, but failed to overtake him. While passing down the Vennel, however, the poor fellow was seen to fall, and on the police-constable on the beat going up to him life was found to be extinct. The body was removed to the dead-house of the Infirmary. Deceased was aged about 56 years.

The Preliminary at the Edinburgh University.—The preliminary examinations in Arts for medical students in the University held last week seem to indicate a considerable increase; the number has been so far greater than at any previous period, the April examinations being hitherto more largely attended than the autumn ones. The entrants for the first professional examination are also more numerous than those hitherto received.

Health of Edinburgh.—At a meeting of the Public Health Committee of the Edinburgh Town Council held last week, Dr. Littlejohn, medical officer of health, submitted his monthly report as to the health of the city. It was shown that during September the total number of deaths recorded in the city was 283, giving a death-rate of 14·47 per 1,000 of the estimated population. Of these 85 were in the New Town, 159 in the Old Town, and 39 in the southern suburbs. 134, or 47·35 per cent., of the total deaths were registered as under five years of age; 96, or 33·93, between five and sixty years of age; and 53, or 18·73, above sixty years of age. The deaths from diseases of the chest amounted to 75, or 26·50 per cent.; and 30 deaths, or 10·60 per cent., were due to debility and old age. Diseases of a zymotic nature proved fatal in 31 cases, or 10·95 per cent. of the total mortality. During the quarter ending 30th September, 929 deaths were reported, giving a death-rate of 15·83 per 1000, as compared with an average death-rate of 17·05 for the corresponding quarter of the past five years. During September 384 cases of infectious diseases were reported, comprising 204 of scarlatina, 113 of measles, 44 of typhoid, and 23 of diphtheria. For the quarter ending 30th September, 1,211 cases were reported, 519 in the New Town, 550 in the Old Town, and 142 in the southern suburbs. Of typhus, 1 in July and 3 in August; typhoid, 39 in July, 30 in August, and 44 in September; diphtheria, 17 in July, 12 in August, and 23 in September. No cases of small-pox occurred. Of scarlatina cases there were 106 each in July and August, and 204 in September; and of measles, 320 in July, 193 in August, and 113 in September.

Dr. Alfred Carpenter on Working-class Sanitation.—Dr. Carpenter, of Croydon, had an overwhelming audience to hear his address at the Sanitary Congress in Scotland last week on sanitation as it affected working men. After pointing out the various direct and indirect means by which it influenced the lives and pockets of his hearers, especially in the reduction of their sick rate and consequent mortality, he made a palpable hit at the election fraud when he advised working men that whenever a man tried to get a seat at the Town Council or Police Board by decrying the salaries of sanitary officials and the great expenditure incurred in cleansing a town, and thereby promoting the public health, the working men should not listen to that man. Such a man was not the working man's friend, and he was not the sort of man to take care of the interests of the working classes in the Council. The man who tried to get into the Council by talk of that kind had his own interests to serve, and not those of his fellow-men. This advice was loudly applauded, and it were well if such sound teaching were given to the working classes throughout the length and breadth of the United Kingdom. There is too much of this "beggar-my-neighbour" abroad for the public weal, and we commend the sentiment to the consideration of Sheffield and one or two other towns which have distinguished themselves by a fanatic opposition to sanitary measures, and a disposition to make the position of health officer such as no gentleman could accept by their narrow-minded clamour for economy.

The Anti-Vivisectionists in Edinburgh.—The last venture of the anti-vivisectionists was not a great success in this city, notwithstanding the attraction of a newly-fledged female medico in the principal character. This latest convert, Dr. Anna Kingsford, who holds a Parisian diploma, is described as "a tall, young, flaxen-haired lady, with pleasing, expressive face, graceful figure, and prepossessing appearance. She was fashionably attired in a rich dark green broché dress, with high collar and lace frill, and wore a black lace bonnet trimmed with feathers. Upon her breast, suspended by a dark crimson ribbon, was a large silver medal and clasp. She is a self-possessed, fluent speaker, and, though her address lasted nearly an hour and three-quarters, she managed to retain to the close the attention of her audience." Our only regret is that so lovely a creature, as we are led to imagine her to be from descriptions in the lay press, had not a worthier theme on which to expend her eloquence than that a "learned professor flayed and burned alive scores of living creatures daily in his laboratory," and that the audience, even with such attractions, numbered scarcely a hundred, nearly the whole of whom were ladies, with a sprinkling of about half-a-dozen elderly gentlemen.

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THE DUTIES OF POOR-LAW MEDICAL OFFICERS UNDER THE LABOURERS' (IRELAND) ACT OF LAST SESSION.

A new function has been imposed upon the Poor-law medical officers of Ireland by the Act which was passed last session for the erection of dwellings for agricultural labourers, and already these officers have been called upon to perform duties which are entirely novel and outside their medical or sanitary functions. The Act empowers each sanitary authority in case "a representation is made that the existing house accommodation for agricultural labourers and their families is deficient . . . or unfit for human habitation, owing to dilapidation, want of light, air, ventilation, or proper conveniences," to make a scheme for the improvement thereof. This "representation" must be made by not less than twelve ratepayers resident in the district, and the Act (section 5) goes on to say: "The representation, if made on the ground of insufficient house accommodation, shall set forth specific instances of such insufficiency, and if made on the ground of sanitary defects, shall be accompanied by a certificate of a sanitary officer of the sanitary authority to which the representation is made in corroboration of the sanitary defects alleged." It is further provided (section 7) that if the guardians petition the Local Government Board to the works carried out, that Board may "direct a local inquiry to be held for the purpose of ascertaining the correctness of the representation made as to the deficiency of houses . . . and their sanitary defects," &c.

Under this law, as we have said, any medical officer of health may be—and many have been—called upon to inspect any number of labourers' dwellings, and to report and certify on same, and much additional labour and responsibility is thus imposed. But the Act makes no special provision whatever for payment for such services, and, as a matter of fact, the board of guardians have not in any instance fixed or paid a fee, nor has the Local Government Board taken the least notice of the fact that their medical officers, being thus laden with additional labour, may reasonably expect to be paid for same. On this point the Act provides as follows:—"All costs, charges, and expenses incurred by the Local Government Board in relation to any provisional order under this Act shall—to such amount as the Local Government Board think proper to direct, and all costs, charges, and expenses of any person, to such amount as may be allowed by the Local Government Board, in pursuance of the aforesaid power—shall be deemed to be an expense incurred by the sanitary authority under this Act, and shall be paid to the Local Government Board and to such person respectively . . as the Local Government Board may order. . . . An order made by the Local Government Board in pursuance of this section may be made a rule of Her Majesty's High Court of Justice in Ireland, and be enforced accordingly." Finally, section 17 provides that "The expenses incurred by a sanitary authority in execution of this Act shall be special expenses within the mean-of Part 5 of the Public Health (Ireland) Act, 1878"—in other words, they shall be levied on the dispensary district or townland, or other local division, and not on the general rate.

Of course, medical officers of health must be paid for this labour, and it seems to be the duty of the Local Government Board to make an order fixing the amount of the fee. The wording of the Public Health Act in nowise covers this additional work, and we hope that each medical officer who is called upon to report and certify under the Act will at once make it clearly understood by his board of guardians that he will expect to be paid for doing so, and will not continue to do so unless he is. The amount of the fee must necessarily depend upon the extent of the district inspected.

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THE EXAMINATIONS OF THE ROYAL IRISH UNIVERSITY.

Great excitement has arisen amongst the candidates for the medical degrees of the University at the examination which terminated on Saturday last, in consequence of the publication in the *Irish Times* of a statement that only thirteen candidates out of 130 have satisfied the requirements of the Standing Committee of the senate in the second medical, and about forty out of 105 in the M.B.

We are in a position to assure our readers that this statement is at the least premature. The subject is under the consideration of the Standing Committee, who reserve to themselves the decision of "pass or pluck" in doubtful cases, which has hitherto been exercised by the examiners. We anticipate that when the decision of the committee is published it will appear that a much larger percentage have passed than that recorded by our contemporary.

Another painful case of sudden death occurred on Monday afternoon to an elderly and much respected member of the profession in South Wales. Deceased, Mr. Thomas Evans, M.R.C.S., of Cardiff, was at the house of a patient, and, whilst congratulating her on a satisfactory progress, fell dead at the bedside.

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Correspondence.

INVALID FOODS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As Dr. Quinlan is on the subject of invalid foods, perhaps you will not think it presumptuous in me to add a few remarks. The Benger's self-digestive food I have found to deserve the high character he gives it. I have repeatedly found it to be assimilated in cases where the patient was in danger of starvation. The peptonised jelly has not been with me so much of a success either *per orem* or *per rectum*. With regard to the latter method, it would be well if the means of administration were rendered in some way less irritating, as I have found that after prolonged enematisation the bowel comes to reject the matter almost immediately.

There is a great future before what I may call pre-digestion of food, but the public ought to be cautioned against the indiscriminate use of nostrums. There is one preparation called Lactopeptyn, advertised to a fearful extent, and even patronised by the distinguished Dr. Husband. It is sold at a considerable price, and I hope the purchasers get value for their money. The proprietors profess to unite in one powder all *the digestive ferments, including hydrochloric and lactic acids.* Now, what effect a twenty-four hours' reaction with hydrochloric acid would have on a powder composed of diastase, pepsin, and pancreatin, I will not undertake to say; but must it not completely destroy the activity? But the whole idea is absurd *ab initio.* The cycle of digestion is extremely delicate, complicated, and easily disturbed, and to expect to produce all its phenomena by heaping together a number of extracts is as foolish as to boil down a library and drink the soup in pursuit of knowledge.

It is well understood that both diastase and pancreatin require alkaline media, probably of different intensities. Pepsin must be acid; *and you cannot have a medium both alkaline and acid at the same time.* It is probable that the same incompatibility exists in the case of movements, temperatures, and a number of other conditions that we can only guess at.

Furthermore, we cannot tell what goes on even so far as the stomach. At what stage does the alkalinity of the mouth merge into the acidity of the stomach? What effect is produced by the mutual conflict of the two secretions? Until these and other questions are answered we cannot accurately imitate the processes of Nature. We may possibly grope about in the dark and hit upon the right thing, but we shall be walking constantly among stumbling-blocks..

For this reason I would demur to just one remark of Dr. Quinlan's able paper: "I have found it better to omit boiling, as the digestive process will continue in the patient's stomach." I do not know whether it will continue; it may or it may not. Whatever be the business, I would rather see it done before my eyes than trust to its being done when I cannot see it.

Accordingly, I think it will be, for the present at least, more judicious to use the pre-digested foods than those preparations which profess to assist digestion. Of course, there will always be empirics who will say "such and such a plan has succeeded very well with me, and the proof of the pudding is in the eating;" but this will never be the logical attitude of a really scientific mind.

I am, yours truly,
T. E. Cahill.

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LUNN ON THE PHILOSOPHY OF THE VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of September 26th Mr. Lunn calls attention to what he terms an extraordinary error in Mr. Behnke's admirable little work on the voice. He proceeds in a somewhat elaborate manner to show where Mr. Behnke is wrong, and proves to his own satisfaction that the more slanting the ligaments the greater the blast required to make them speak. He then quietly adds, "If it should be thought that this should not be applied in consequence of the air being a fluid, then since fluids press equally in all directions, the direction of the sheet will make no difference to the air blast." As "this" should certainly not be applied, he effectually demolishes his previous argument.

Taking this second result of Mr. Lunn's as correct, let us consider the case of two tubes, precisely similar, closed by ligaments, which for the sake of simplicity we will suppose to be at the same tension and both producing notes of same pitch, one pair of ligaments being, however, more slanting than the other. It is plain that the more slanting ligaments will be the longer of the two; therefore, as they are of same tension and give the same note, they will also be the thinner or less weighty. But by Mr. Lunn's second result, the pressure on the square inch is the same in both cases; therefore the thinner one will be more easily moved than the other, that is, the more slanting the ligaments, the less the pressure required to make them speak, which is what Mr. Behnke states.

I am, &c.,
October 6th. B.Sc.

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Literature.

COATS' PATHOLOGY. (*a*)

The want of a reliable and ample English text-book on pathological anatomy had, Dr. Coats explains in his preface, long been experienced by him while pursuing his labours as a lecturer; and the difficulty he was under of suggesting such a work to his pupils led him to undertake the work now published in his name. We may at once admit that wisdom is in this particular instance more than justified of her child, for Dr. Coats has succeeded in producing a very valuable manual, which will be found of much service notwithstanding that translations of two classical foreign text-books are also available to British students.

There is a considerable amount of satisfaction to be found in the fact that a really good treatise on pathology is still within the power of a home Author to produce; and that we need not now, any more than a dozen years ago, feel entirely dependent on foreign sources of activity for such manuals as the one before us. It does not, it is true, go forth as absolutely a chronicle of original work; it could hardly pretend to be so; but its author informs us that it rests in most of its departments on his own observation and experience. This statement probably implies that Dr. Coats has not been a slavish imitator in book-making, but has chosen rather to see for himself, and describe the things his eyes have seen. And there is abundant evidence throughout the work that this is so, the result being that a freshness and trueness of description is incorporated into it, which those who merely copy cannot possibly attain to.

Following the plan mostly adopted, Dr. Coats divides his book into two parts, one dealing with general diseases and the other with special organs and systems. Under the first heading the principles of pathology are, of course, treated, but the affections of the circulation and of the blood first receive attention, inflammation being separately considered in a later section of the work. Next retrograde metamorphoses, and then hypertrophy, repair and regeneration, claim notice, after which infective tumours are treated of. This last section, though short, is conspicuously clear and valuable; and not less so in many characters is the discussion on "Tumours, or Morbid Growths" that succeeds it, and which describes this great class of growths very clearly and agreeably. "Parasites" forms the subject of the concluding section of Part I.

Diseases of the special organs and systems are dealt with in the second part of the work, and throughout the utmost care has been taken to present the reader with the best received opinions on all those points which are to a greater or less extent still *sub judice.* The nervous system naturally offers difficulties which will in all likelihood long continue to be cruces to the clinician, but the account of its pathology as given by Dr. Coats possesses the obvious merit of being, at any rate comprehensible and free from strongly-expressed bias. As regards actual lesions and the appearance they present, the account given is eminently practical and is so rendered as to engage the ready attention of every reader. In writing of disease of other organs also the same characteristics are manifested, and it may perhaps be said with justice that no more readable manual exists in the language. It is a somewhat bulky volume, but the subject could not well be treated as Dr. Coats has treated it, in less space, nor could the book have been contracted unless at the expense of some of its excellence. It is, moreover, most liberally illustrated, no pains or expense in this direction having been spared to add to the usefulness of the work, on the importance and value of which its author may be very justly congratulated.

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OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1 30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Notices to Correspondents.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

CERTIFYING OF LUNATICS ON OATH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

Sir,—In the committal of a dangerous lunatic to the asylum by two magistrates, is the medical officer who is called to their assistance bound by "Act of Parliament" to submit to examination on oath before filling out the medical certificate? which I was called upon to do recently but refused and left; the same day the medical officer of a different dispensary district was called in, certified on oath, and the patient forwarded to the asylum with an order by the justices to the Board of Guardians for a fee of £1 10s. for his services.

On September 19 I wrote to the Local Government Board requesting a reply to the foregoing query, the following is a copy of the reply I received on September 28th:—

Local Government Board,
September 27th, 1883.

The Board desire to state that the Act of Parliament makes use of the word "certify," but if the justices should desire that the certificate should be verified on oath, the Local Government Board do not apprehend that the medical officer certifying would object.

By order of the Board,
W. D. Wodsworth, Secretary.

This is the first instance (out of many) in which I have been called upon to submit to examination on oath previous to filling the certificate, I may add, the magistrates in this case were from a neighbouring petty sessions district, requiring a deposition from the medical officer in every case. In the petty sessions district in which I reside such a thing as deposition on oath was never hinted at.

Yours, &c.,
Subscriber.

[The Act of Parliament makes no provision for certifying on oath, therefore, the medical officer examined is not obliged to make a sworn deposition, and his certificate is perfectly good without it. On the other hand, the magistrates have full discretion to withhold payment and they will, no doubt, do so unless the certificate be in such form as they approve. Probably the object of the magistrates is to ensure that the Dangerous Lunatics Act shall not be used to send to the district asylum as dangerous, persons who are harmless and ought to be in the workhouse. In any case, we do not know how it was that our correspondent was examined outside his district, as the Act says that the dispensary medical officer of the district in which the magistrates are sitting shall be the witness.—Ed.]

Dr. Gordon Holmes.—Your paper on "Syphilis of the Larynx" is marked for early insertion.

Mr. M. Baker.—The publication in question is carried on by a notorious—though legally-qualified—quack, whose name is placed side by side with some of the most eminent men in the profession, in order that he may appear in good company before his dupes.

(*a*) "A Manual of Pathology." By Joseph Coats, M.D. London: Longmans, Green & Co.

An exposure in our columns would "make a martyr of him," and give him a prominence we are not disposed to help him to.

PATERFAMILIAS.—You cannot do better than follow the advice given in our Student's Number (Sept. 19) if you are anxious that your son should qualify for the profession; therin you will find reference to every medical school in the United Kingdom, their fees, staffs, &c. We make a point of never recommending any particular school, and must ask you to excuse us writing a private letter in answer to your numerous queries. The Irish and Scotch schools commence the winter session nearly a month later than the English.

MR. MILLINGTON.—The originator of Dover's powders was certainly not a quack as you suppose; he was a pupil of the illustrious Sydenham, and had a lucrative practice in Bristol, where he commenced, and subsequently in London. His remedy was never a secret one with the profession, nor did he derive any emolument from its sale. The idea of charlatanism which is sometimes attached to his name arose probably from his privateering enterprises in the South Seas, which are supposed to have brought him wealth; but professionally he was most studious in the observance of a rigorous etiquette.

A DOCTOR'S LIFE.

THE *American Medical Monthly* chronicles a few of the disagreeables to which members of the profession in that country are subject, and as they are equally applicable here we reproduce them:—"If he visits a few of his clients when they are well, it is to get his dinner; if he does not do so, it is because he cares more for the fleece than the flock. If he goes to church regularly, it is because he has nothing else to do, or goes to be seen; if he does not go, it is because he has no respect for the Sabbath or religion. If he speaks to a poor person, he keeps bad company; if he passes them by, he is above his position. If he has a good carriage, he is extravagant; if he uses a poor one on the score of economy, he is hard up. If he gives parties, it is to soft-soap the people to get their money; if he does not give them, he is mean. If his horse is fat, it is because he has nothing to do; if he is lean, it is because he is not taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slow, he has no interest in the welfare of his patients. If he dresses neatly, he is proud; if he does not, he is wanting in self-respect. If he works on the land, he is fit for nothing but a farmer; if he does not work, it is because he is too lazy to do anything. If he talks much, 'we don't want a doctor to tell everything he knows;' if he does not talk, '*we like to see a doctor social.*' If he says anything about politics, he had better let it alone; if he does not say anything about it, 'we like to see a man show his colours.' If he visits his patients every day, it is to run up a bill; if he does not, it is unjustifiable negligence. If he says anything about religion, he is a hypocrite; if he does not, he is an infidel. If he uses any of the popular remedies of the day, it is to cater to the whim and prejudices of the people to fill his pockets; if he does not use them, it is from professional selfishness. If he is in the habit of having counsel often, it is because he knows nothing; if he objects to having it on the ground that he understands his own business, he is afraid of exposing his ignorance to his superiors."

AN INTENDING CANDIDATE.—The next examination will be held in London in February, 1884; you will find hints on the subject in our Students' Number, September 19. For the full regulations we must refer you to the India Office, London, S.W., where they are obtainable on application by post or personally.

A FIRST YEAR'S MAN.—As aids, not as substitutes for the more complete treatises, the little works referred to are decidedly useful, and an intelligent use of them will greatly assist you in catechising yourself as to your knowledge previous to examination.

FIAT JUSTITIA.—See our article on the Labourers' (Ireland) Act in this week's issue.

THE CURE OF ABSCESSES WITHOUT CICATRICES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Quinlan, of Philadelphia, is not original in his use of the wire seton to evacuate abscesses (*Medical Press*, Oct. 3, page 294), as a glance at section 166 : 2 of the "Medical Digest" will prove, hydrocele, ranula, abscess, bubo, suppurating glands, &c., being among the diseases in which the seton finds many advocates.

Yours, &c.,
South Hampstead. RICHARD NEALE, M.D. Lond.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, OCTOBER 10TH.

HUNTERIAN SOCIETY.—At 7.15 p.m. Council.—8 p.m. Dr. Stephen Mackenzie, On some of the rarer Skin Diseases.

THURSDAY, OCTOBER 11TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m., Address by the President (Mr. Hutchinson F.R.S.).—Dr. Stephen Mackenzie, On some Cases of Retinal Hæmorrhage.—Dr. Sharkey, On a Case of Homonymous Hemianopia due to a Cortical Lesion.—Mr. Nettleship:—1. On a Case of Homonymous Hemianopia due to Lesion of Chiasma or Tract. 2. On a Case of Sympathetic Iritis following immediate Excision of the Eye for injury.—Living Specimens at 8 o'clock:—Dr. J. A. Ormerod: Left Hemiplegia, with subsequent Contraction of the Field of Vision of the opposite Eye.—Dr. Brailey: Two exceptional Cases of Glaucoma.

ABERNETHIAN SOCIETY (St. Bartholomew's Hospital).—Introductory Address, by Mr. Butlin.

FRIDAY, OCTOBER 12TH.

CLINICAL SOCIETY OF LONDON.—At the first meeting of the Session of this Society, the following papers will be read:—Dr. Goodhart, On Three Cases of Peritoneal Abscess in Children.—Dr. Bastian: 1. On an Anomalous Case of Disseminated Cerebro Spinal Sclerosis. 2. Rupture of a large Aneurism in the Left Corpus Striatum, with Intra-ventricular Hæmorrhage, and extreme lowering of rectal temperature. 3. On Apoplexy in a boy aged 15, with Intra-ventricular Hæmorrhage, Convulsions, and Death in four hours.—Dr. Althaus, On a Case of Syphilis of the Cerebral Arteries, with Gummatous Tumours permeating the Dura Mater.

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Vacancies.

Bristol Royal Infirmary.—Assistant Resident Officer and Pathologist. Salary, £80, with board, &c. Applications to the Secretary before October 23.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications to the Chairman before November 4.

Chichester Infirmary.—House Surgeon and Secretary. Salary, £[illegible], with board. Also an Assistant House Surgeon. Salary, £[illegible], with board, &c. Applications to the Chairman before October [illegible].

Durham County Asylum.—Junior Assistant Medical Officer. Salary commencing at £100, with board. Applications to Dr. Smith, at the Asylum, Sedgefield.

Nottingham General Hospital.—Assistant House Surgeon. Salary, £80, with board. Applications to the Secretary before October [illegible].

Appointments

DOWNING, C., L.R.C.P. Lond., M.R.C.S., House Surgeon to the Clinical Hospital for Women and Children, Manchester.

DRAPES, T., M.B., Resident Medical Superintendent to Enniscorthy Lunatic Asylum.

DUDFIELD, T. O., M.D. St. And., Medical Officer for the No. 5 District of the St. Mary Abbots, Kensington.

DYER, S. R., M.R.C.S., House Surgeon to the Huntingdon County Hospital.

FORREST, J. R., M.R.C.S., Medical Officer for the Brandesburton District of the Skirlaugh Union, East Riding, Yorks.

HELM, R. D., M.B., C.M. Ed., Assistant House Surgeon to the Leith Hospital.

HILL, A. B., M.D. Glas., L.R.C.P. Ed., Public Analyst for the City of Coventry.

JACKSON, J. H., M.B., Senior House Surgeon to the Royal Albert Edward Infirmary and Dispensary, Wigan.

LITTLE, J., M.D. Ed., M.R.C.S., Medical Officer for the Maryport District of the Cockermouth Union.

LOWE, T. P., M.R.C.S., House Surgeon to the Royal United Hospital, Bath.

MACPHERSON, A., M.B., C.M. Ed., House Surgeon to the Chester General Infirmary.

MALE, H. C., M.B., C.M. Ed., House Surgeon to the Leith Hospital.

MOORE, F. L., L.R.C.P. Ed., L.R.C.S.I., Medical Officer for the second District of the Ormskirk Union.

MOORE, N., M.D. Cantab., F.R.C.P.L., Assistant Physician to St. Bartholomew's Hospital.

REES, D. V., L.R.C.P.L., M.R.C.S., Medical Officer for the Llangorse District of the Brecknock Union.

ROBERTSON, C. A. J., Senior House Surgeon to the Ardwick and Ancoats Hospital and Dispensary.

SCOTT, H., Junior House Surgeon to the Ardwick and Ancoats Hospital and Dispensary.

Births.

COATS.—September 10, at Cape Town, South Africa, the wife of Surgeon Major James Coats, A.M.D., of a son.

COGAN.—October 3, at Hilsea Barracks, Hants, the wife of Surgeon-Major M. Cogan, of a daughter.

KENNEFICK.—September 25, at Auburn, Clonmel, the wife of John S. Kennefick, M.D., of a son.

OULTON.—October 5, the wife of H. W. Oulton, M.D., Dublin, of a daughter.

WADE.—October 6, at 2 Wrington Villas, Forest Hill, S.E., the wife of Charles H. Wade, B.A. Oxon., of a daughter.

Marriages.

HILL—PHILIPS.—October 4, at St. George's, Kensington, James Hill, M.D., F.R.C.S. Ed., eldest son of the late James Hill, Receiver General for Scotland, to Jeanie, daughter of Joseph Philips, of the Inner Temple, barrister-at-law.

VORES—HAZELRIGG.—October 3, at Goadby, Leicestershire, Arthur Vores, M.R.C.S., fourth son of W. Vores, M.D., of Yarmouth, to Gwendoline Frances, youngest daughter of Sir Arthur Grey Hazelrigg, Bart., of Noseley Hall.

Deaths.

EVANS.—October 8, at Cardiff, suddenly at the bedside of a patient, Thos. Evans, M.R.C.S., aged 69.

EVANS.—September 30, at Isleworth, George Henry Evans, M.D., aged 48.

HAMERTON.—September 29, at Belfield House, Rathmines, Clement Hamerton, F.R.C.S.I., aged 73.

HAUGHEY.—October 5, at his residence, Crewe, Cheshire, from the effects of a carriage accident, A. Richardson Haughey, M.D. Ed., M.R.C.S. Eng.

JERVIS.—October 3, at 32 Connaught Square, Thomas Jervis, M.D., J.P. for Middlesex and Westminster, aged 73.

LYNCH.—October 2, at 28 Clarinda Park, Kingstown, Francis James Lynch, M.D., aged 71.

SEWELL.—October 2, at Quebec, Canada, James Arthur Sewell, M.D., Dean of the Faculty of Medicine, Laval University, aged 74. (By telegram.)

LOCUM TENENS.—A GENTLEMAN (aged 30) duly qualified as Physician and Surgeon is prepared to undertake TEMPORARY DUTY in Dublin or Suburbs. Address, LAGOS, *Medical Press* Office, 3 Molesworth Street, Dublin.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 17, 1883.

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ON

THE VARIETIES OF APHASIA—(I) WORD BLINDNESS.—(II) MOTOR APHASIA. (a)

LECTURE II.

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

(Continued from page 305.)

GENTLEMEN,—It remains for me to consider, in conclusion, the nature of the pathological process which determines, in our patient, the hemiopy and the verbal blindness, and by what mechanism they are developed. In this again we cannot hope but to present you with hypotheses more or less likely, but it must be confessed that at the present time this is characteristic of the entire field of cerebral pathological physiology. I do not require to remind you that the Sylvian artery (the *middle cerebral*), which I do not hesitate to consider primarily implicated in these conditions, furnishes branches to the convolution of Broca, which appears to be the seat of the lesion in aphasia, and to those regions where apparently we have to search for the seat of verbal blindness and hemiopy. Lesion of those arterial branches is the primitive condition in consequence of which alteration, more or less pronounced, of cerebral tissue supervenes. But in what does the vascular lesion consist? Spasm, thrombosis, embolism? It is difficult to determine this with any degree of exactitude. The existence of frequent and intense headaches might possibly be explained, following Latham, by vascular spasms of the *middle cerebral*, owing to some predisposition. It appears indeed that the repetition of the vascular spasm causes (Galezowsky) at length, in the walls of the vessels modifications more or less grave, seeing that in ophthalmic migraine, at least, we find hemiopy or aphasia, at first transitory, become more or less permanent. But we do not infer that the migraine from which our patient suffers has been a real ophthalmic migraine. The hypothesis of thrombosis in consequence of *arteritis* or that of embolism cannot be entertained save with reserve, the first by reason of the age of our patient, and the second because of the existence of no trace of organic heart disease. I am constrained to the following conclusions:—It is probable that at its origin the Sylvian artery has been obliterated. Hence we account for the primary aphasia, the amnesia, and the paralysis of the two extremities of the right side. But in the region of the primary branches the circulation has been re-established, and hence the hemiplegia, and even the aphasia have disappeared. On the other hand the ischæmia has persisted in the course of the parietal artery, and, in consequence, the nervous tissue has in the corresponding region undergone alterations more or less grave, to which are to be ascribed the hemiopy and the verbal blindness, as a permanent condition during six months. At the same time the lesion, whatever may be its ultimate nature, does not seem to be irremediable, seeing, as we have noticed, that under the influence of very simple treatment, the abnormal state gradually disappears. If that improvement continues, as we have every reason to hope, the patient may be congratulated, for if one may judge from the cases hitherto published verbal blindness, once established, rarely improves, but remains an indelible infirmity.

II. That is sufficient as to our patient affected with verbal blindness. I proceed now to lay before you the clinical history of our second case, which presents a good example of motor aphasia (aphasia of the Bouillaud-Broca type), divested as much as possible of every form of complication.

V. H., a shoemaker, was seized six months ago, on the 6th of November, 1882, with an attack of right hemiplegia, with aphasia. Patient is a man of regular habits, intelligent, and a great worker. There is no history of syphilis nor of rheumatism, acute or subacute, and prior to his attack, he never experienced palpitations of the heart, from which he has suffered since, and which appear to be due, as we say to an organic cardiac vice.

Two years ago he had his first attack. Suddenly, in serving a customer he was seized with inability to speak, and at the same time his right hand fell powerless by his side. This paralysis remained only for about ten minutes, and his normal cond tion was re-established. Apart from this circumstance his personal antecedents are negative. But it is not so in respect of his family. His mother, at present aged 77, was struck 28 years ago, that is to say at the same age as our patient is at present, after receipt of bad news, with an attack of right hemiplegia and, at the same time, complete motor aphasia, and this condition has remained ever since. There is nothing to remark with respect to the other members of the family. Thus you see the mother and son seized at the same age and apparently in a similar manner. That circumstance cannot fail to interest us, and you will doubtless reflect on the heredity described by many authors and more especially by M. Dieulafoy (a) in his history of intracephalic hæmorrhages. This author cites several very remarkable cases, in which cerebral hæmorrhage is found in three successive generations. You will estimate the importance to be attached to a knowledge of this fact, when we come to examine in our patient, the anatomical condition we are about to describe. On 5th of November V. H. wrought as was his habit. Towards evening he complained of headache, and he grew sleepy later than was his wont. The following morning on wakening he discovered, for he was perfectly conscious, that the extremities of his right side were completely paralysed, placid and inert, and the inferior as much so as the superior. He is certain that his face was also paralysed, and that very markedly, the cheeks being drawn to the left, and the tongue protruding from the mouth being sensibly deviated to the right. This condition remained without change for three or four days. Although patient was not comatose, and had not mere stupor, sensation was blunted for, on pinching the paralysed member he experienced no pain. He is thus affected with ordinary hemiplegia such as we observe in affections of the middle grey layer of the brain. The pronounced anæsthesia of the first few days seems to point to this, seeing that it seems to indicate a participation of the posterior part of the internal capsule (sensitive tract). There are meantime, however, certain reserves to be made on this point.

Towards the end of 15 days, the paralysis is less in the inferior extremity. At the end of a month the patient can walk a little in his room. At the present moment, as you notice, the features are perfectly regular. The right eye, however, continues more open than the left, and when V. H. laughs the labial commissure is drawn to the left. The tongue is protruded straight. So far as concerns the superior extremity, it is meantime contracted, and rigid, especially about the level of the elbow and wrist. The tendon reflexes of the elbow and wrist are exaggerated, so likewise is the patellar reflex, but the inferior extremity is not rigid, and the patient walks without difficulty. Here then we have hemiplegia, with contraction, consequent upon a destructive lesion either of the motor regions of the cortex, or of the internal capsule, and which in any case has determined secondary degeneration of the fibres of the pyramids. Meantime, we concentrate our attention on the condition of the intelligence of our patient, and especially on the symptom of aphasia, but that had better be considered in our next lecture.

(*To be concluded.*)

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The general health continues unusually good, large towns like Bristol, Brighton, and Edinburgh yielding a mortality during the past week of only 14 per thousand of their population, and London, with its four millions, a death-rate of only 16 per 1,000.

(a) Dieulafoy—" Du rôle de l'hérédité la production de l'hæmorrhagie cerebrale" (*Gaz. Hebd de Méd. et de Chir.*, 1876, p. 595).

THE PHILOSOPHY OF VOICE.

By CHARLES LUNN.

(*Continued from page* 283.)

To show how much the profession of voice production owes to medical men, we have only to collate the definitions of a qualified and an unqualified practitioner—I mean of one who has passed the curriculum of medical examination, and one who, like myself, has not.

Dr. Marcet, M.D., F.R.S.	Mr. Behnke.
"When air is blown into the windpipe, it must force its way between the vocal cords, and, by so doing, cause them to bulge outwards; but the air, now finding a freer exit, and the pressure being relieved, the cords, from their elasticity, will immediately resume their former position. At the same instant, the blast, meeting afresh with resistance, will again move the parts aside, and, by that repeated action, the current of air will be divided into a number of sections, reaching the ear in a succession of waves, and thereby producing a vibration, perceived as a sound." (1869)	"The vocal ligaments, having met, are struck by the air blown against them from below, and being elastic they yield, allowing themselves to be forced *upwards*. A little air is thereby set free, and the pressure from below diminished, in consequence of which the vocal ligaments resume their former position. . . . The renewed pressure of the air once more overcomes the resistance of the vocal ligaments, which again recede as soon as another escape of air has taken place, and this process is repeated in rapid and regular succession. In this manner . . . is vocal tone produced." (1880). ("Upwards" is a wrong term.)

And this will show Herr Behnke's want of research—

Herr Behnke.	Dr. P. James, M.R.C.P.
"I take this opportunity of calling attention to the fact . . that it is not necessary to close the lips in order to inhale through the nostrils. . . I am not aware that this has been pointed out before by any other writer." — *The Voice*, August, 1882.	"Some patients evince great difficulty in maintaining nasal respiration when the mouth is open, but they soon acquire the habit.—"On Rhinoscopy," 1878.

And this will show his claim to originality—

Mr. Lunn.	Herr Behnke.
"In the brief period allotted to an address such as the present, it is impossible to do other than just touch many even of the broad principles of art, and much of the detail must be left out altogether; and, indeed, it has been my chief anxiety for this evening to decide, not what I should say, but what I should leave unsaid. For the more we survey the matter, the more points for analysis we find, each asserting itself to the detriment of its neighbour." —Royal Academy Lecture, May, 1878.	"I must preface my lecture by saying that my difficulty will not be what to say, but rather what not to say. The subject with which I have to deal is exceedingly complicated, and in the space allotted to me I can only give a brief outline of the matter."—*Musical Opinion*, July, 1882.

This will show his opinion of Dr. Wyllie, *or, for the* matter of that, of Galen :—" Men who are continually talking or writing about the action of the 'vocal cords,' or of the 'ventricles of Morgagni,' or, indeed, of any other part of the mechanism, instead of viewing the instrument as a whole, are bunglers (*sic*) who do not deserve the name of scientific investigators."—*Voice*, May, 1882.

Now we enter a higher and healthier atmosphere. Dr. Gordon Holmes has published a most valuable treatise called "Vocal Physiology and Hygiene." This work is an immense step in advance of the works before it. For depth of research and extent of learning it has never been equalled, and should be possessed by everyone interested in the subject. Of course, there are points which have not been touched, and which I am about to fill in, but it is the best book that has come to my hand, written from the aspect of one not a trained vocalist.

Ten years ago I exposed the fallacy advanced by Madame Seiler, that "as the male larynx is about a third larger than the female, it is plain that the registers in the male voice have a greater expansion" (p. 67). We know that it takes greater changes in bigger things to produce *similar* acoustical results, yet this objection has never been met! and, outside the medical profession, its validity has never even been seen! Dr. Holmes, writing on this, says: "The physiological inconsistency, not to say absurdity, of these views (of Madame Seiler, *et hoc genus*) need not be dwelt upon" (p. 137). I think Dr. Holmes is wrong in his pneumatics, and he is certainly in error in his condemnation of complete inflation. It would appear that what is beneficial breathing under a rightly set voice is fatiguing and injurious breathing under a wrongly set one. He takes voice as warped by twenty or thirty years of speech. I take the voice restored to its normal conditions; so our premisses differ.

All the laws of mechanics, as applied in the living subject, are more economic than they are when applied through man's invention to inanimate matter, so that the question of breath-power imprisoned in an elastic thing can be fairly worked out on lowest ground by hydrostatics. Supposing we take an elastic bottle with a sponge in. Originally the bottle is at rest, with its mouth open, and the air both outside and in of the same density. Now let it be stretched by any means, more air comes in to fill it up: this air is of ordinary density. Now let its mouth be closed, and the external forces removed; the bottle will begin to collapse, because there is not pressure enough inside to balance the tension; this collapsing will increase the internal pressure, and so the thing will assume a position of equilibrium, *greater than its natural form*—less than its originally stretched form, so that the difference of the internal and external atmospheric pressures will balance *the tension due to that form*, which is less than the tension by which it was originally solicited.

The general investigation of this is not as yet quite complete; but certain cases have been examined numerically, which lead us to assert with confidence that the greater the initial tension, *i.e.*, the greater the expansion due to the external forces originally applied, the greater will be the volume in the position of equilibrium, and consequently the tension corresponding to this and the pressure. This is the *initial* pressure which causes sound, and consequently the opening of the orifice on making a puncture will start the sound under the same circumstances.

I shall next reason by analogy. As an organ-builder's first thought is to see that his bellows are air-tight, independently of the quantity of air capable of being introduced into them, so the first thing a voice-trainer does is to see that *his* bellows are air-tight—*i.e.*, that the larynx can be hermetically closed and resist the greatest pressure capable of being exerted against it from within, independently of the quantity of air introduced.

Next, history tells us that Rubini having to commence singing on a top B flat gave so much pressure that he broke his collar-bone, proving thereby "complete inflation" and "laryngeal resistance."

Again, all the representatives of that old school whom I am trying to defend—Garcia, my trainer, Cataneo, &c.—give as first law complete (deep) inflation.

But more. Physiological results go to show approximation of false cords, inflation of ventricles, complete inflation, and backward push, for (1) a good singer gets, without willing, the wings of the thyroid pressed outward, so that the angular larynx disappears; (2) the ribs bulge where they divide, showing a backward push, and therefore a resistance, at the exit. (a) And (3) there is a further economic principle here that appears hitherto to have escaped observation. The more obtuse the angle of approach to the cords—*i.e.*, the more the backward pressure from the eddy in the ventricles, the greater the recoil. And this has its acoustical equivalent. A compressed fluid, restricted in action or in escape to special boundaries, will, in time, make the spaces which confine it symmetrical; and the more symmetrical a cavern multiplying sound, the more the beauty of such sound is enhanced.

But right relationship on the material side is one thing, right relationship on the metaphysical side another. Much of the confusion of modern thought arises from men not perceiving the difference between purely physical influences in conflict or support, and the cross forces of life possessing them. I have not, however, yet come to the metaphysical objections to photographic voice. Let us sum up the physical side. To prove a laryngeal opposition rendering the vocal cords for great part invisible, I have given historical evidence, physiological evidence, hydrostatical evidence, acoustical evidence, ocular evidence, and the evidence of my own consciousness. Physiologists who differ have not only to disprove these evidences, but have also to account in another way for the great power of resistance found in the larynx against the uttermost chest pressure that can be brought to bear upon it.

There are, then, in right song two points of resistance in solids (cords), and two points of resistance in the fluid (air), and of the latter the internal area of the chest furnishes one point of resistance, the closed approximated cords and inflated ventricles furnish the other point of resistance, and under laryngeal distortion this latter does not obtain. Let me put it another way: There must be complete inflation; to keep complete inflation there must be inflation of ventricles; to obtain inflation of ventricles there must be approximation of false cords, and under these conditions the voice organs cannot be photographed. This was the school that made Mario and Grisi, Lind and Reeves, and in this school the balancing forces, to apply Cardinal Newman's expression, "By mutual pressure witness each to each."

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ON THE INTERVENTION OF THE STATE IN THE AFFAIRS OF THE MEDICAL PROFESSION. (a)

By PROFESSOR HUXLEY, F.R.S.,
President of the Royal Society.

The first question that one is disposed to ask is this, Why should the State interfere with medicine any more than it does with the profession of engineering? Anybody may be an engineer. The State confers no particular title upon an engineer; it does not profess to tell everybody whether he is a qualified or an unqualified engineer. Why should not the like happen with respect to the medical profession? And when we deal with that question, supposing that we find any ground for intervention, there comes the further question as to what should be the extent of that intervention. What is the limit of it? But there remains still yet one more question following upon this, and that is: Supposing intervention up to a certain limit be proper and right and justifiable, what is the best mode of carrying it into effect? And I desire, as I say, if you will kindly be patient with me for such time as may be needful, to put before you the answers to these several questions as they strike me; and then you can settle for yourselves whether they are right or wrong.

With respect, in the first place, to this question of the intervention of the State—as to what is the justification of it—the views which people take upon that matter are extremely divergent; and a large number of persons seem to be of opinion that the State is bound, in these matters, to take care of the public, and to see that it is protected against incompetent persons, and against quacks and impostors in general. I do not take that view of the case. I think that it is very much wholesomer for the public to take care of itself wherever it can do so, and to look out for itself in this as in all other matters; and, although I am not such a fanatic for the liberty of the subject as to plead that interfering with the way in which a man may choose to be killed is a violation of that liberty, yet I do think that it is far better to let everybody do as he likes. And, whether that be so or not, I am perfectly certain, as a matter of practice, that it is absolutely impossible to prohibit the practice of medicine by people who have no special qualification for it. It would surely be a monstrous thing that a man having the toothache should not go into the first druggist's shop and ask the man behind the counter to give him something that would do him good. And I would have you think of the terrible consequences of attempting to prohibit practice by persons who are not technically qualified. I am far from saying a word as to whether they are otherwise qualified or not. If you just picture to yourselves the sort of general *émeute* and rebellion that would take place among all the old ladies all over the country, if you forbid them from exercising their special pastime of prescribing for their neighbours in all sorts of domestic calamities, the thing is impracticable. But whether it can be done or not, it appears to me that the justification of the State in intervening in the affairs of the medical profession rests upon a totally different ground, and upon a ground so sound and so safe that it is entirely beyond contravention. It is for the interest of the community, and a very important interest of the community, that no person shall die without some official recognition of the ground of his death. It is a matter of the highest importance to the community that the law shall be able to have recourse, in civil and criminal causes; and there can be no doubt that, considering the enormous number of medical appointments, civil, military, and naval, it is of the utmost importance that the State shall be able to place in those appointments persons as to whom they have evidence that they are competent to perform the duties of their station. And it appears to me, that here lies the intervention of the State. It says, or in my judgment it should say, "Practice medicine if you like; do as you please. Go to anybody you like. Let the medical practitioner have a qualification, or let him not have a qualification, if people do not mind it; but if the State is to receive your certificate of death, if it is to take you evidence as that of an expert, if is to give you any kind of civil or military appointment, then we can call upon you to comply with our conditions, and to produce evidence that you are, in our sense of the word, 'qualified.' Without that, we will not place you in that position."

(a) To a good singer "it does not matter how he breathes," but this assumes a master, not a student, nor one who has never learned.

(a) An Address delivered at the London Hospital Medical College on Tuesday, October 9th, 1883.

Now, as a matter of fact, that is the relation of the State to the medical profession in this country; and I, for my part, think it an extremely healthy relation, one which I should be very sorry even to see altered, except in so far that it would probably be better if greater facilities were given for the swift and sharp punishment of those who profess to have the State qualification, when, in point of fact, they do not possess it.

That, to my mind, enables us to put on one side the question of the justification of the State for intervention. I do not think that there is much to be done in the way of improving the relations of the State to the profession in those respects. But, if we come to the mode of exercising intervention, then there is a great deal to be said. It is now, I am sorry to say, something over forty years since I began my medical studies, and at that time the condition of affairs was extremely singular. I should think that is is hardly possible that it could have obtained in any country but such a country as England, which cherishes a fine old crusted abuse as much as it does its port wine. At that time, there were twenty-one licensing bodies, that is to say, bodies whose certificates were received as evidence that the persons who possessed those certificates were medical experts. How those bodies came into existence is a very curious chapter in history, on which I cannot dwell now. They were partly universities, partly medical guilds and corporations, and partly the Archbishop of Canterbury. Those were the three sources from which the licence to practise came in that day. There was no central authority. There was nothing to prevent anyone of these licensing authorities licensing upon any conditions they thought fit. The examination might be a sham. It might be bought and sold like anything in a shop; or, on the other hand, it might be very good. But there was not the smallest guarantee, except the personal character of the people who composed the administration of each of these licensing bodies, as to what might happen. It is really difficult to imagine such a state of things. It is still more difficult to depict the consequences of it, because they would appear now like a gross caricature. But it may be said that there never was a system, or want of a system, which was better calculated to ruin the students who came under it, or to degrade the profession as a whole. My memory goes back to a time when the Bob Sawyers of Dickens's caricatures had a very great many models from which they could be taken. That state of things lasted until the year 1858, when the so-called Medical Act was passed, which introduced two immense improvements. One of them was what is called the *Medical Register*, upon which the names of all persons recognised by the State are entered; and the second was a sort of power, rather more legal than moral, exerted by the body known as the Medical Council, which is a kind of Medical Parliament. Well, I will not say that they exerted that power in enforcing uniformity in the lowest standard of examination, for they have no power to do that; but, at any rate, there is a moral influence which has worked in that direction. And, partly for that reason, and partly through the general change in our ways of looking at things of late years, which are very much improved, there has been a steady, distinct, and in some senses, marvellous improvement from that time onwards. One of my sons was commencing his medical career the other day, and I was perfectly astonished when I contrasted the course of instruction, and the requirements, and the kind of examinations which are needed from him, with the very small and perfunctory necessities of my time. I confess that I very much rejoice in the improvement which has taken place. I do not think that anybody, at this present time, who is familiar practically with the licensing bodies, which are now reduced to thirteen—the Archbishop of Canterbury having resigned, and one of the remaining licensing bodies having merged with another—I do not think that any candid person, cognisant with the facts, could doubt that the licence of the great majority of the licensing bodies, at the present day, is a very fair and good test of professional qualification. Unfortunately, it is equally certain that there remain two or three black sheep—licensing bodies which simply trade upon their privilege, and sell the cheapest wares they can supply to the bidder. And there is still another defect in the existing system, even where the examination has been greatly improved; and that is, that there are certain licensing bodies which give the qualification for an acquaintance with either medicine or surgery alone, whereas, in the present state of things, it is perfectly monstrous that anyone should be allowed to practice medicine who has not a thorough elementary knowledge, at any rate, of the three divisions of medical knowledge—medicine, surgery, and midwifery. Hence the two great things that are wanted now are, in the first place, some means of enforcing such a degree of uniformity upon all the examining bodies that none shall present a disgracefully low minimum of pass-examination. That is the point. And the second point is that some body or other shall have the power of enforcing upon every candidate for the licence to practice the study of the three branches—the tripartite qualification. Leaving out minor matters, I think that I may say—and I think that those who are my colleagues on the Commission will say—that these were obviously the two great things that had to be done. But then, while there was a great agreement upon the two things that had to be done, the way of doing them was not so easily agreed upon. Leaving myself entirely out of consideration, I may add that it struck me as being a remarkably good Commission, made up for the most part of clear-headed and strong-willed men. But, although that is a great advantage in many ways, it makes a difficult team to drive; and I used to think sometimes that our very admirable and patient and amiable chairman, Lord Camperdown, must have rather bad times of it, while his team were all turning their heads different ways, as they constantly were doing. There were eleven commissioners, and the upshot of the deliberations of that body was that there were altogether, taking the long and the short, seven more or less different reports. There was a main report and there were six little ones which diverged from it. The majority of the commissioners recommended the adoption of a plan which is known as the conjoint scheme. Now I have no intention of criticising the scheme; it would be quite out of place here to do so; but I am bound to tell you my opinion about it, because it was the foundation of my opposition to it. I think myself that it is a very elaborate, complex, and rather clumsy contrivance of superseding a number of institutions which up to this time have done their work exceedingly well, and are doing it better every day, without the least assurance, on the basis of experience, that the scheme can ever be got to work at all. Now I dare say that opinion may be quite wrong—a great number of extremely competent persons think it is wrong, and therefore I beg you to take it simply as my view. My own notion of the matter was that all that is wanted might be done without any interference with vested interests, without any unjust interference with the *prestige* of institutions which have been and still are extremely valuable, without any question of compensation arising; and that everything needful might be achieved by simply adding a couple of clauses to the existing Medical Act to this effect: that, from and after such a date, no person shall be placed upon the *Medical Register* who has not the threefold qualification (that is Clause 1); and that, from and after this date, no examination shall be accepted as satisfactory from any licensing body except such as has been carried on in the one part by examiners appointed by the licensing body, and in the other part by coadjutor examiners of equal authority, appointed by the Medical Council or other central authority, and acting under their instructions. In laying down a rule of this kind, the State confiscates nothing, interferes with nothing, meddles with nobody, but simply acts within its definite right of laying down the conditions under which it will confer certain privileges upon certain medical practitioners. No one can say that the State has not the right to do this; no one can say that the State interferes with any private enterprise or corporate interests unjustly in laying down its own conditions for its own service, and those conditions which it will accept. And the plan would have the further advantage that all those corporate bodies which have obtained (as many of them have done) a great and noble *prestige* by the admirable way in which they have done their work would retain the effect of that in the thronging of students henceforward, as formerly, to obtain their qualification; while those who have neglected their duties, and in one or two cases, I am sorry to say, actually disgraced themselves, would sink into oblivion, and come to a happy euthanasia, in which their misdeeds and themselves would be entirely forgotten. I have never been able to imagine yet what were the practical objections to this scheme. Several of my colleagues entirely agreed with it, and they were not those who had the least acquaintance with the practical administration of examinations.

As to the notion that there would be any difficulty in getting examiners, or working the thing, you have had the experience of Scotland, in which all universities appoint their coadjutor-examiners, who do their work just in the way proposed. However, I suppose this plan must have had some great fault about it, or its merits would have been recognised. But I must leave it now, to your consideration; and, whether it is to take effect by the way I have just spoken of, or by the conjoint scheme, this is perfectly certain—the two things I have referred to have to be done. You must have a threefold qualification, you must have the limitation of the minimum qualification also; and any scheme for the improvement of the relation of the State to the profession which does not profess to do this thing thoroughly well has simply no chance of finality.

Let us suppose that all things have been done: that you have got in your Medical Council more real power now than you actually possess, that you have your minimum fixed, and your threefold qualification. Is there anything else that remains that anyone seriously interested in the welfare of the medical profession—as I may conscientiously declare myself to be—would like to see done? I think there are three things. I am quite aware that examiners are considered to be a kind of *feræ naturæ*, a wild race of creatures who delight in the destruction of the innocent. Well, it may be, but I beg to say that is not my character, and for all the time that I was appointed an examiner for the medical faculty of the University of London, and since, I must confess that I have been filled with regret at the disadvantageous circumstances under which young men coming to study, especially in London, are placed. In the first place, even now, when a four years' curriculum is required, the time is all too short. A young man beginning at eighteen to study, is probably absolutely ignorant of the existence of such a thing as physical science, or of anatomy, or physiology, or anything else of the kind. He comes into an entirely new world; he addresses himself to a kind of work with which he has not the smallest experience. Up to that time his work has been with books, and he rushes suddenly into the work which is worked with things, and which is as different from books as anything can be; and I am quite sure a very considerable number of young men spend a large portion of their first session simply learning how to learn in a fashion that is entirely new to them. And yet, recollect, that in this period of four years they have to acquire a knowledge of surgical anatomy, of physiology, of jurisprudence, of general pathology, and so forth; and anybody who knows what these things are, and who knows what is the kind of work which is necessary to give a man the confidence which he requires to stand at the bedside, and say, to the satisfaction of his own conscience, what should be done and what should not be done, knows that to a man who has only four years to do all this in, it is a very serious and very embarassing consideration. But it is not even that that state of things exist; but the young man comes absolutely ignorant, probably, of the existence of science. He has never heard of chemistry, of physics; he has not the smallest conception of the outlines of pathological science; all these things have to be learned and crammed into a space of time which in itself is barely sufficient to allow of the acquisition of a sound and fair knowledge of all that which is requisite for the satisfactory discharge of his professional duties. Therefore, it is quite clear to me that, somehow or other, the curriculum must be lightened. It is not that there is anything in it that ought not to be known; and therefore there is no alternative but to lengthen it. Now, I think everybody will agree with me that the practical necessities of life are such that, for the average medical practitioner, it is hopeless to extend the period of professional study beyond 22, at the outside. Taking the general run of practitioners, you cannot extend the period of study forwards. The only thing to be done, then, is to extend it backwards; and the question is, How can that be done? My own belief is that if the Medical Council, instead of insisting upon the general education examination—which I am sorry to say I believe to be entirely futile—if, instead of insisting upon that, they were to insist upon a knowledge of elementary physics, and chemistry, and pathology, they would be taking one of the greatest steps which at present could be made for the improvement of medical education. It is perfectly easy, for the great majority of young men who are going in for the profession have practically completed their education when they have arrived at 16 or 17. If the interval were employed in getting a practical acquaintance with elementary physics, and chemistry, and biology, in my judgment it would be as good as two years added to the course of medical study. And for two reasons: in the first place because the subject matter of that which they would learn is germane to their future studies and is so much gained; and in the second place you might clear out of their professional study a great deal of that which at present occupies time and attention; and last, but not least, they would then come to their medical studies prepared for the learning from Nature, which is what they have to do in the course of becoming skilled medical men, and for which at present they are not in the slightest degree prepared by their professional education. I have been crying in the wilderness this doctrine for some years, and I thought this might be an opportunity of crying it again. I hope something may come of it.

The next point concerns London especially, and I may speak of it briefly as the economical use of teaching power in the London schools. At this present time, every great hospital in London—and there are ten or eleven of them—has its complete medical school, in which not only branches of practical medicine are taught, but also those studies in general science, such as chemistry, elementary physics, and general anatomy, and a variety of other topics which are what used to be called—and the term was an extremely useful one—the "institutes of medicine." Now that was all very well half a century ago; it is all very ill now, simply because these general branches of science, such as anatomy and physiology, and chemistry, and so forth—physiological chemistry and physiological physics—have now become so large, the method of teaching them is so completely altered, that it is utterly impossible for any man to be a competent teacher of them, or for any student to be completely taught. When I say "competent," I mean in relation to an ideal conception of competency, without the devotion of the whole time of the person who is engaged in the teaching business to these subjects. I will undertake to say it is hopelessly impossible for any man at the present time to keep abreast of the progress of physiology, unless he gives his whole mind to it, and the bigger the mind is, the more scope he will find for it; and, if he is to teach, then, inasmuch as the study has now become practical,—and very properly so—this also will involve a large expenditure of time. Now the fact is, you cannot support people in frittering their power away among ten or a dozen places. If students in their first year were taught in two or three central institutions the "institutes of medicine," it would be perfectly easy to have those subjects taught thoroughly and effectually by persons who gave their whole mind and their whole attention to them; while, at the same time, the medical schools and hospitals would remain what they ought to be, great institutions in which the largest possible opportunities are laid open for practical acquaintance with the phenomena of disease. So that the earlier half of the medical education would take place in the central institution, and the final half be devoted altogether to the practical studies in the hospitals. I happen to know that this conception has been entertained not only by myself, but by a great number of persons who are most interested in the improvement of medical study, for a considerable number of years; but I do not know whether anything will come of it this half century or not; but the thing has to be done. It is not a speculative notion; it lies patent to everybody who is accustomed to teach, and who knows what the necessities of teaching are; and I should very much like to see, as a first step, people making up their minds that it has to be done somehow or other. And then, the last point to which I will advert is one which concerns the action of the profession itself more than anything else. We have arrangements for teaching, we have arrangements for testing of qualifications, we have marvellous aids and appliances for the treatment of disease in all sorts of ways; but I do not find in London at this present time—in this little place of four or five million of inhabitants, which supports so many things—I do not find any organisation or arrangement for advancing the science of medicine, considered as a pure science. I am quite aware that there are medical societies of various kinds; I am quite aware that we have lectureships in the College of Physicians and the College of Surgeons; there is the Brown Institute; there is the Society for the Advancement of Medical Research; and I daresay some other bodies which do not at this present moment occur to me; but there is no means, so far as I know, by which any person who has the inborn gift of investigation and discovery of truth, and who desires to apply that to the improvement of medical science, can carry out his intention. In Paris, there is the University of Paris, which gives degrees; there are also the Sorbonne and the Collége de France—places in which professorships are established for the express purpose of enabling men who have the power of investigation, the power of advancing knowledge, to exercise their ability, and thereby reacting on the power of doing that which it is their special mission to do. I do not know of anything of the kind in London. I do not think there is anything of the kind; and if it should so happen that a Claude Bernard or a Ludwig should turn up in London among you gentlemen at the present time, I really do not know what we should do with him, I have not the simplest notion; I do not think we could turn him to account. I think we should have to export him to Germany or France. Whether that is a good or wise condition of things, I do not know. I do not think it is a condition of things which can exist for any great length of time, now that people are becoming more and more awake every day to the importance of investigation, to the importance of abstract science, and to the astounding and unexpected manner in which everywhere it reacts on practical pursuits. I should look upon the establishment of such an institution as a recognition, on the part of the medical profession in general, that, if their great and beneficent work is to be carried on, they must, like other people who have great and beneficent works to carry on, turn to the advancement of knowledge for the only way in which experience shows that it can be advanced, namely, by pure scientific investigation.

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MR. T. PRIDGIN TEALE, of Leeds, a Member of the General Medical Council by Crown nomination, has been appointed a magistrate for the borough of Leeds.

Clinical Records.

ST MARY'S HOSPITAL.

Case of Ascites accompanied with a peculiar condition of Stupor.

Under the care of DR. BROADBENT.

[Reported by JAMES E. R. GRANT.]

W. E., about 60, was admitted on September 11th, 1883, with dropsy. He seemed unable to understand or take notice of anything. His history was furnished by his wife as follows:—"Six weeks ago he was seized with diarrhœa, from which he suffered for about a week, and on account of which he was removed to St. George's Hospital where he remained three weeks. He left the hospital uncured, and after remaining at home for a short time became gradually worse and was brought to St. Mary's. He had always been a heavy drinker. On admission he was in a condition of stupor, taking no notice when spoken to or touched. The capillaries of the face were much congested. The legs and feet swollen and pitted on pressure. The abdomen was much swollen, tense, resonant in front, dull at flanks. Maximum circumference 39½ inches. Cardiac impulse was felt in 4th intercostal space, one inch inside vertical nipple line. With regard to the chest, mucous râles were heard over both fronts. There was considerable difficulty of breathing.

He was given an enema simplex. Pulv. jalapæ co., and calomel, and

Ammon. carb., gr. iij.;
Tinct. digitalis, ♏vj.;
Tinct. senega, ♏xv.;
Liq. ammon. acetas, ʒj.;
Decoct. cinchon., ℥ss.;
Aquæ, ℥j.;

Every three hours.

Sept. 12th.—No change. Still in the same stupor. Great difficulty in breathing. Suffering with bronchitis, which apparently caused him much distress.

On September 14th he seemed slightly better, and bronchitis diminished, though there were no signs of returning consciousness. He was given

Copaiba resin., gr. xx.;
Sp. vin. rect., q. s.;
Mist. amygdalæ, ℥j.;
T. d. s.

On September 17th the bronchitis disappeared, but otherwise there was no change in his condition.

On September 20th he was tapped by means of "Southey's tubes," and eighteen pints of albuminous fluid were drawn off.

On the following day he was decidedly better. The pulse which had hitherto been exceedingly feeble, became fuller. His breathing was easier, and he was somewhat more sensible. On the following day, however, he relapsed into his former condition of stupor, and died the next evening at 6.30.

There were no marked constitutional symptoms exhibited during the time he was in the hospital. The temperature remained generally at 98°. The highest and lowest points touched were respectively 99° and 96·5°. The pulse was feeble and somewhat irregular throughout. The tapping evidently afforded great relief. His diet per diem was composed of milk, beef jelly, and eggs.

The autopsy revealed the following facts:—There was considerable fibroid degeneration of liver. The kidneys were slightly congested, but not diseased in any respect. There was no lesion in the brain or its membranes to account for the stupor. The membranes were certainly somewhat opaque, but not by any means markedly so. There was a considerable amount of fluid in the peritoneal cavity. The conclusions arrived at therefore, were, that the cause of the ascites was cirrhosis of the liver, and the condition of stupor was due to chronic alcoholism.

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THE annual rates of mortality last week in the principal large towns of the United Kingdom averaged 18·5 per 1,000 of their aggregate population, and were:—Huddersfield 12; Halifax 13; Edinburgh, Bristol, Brighton, Leicester 14; Oldham, Portsmouth, Birkenhead, Derby 15; Norwich, London 16; Glasgow, Sheffield 18; Blackburn, Nottingham, Bradford, Cardiff, Leeds 19; Salford, Birmingham 20; Preston, Plymouth 17; Bolton, Hull, Sunderland 22; Dublin, Liverpool, Wolverhampton 23; Manchester, 26; Newcastle-on-Tyne 28.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, October 12th.

Sir **Andrew Clark**, Bart., M.D., President, in the Chair.

Dr. **Goodhart** read notes of

THREE CASES OF PERITONEAL ABSCESS IN CHILDREN.

The first was that of a girl, æt. 11, who was said to have suffered from typhoid fever four months before she came under treatment. She was in bed for eight weeks, and in the seventh week had chicken-pox. Soon after this an abscess formed at the umbilicus, and opened. She was admitted into the Evelina Hospital with a sinus discharging pus copiously at the umbilicus. She was placed under chloroform, and Mr. Howse made a thorough examination with a probe. This left no doubt, from the freedom with which it passed deeply in all directions, that the pus came from the peritoneal cavity; but seeing that there was now no febrile disturbance, it was decided to keep the child in bed, feed her well, and watch the course of events. She steadily increased in weight, the discharge gradually diminished, and after three months had all but ceased. She has now been for many months quite well.—The second case was that of a boy, æt. 11, who had been quite well till shortly before admission. His illness, attributed to getting wet, began with rigors and vomiting. When admitted he was extremely ill, and the case was very obscure, but gradually a diffused abdominal dulness became localised in the hypogastrium, and the abdominal wall began to bulge. After he had been in the hospital a month, Mr. Howse made a small incision into what appeared to be an abscess. This was followed by the escape of a quantity of thin pus and some fœtid gas. A long probe passed several inches in all directions into the peritoneal cavity. A quantity of fœtid pus continued to discharge daily, but his condition did not improve, and the opening was therefore enlarged, but neither did this mend matters, and shortly after an explanation of its failure arose in the fact that the left pleura began to fill with fluid. The chest was incised, and sixteen ounces of very fœtid pus came away. Before long it became necessary to treat the left chest in the same way, and with considerable relief to the child for the time. The lung, however, became consolidated, and he ultimately sank. The post-mortem examination showed that there had been a peritoneal abscess, for which no cause could be discovered, that this had localised itself in each hypochondrium, and had thence perforated the pleuræ, and on the one side had set up a destructive pneumonia. There was no evidence of any tubercular disease. The viscera were lardaceous.—The third case was a female child, æt. 5. Her illness began six weeks before admission, with inflammation of the bowels, and she was sent into the hospital for a supposed retention of urine, the abdominal swelling resembling a distended bladder. But the temperature was rather erratic. So at the end of a week an exploring syringe was introduced two inches below the umbilicus, and some thick, dirty, fœtid pus was withdrawn. A free incision opened a cavity which appeared to be limited behind by intestine covered by omentum. A drainage tube was inserted for a few days, but the discharge soon diminished so much as to allow of its withdrawal, and at the end of six weeks she was well.—Dr. Goodhart thought the cases worthy of record, first, because of their rarity, and secondly, because the question of treatment is not an easy one to determine satisfactorily. On the one hand, there is the risk of the pus gravitating to the hypochondria, as actually happened in one case, if a free opening be not made: on the other, there is the difficulty of draining the cavity of the peritoneum if it be made; though on the whole the cases point in the direction of the latter course as being the most advisable. It is probable that the surgeon might have no doubt upon the point; he would say that free drainage after abdominal operations present few difficulties, and cases so treated are most successful; but it may be questioned whether the conditions after operation are quite parallel to those of pus in the peritoneum, and where there is a considerable tendency for the one collection to become distributed and to form several separate abscesses.

The **President** observed that about three months ago he was summoned into the country to see an eminent dignitary of the Church who was suffering from a peritoneal affection. In spite of the non-appearance of swelling he inclined to think the mischief was phlegmonous, and soon after the patient grew worse, even precariously so. At the second visit an unmistakeable lump was discovered in the abdomen, which it was feared was due to presence of a pre-existing growth; but nevertheless, after duly weighing all the circumstances, the opinion that it was a phlegmon was adhered to. At the third visit there was unmistakeable fluctuation of the mass, and the question of operation arising, this, in spite of its being urged by a medical relative of the patient, was negatived by Sir Andrew Clark, the grounds of objection being based on the condition of the patient and the low specific gravity of his urine. Three days subsequently matter was passed *per rectum*, and rapid improvement continued for a time. A relapse occurred, and operation was once more suggested and declined on the advice of Sir Andrew Clark; two days later a fresh discharge of pus took place, steady improvement was thenceforth maintained, and the patient is now convalescent. The speaker, therefore, concluded that some cases of the kind were best left to Nature.

Mr. **Pearce Gould** narrated the history of a child who had suffered from whooping-cough at one year old, and was recently seen by him, when aged two years, with an abdominal swelling, through a natural opening in which pus and fæcal matter were being discharged. He enlarged the existing opening, and the child lived for ten days after. At the autopsy the intestines were found matted together, and in front of them a mass on which a few cheesy spots were found, not, however, tuberculous in character; nor was any tubercular deposit elsewhere present. At University College Hospital also he had under his care at the time an infant whose umbilicus was the seat of a similar swelling. Such cases were not, he thought, rare.

Dr. **Mahomed** considered the rarity of these cases to be over estimated, they tended, he thought, towards cure. His experience was that the post-mortem information obtained about them was obscure. A man had been admitted to the fever hospital for supposed perforation of typhoid, and exploration had been suggested with a view to making an artificial anus. The case was an extreme one, and exploration was resorted to with the result that severe general peritonitis supervened, an abscess cavity formed; much gas and pus were evacuated, and death occurred within forty-eight hours. No evidence of typhoid could be found *post mortem*, but two abscesses communicated with suppurating mesenteric glands. Dr. Mahomed cited two other cases of a similar kind in support of his theory that there should be recognised a separate disease characterised by inflammation of the mesenteric glands, whether by irritating food or a specific organism, and which tends towards recovery.

Mr. **Howard Marsh** had seen five or six cases, and while admitting that they occurred with some frequency, he thought they were but ill understood. A girl was admitted to the Children's Hospital after a feverish attack extending over eight weeks, and having an umbilical outgrowth. The mass was indurated and opened outwards by an aperture which was artificially enlarged (the patient being anæsthetised), and kept open by means of a tube passed into the cavity for two inches. In six weeks time the pus discharged was thin and small in amount, and the tube shortened daily as the cavity healed up within. This was not a tuberculous case, the child growing quite fat during treatment. In another instance a child, aged two, was seized with vomiting, abdominal pain, constipation, and swelling, which latter pointed and gave origin to profuse discharge of pus. This progressed well to recovery also. Three months ago a youth came under observation with a large abscess situated behind the abdominal wall, and eight inches across. It suppurated and opened at the umbilicus, and also in the left hypochondrium later. Four ounces a day were evacuated, but the patient having prescribed for himself an aperient medicine, signs of perforation afterwards appeared. He was then seen by Sir J. Paget, and having tided over the worst returned to Belfast improved. Two months later collapse and sickness came on, ending in death. This suggested the possibility of perforation from giving way of the abscess, and discharge into the peritoneal cavity.

Mr. **Barker** instanced a curious diagnostic mistake made by him in respect of a tumour taken for a femoral hernia, and which proved to be an abscess containing much pus. A counter opening having been made in the abdominal wall above, and free drainage set up, the case did well.

Dr. F. Taylor recommended that when recognised as abscesses all such cases should be treated as abscesses. Doubt, however, might arise when they were seen in an early stage of acute general peritonitis, and the difficulty be increased. In illustration he quoted the case of a girl admitted to hospital for general peritonitis, and who improved greatly in respect to lowered temperature, &c., but who nevertheless still refused food, when, slowly, a small abscess formed, and was opened; the patient quite recovered.

Dr. Habershon pointed out that two distinct classes of cases had been confounded in the discussion, and that those mentioned by other speakers were not of the same kind as Dr. Goodhart's. In one class a local inflammation was strictly confined to the parietes with tendency to formation of pus, and to open internally. These might be traumatic in origin. But in young children there was a tendency to formation of tumours in the umbilical region. He inquired if any injury had happened to either of Dr. Goodhart's cases.

Dr. Edis narrated a case in which he had drawn away with the aspirator twenty ounces of a muco-purulent secretion from an enlarged abscess detected, *per vaginam*, in the pelvis of a woman, æt. 23, who had taken cold while menstruating. The cavity was washed out with weak Condy's solution; vomiting—hitherto very troublesome—ceased, and convalescence was established in fourteen days.

Dr. Goodhart said, in reply to the discussion, that he had been referring to peritoneal abscesses in children, which he still considered to be a rare affection, although by no means so *in adults*. Such affection was but scantily mentioned in books, and usually followed scarlet fever. He would not advise immediate operation, and fully admitted the risks in this connection.

AN ANOMALOUS CASE OF CEREBRO-SPINAL SCLEROSIS.

Dr. Charlton Bastian read an abstract of the notes of this case. Joseph H. had been under observation at University College Hospital from time to time since the year 1877. He died on March 24, 1882, being then 62 years of age. There was a neurotic history; no syphilis. In August, 1868 (then æt. 49), he fell down a flight of stone steps. The patient dates his illness from eighteen months after the accident, when he began to complain (1) of dragging of the left foot in walking, (2) of tingling at the tips of left fingers, and (3) of deafness in left ear. After twelve months the first of these symptoms had disappeared; the other two remained. Four and a-half years later his left leg again began to be weak. This was soon followed by weakness of the right arm and leg, and deafness on the right side. From August, 1876, he became gradually worse. He was first admitted into the hospital in October, 1877. He then suffered from paresis in all limbs; tingling in both hands; deafness and noises in both ears; giddiness; occasional headache, and pains in the eyeballs. There was no optic neuritis now or later on. There was no definite mental defect, but speech was indistinct and slow, with separate pronunciation of each syllable. Motor cranial nerves not distinctly affected. Deglutition natural. He stands and walks only with much difficulty. There was considerable rigidity of both legs, and some loss of power over the bladder. Knee-jerk present, and equal on two sides. No tremors, either spontaneous or on movement, in either lower extremity. He left the hospital early in 1878, walking slightly better, but otherwise in much the same condition. Early in July, 1880, the patient was again admitted under my care. His intellect was unimpaired. Voice even more drawling and slow. Deglutition natural. The chief alterations in his condition were these:—Loss of all power of walking and of standing without assistance; loss even of power of raising feet from bed; loss of power over right hand (so that he could not feed himself or write with it as previously), with slightly increased force of grip on left side; much more paralysis of trunk muscles; the occurrence of the so-called "tache cérébrale" and of "factitious urticaria" after slight and more severe irritation respectively of skin; burning pains in trunk and limbs. The joints of the upper extremities were now rigid, and the muscles were wasted. The right leg was slightly flexed at the knee, the left extended at all joints—some rigidity on both sides. Muscles irritable to mechanical stimuli, and the interrupted current produced a tetanic condition of the muscles of the lower extremities to which it was applied. Both ankle-clonus and exaggeration of knee-jerk well marked, especially on the left side. There were still no spontaneous tremors or fibrillary twitchings in any parts, and no tremors on movement. Morning temperature often above, and evening temperature often below, the normal—99·5 and 97·5 respectively. About this time, too, the patient became more emotional, crying and laughing frequently, and on slight provocation. He left the hospital at his own desire on October 14, 1880, but was again admitted under my care on January 2, 1882. Still no intellectual impairment. Speech and deafness as before. Deglutition still unimpaired. Tongue protruded in straight line. No tremors. Right upper extremity rigidly flexed and motionless. On left side slight power of movement at all joints. No power of moving any part of either lower extremity. No control over fæces. Retention of urine, with dribbling and some cystitis. Breathing wholly diaphragmatic. Intercostals almost completely paralysed. Wide-spread numbness, with diminution of sensibility. Superficial reflexes all abolished. Knee-jerk exaggerated as before. Ankle-clonus easily obtained on left, absent on right side, though it returned two or three weeks later. Factitious urticaria still easily obtainable. During the next two months the patient suffered from frequent emotional disturbances—strange dreams of a terrifying nature, and many painful subjective sensations. On March 15 it was found that the patient had wasted considerably since the beginning of January. About this time his appetite failed, his tongue became thickly furred, and his temperature rose slightly. Fresh cystitis, with blood in the urine, appeared; and bronchitis, from which he had been suffering slightly for about a month, became gradually worse. He died asphyxiated on March 25, having been quite unable to expectorate any mucus. Details of treatment are given in the paper.—*Autopsy*, twenty hours after death. *Brain:* Meninges healthy; slight amount of subarachnoid serum. On the under surface of the pons two superficial grey patches were seen. One of them, ¼″ in diameter, was situated near the middle line, contiguous to the extremity of the left anterior pyramid of the medulla, which was flatter than natural, and had a greyish tinge almost uniformly throughout its substance. The right anterior pyramid on section was also found to show much grey degeneration, though less than its fellow. Sections through other parts of the medulla and through the pons showed many greyish-red patches of sclerosis, varying in diameter from a pea to a mustard seed. The root of the right auditory nerve for nearly half an inch was distinctly grey and semi-translucent. On the left side this was less marked in the superficial portion of the auditory root. The other cranial nerves were apparently healthy. The white substance of both cerebral hemispheres, but especially that of the posterior half of the left hemisphere, showed small grey areas here and there. In one section, through the region mentioned, about fifteen small patches were seen within a space of about 2¼ square inches. None of them seemed to implicate the cortical grey matter. The lining membrane of the lateral ventricles was thickened, and very tough, and grey patches of discolouration were seen here and there on the surface of the thalami. On section similar patches were found through different parts of the interior of both thalami, but the corpora striata and the cerebellum were free from them. *Spinal Cord:* Meninges healthy. Cord presenting no unnatural appearances externally. When sections were made the antero-lateral columns seemed to occupy an area relatively smaller than natural. No distinct changes of texture were recognisable by the naked eye on the cut surfaces in the eight or nine places in which sections were made. But after the cord had been immersed for some time in bichromate of ammonia, areas of degeneration were easily recognisable when fresh sections were made. A well-marked patch was seen, for instance, in the left cervical region, implicating a large portion of the lateral column, as well as a portion of the contiguous grey matter. Smaller patches also existed in this region, in the lateral column of the right side. In the lower dorsal region a distinct tract of sclerosis occupied the central portions of the posterior columns on each side of the middle line. In other portions of the dorsal, and in the lumbar, regions, no very distinct patches of degeneration were seen with the naked eye, but on subsequent microscopical examination a diffuse overgrowth of connective tissue (not taking the form of limited patches or tracts) was seen in many parts of the lateral and of the posterior columns. The nerve cells also, but especially in the lumbar region, were very notably atrophied. The central canal was enlarged throughout the whole of the cord, and densely packed with small round cells. The patches of degeneration in the medulla and other parts of the brain presented all the typical characters of areas of sclerosis in nerve tissue. Charcot, in his admirable account of "disseminated sclerosis," says: "It rarely shows itself after thirty years. The age of forty seems, on the other hand, to be the outside limit to which patients attacked with disseminated sclerosis attain." It is worthy of note, therefore, that in the case of J. H. the disease first showed itself when he was over fifty years of age, and that the patient lived to attain the age of sixty-two. In regard to etiology, the only points to attract attention are—first, some evidence of a neurotic tendency; and secondly, the fall over a flight of steps eighteen months before the first distinct signs of the disease. The arrest of the disease for four and a-half years, and the symmetry of its manifestation after this date are interesting features. Although the patches of degeneration were so numerous in the medulla and in the pons, convulsions were absent from first to last. Again, it is worthy of note that the characteristic tremors on movement which so frequently constitute a marked feature in this disease were also absent from first to last. The early weakening of cerebral control over the bladder was probably due to the existence of an extreme amount of disease in both anterior pyramids. Although the sclerosis of the anterior pyramids (and especially of that on the left side) was so marked, yet nothing like a secondary degeneration existed in either lateral column of the cord. This is in harmony with what might have been expected, since it is well known that in these patches of sclerosis the axis-cylinders are not commonly destroyed, although they are more or less pressed upon and damaged. It could not be expected, therefore, that the same results would follow from a patch of sclerosis, however well developed, involving the anterior pyramids, as might be looked for from a destructive lesion (*e.g.*, a traumatic section or a complete softening). It seems probable that the hallucinations and abnormal sensory phenomena which occurred, especially during the last few months of life, were due to the late development of patches of sclerosis in the thalami as well as in the white substance of the posterior third of each cerebral hemisphere. The power of provoking in this case, over a period of several years, both a "tache cérébrale" and "factitious urticaria" are interesting facts in themselves, and especially from the point of view of the pathogenesis of this latter condition. In regard to diagnosis, it was pointed out that in the early stages of this patient's illness all the symptoms were to be accounted for by a disease of the medulla oblongata, and that the evidence even at that time was clearly against the existence of a tumour, and in favour of disseminated sclerosis involving this region in such a way as successively to abolish the functions of the auditory nerves without interfering with the portio dura, and again of impairing the power of articulation whilst it left that of deglutition intact. The subsequent progress of the case was felt to strengthen the diagnosis of disseminated sclerosis.

Dr. **Althaus** regarded the absence of tremor in the case as remarkable. He had come across a similar instance lately. Was nystagmus noticed in Dr. Bastian's case, or any unusual muscular excitement in the early stage?

Dr. **Longhurst** thought the influence of antecedent injury as determining the onset of these cases was under-estimated. He had traced several to such a cause.

Dr. **Angel Money** suggested that the absence of tremor might have been associated with absence of injury to the cerebellum and corpus striatum.

In reply, Dr. **Bastian** said there was no distinct nystagmus—merely a slight jerking movement of the eyeballs when the patient looked to either side. He did not think that the general absence of tremors or movement in this case could be explained by the mere exemption from disease of the corpora striata and cerebellum. He was disposed to attach much more importance to the fact of the early and grave interference with the functions of both anterior pyramids (tending to cut off cerebral motor influence from the cord). In reference to the question of etiology, he agreed that in many cases external injuries did seem to be the initial events leading on to the rather slow development of organic changes in the brain and spinal cord; still, in this case it was difficult to connect the commencement of the disease with the severe fall which occurred eighteen months previously, because of the fact that after a further interval of 4½ years there was a symmetrical development of disease in the medulla causing the right side of the body to become disabled, exactly as the left side had been at first.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

Quarantine.—At the Academie de Medecine, M. Bechamp sustained an argument on the utility of quarantine, considered in its relation to the theory of microbes in contagious diseases in general and cholera in particular. In the course of his remarks he endeavoured to combat the system of morbid germs, as adopted by M. Pasteur and his disciples. The hypothesis of the first named he could not consider as much removed from all that was absurd as according to his ideas, at the commencement, when all that has life was created, the germs of ferments and those of morbid microscopic organisms were created at the same time. These germs were disseminated in the air, and were thus spread over the whole earth. Thus, at the one and same time, life and the principle for its destruction were created. Upon what experiments or proof was founded this hypothesis? If the germs that cause disease existed primarily in the air every one would be attacked—the strong with the weak. Further if the germs were disseminated in the air nothing could prevent them from spreading far and wide, and thus, quarantine instead of checking the disease would become an active centre for the multiplication of these germs. Here M. Bechamp gives expression to his own ideas on the production of the microzyma. The microzyma being more intimately connected with organic life than any of our cells or organs, since they are automatic elements living *per se*, it is useless to seek their origin elsewhere than in the ovum; air and germs have nothing to do with it. Also what is called air germs are essentially microzymas identical in form with those of any organic being. But these atmospheric microzyma instead of being pre-existent, are the result of organic decay or destruction such as we witness every day. The opinion of Pidoux who declared that disease originated in ourselves, was, in his mind, the correct one. Cholera as well as every contagious disease developes in us under various influences. The microbes are the agents which become in us and by us morbid. Keep for a certain time their morbidity, and transmit the malady to other subjects predisposed by the character of their microzyma, to receive the impression from those of the person primarily attacked. If the patient die the germs as soon as putrefaction sets in, lose their morbid character. It was on these considerations that he could understand the utility of the quarantine in the case of cholera and other contagious diseases. M. Bechamp terminated by a wise remark, but the echo of which will not in all probability reach the ears of the government of his country. If, he said, nations would consecrate to the purifying of the country and towns the enormous sums they spend on absurd and disastrous wars, which destroy with their riches their noblest sons, they would be soon proof against murderous epidemics.

Association Francaise pour l'Avancement des Sciences.—The twelfth session of this association was opened at Rouen, and the papers read in the different sections were replete with interest. Dr. Heurot communicated two cases of intestinal occlusion due to strangulation, which were treated successfully by abdominal taxis. He gave it as his opinion that if palpation was practised, after that the resistance of the abdomen was overcome by narcotics or chloroform, an intra-abdominal tumour was felt of an irregularly rounded form, which did not exist before the first accident, it might be affirmed that the peritoneal symptoms were not the result of perforation. The suddenness of the accidents, the intensity of the pain, the vomiting, the suppression of fœcal evacuation, the alteration of the face, coldness of the extremities, and abdominal tension, would indicate internal strangulation or valvulus. If by abdominal taxis made in the same way as the taxis of hernia, a reduction with a special bruit is obtained, the certainty of strangulation can be assured, and all the symptoms disappear. If, on the contrary after two trials of ten minutes' duration, no result is obtained, the hope of a spontaneous cure must be abandoned. Dr. Heurot concluded by expressing the opinion that abdominal taxis in the cases already mentioned should always be tried.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 17, 1883.

PROFESSOR HUXLEY ON THE RELATION OF THE STATE TO MEDICINE.

IT is already sufficiently evident that the address delivered before the students and friends of the London Hospital, on Tuesday last, by Professor Huxley, has created a feeling of disappointment, as much in the profession as among those outside of it who take an intelligent interest in its welfare. Without being chargeable with arriving at hasty judgments, we may still express a doubt respecting the wisdom shown by Professor Huxley in enunciating the propositions which fell from him on this occasion—regret that he thought proper to press the arguments he employed is unavoidable; but there is also a fear lest his ready acquiescence in existing evils may not later on be taken as justifying renewed opposition to reform on the part of hitherto recalcitrant bodies.

The President of the Royal Society has chosen to constitute himself an authority as regards the needs of the medical profession; with how much justice may be gathered from his candid admission that during thirty years he has had no actual experience of the practice of medicine, nor any other insight into its affairs than that obtained as an examiner in science at the University of London for some twelve years. Later on in his speech, too, a yet more naïve confession of his ignorance of the actual details of medical life and education was afforded by Mr. Huxley's description of the wondering admiration excited in him when he became acquainted, recently, with the present extent of the curriculum. From the startling nature of the disclosure then made to him, judging from his own statements, it is reasonable to assume that the experiences of the generation of students now pursuing their labours came upon him as a revelation; and that his ideas of medical practice and instruction have not a claim to that freshness and accuracy which are of prime importance in the interests of reform. In a few words, Mr. Huxley holds that the law regulating practice at present is good enough for all practical purposes, and would be perfect if every candidate for registration were but required to show evidence of qualification in the three subjects, medicine, surgery, and midwifery. Very vaguely he seems to be conscious of a certain want of stability among examining bodies, the black sheep in this connection calling forth a definite amount of indignation from him. But the remedy proposed is at least worthy of the end to be gained; and is the appointment of coadjutor examiners at the various licensing institutions, under the seal of the Medical Council "or other central authority." Possibly Professor Huxley knows of a plan by which he can guarantee the existence of a fair minimum standard among twenty competing licensing bodies; but in the absence of compulsory powers regulating the items of fees and requirements, less sanguine observers than himself are unable to view the future in such a spirit of faith as he exhibits. No room for doubt exists, however, so far as he is concerned, for in the most explicit fashion his hearers were assured of the delight he experienced at the collapse of the Bill before Parliament during the recent session. It is not, either, on account of the prospect afforded of a new and more comprehensive measure being made to replace that which is lost that he rejoices in the sacrifice, but because an opportunity is thus afforded for closer inspection of the panacea he would present in the shape of two short clauses additional to the existing Acts—one compelling treble qualification, the other providing extra examiners for every licence, such examiners to be nominated by the "central authority."

In the whole world of science there is probably no more able representative than Professor Huxley. The lofty tribute to his attainments and his keen intellectual powers paid by Sir Andrew Clark is fairly most richly deserved; but notwithstanding, on this question of medical reform the prince of English living scientific worthies is less advanced than the least-reflecting practitioner. And the explanation is doubtless to be found in the fact that Mr. Huxley's inclinations and engagements have long divorced him from the practical pursuit of the profession which proudly ranks him among her sons. His sympathies are of necessity with what he rightly and loyally designates the noblest of all callings; but his intimate feelings partake, even on this question, of that cosmopolitan liberalism which necessarily tinges every thought of one whose vocation is in itself a profound philosophy. Mr. Huxley is a man of science first, and surgery a long way after. His view of the profession is taken from a standpoint which sweeps the whole surrounding horizon, but is too wide-embracing to permit the grasping of those multitudinous details which constantly worry and embarrass the workers in the scene. The student who is harassed by the varying calls, all uncertain, none definite, made upon him by twenty different licensing bodies; the teacher swayed here, there, and everywhere by constant requirements hurled at him by pupils, scarce two of whom aspire to reach the same standard of excellence in knowledge; the busy practitioner who daily deplores the existence of corporations whose love of filthy lucre leads them to flood the profession with ill-educated, almost stupidly-ignorant assistants and *locum tenentes;* and finally, a long-suffering people daily afflicted with the pretensions of these same too-readily-accepted candidates for qualifications—these taken together form the audience to whom the President of the Royal Society has sent forth his message of peace and hope, and satisfaction with the things that be. Well may he hint at the probability of objection to his views; they are the palpable evidence of a reasoning which is founded on theory alone, and which from a thoroughly experienced practitioner, or even from an intelligent student of medicine, would never have been forthcoming. There is also the danger that the great and deserved *prestige* of the speaker will lead to undue weight being attached to his utterances in some quarters; although, as we have before observed, the almost universal dissent with which his previous suggestions in the same direction have been received augurs a similar reception for this latest challenge to criticism.

One other topic dealt with in the address under consideration calls for remark. It is by no means a new subject; and it has occupied no small share of attention in the past, on the part of those who have by right and interest a full perception of its importance. It is that of centralising the teaching of those subjects—physiology, chemistry, botany, &c., which are essential to the study of medicine. Professor Huxley would provide for one or more central institutions where competent instructors, paid sufficiently well to enable them to devote their whole time to the work, should teach their various subjects, and so relieve the dozen or so hospitals of this part of the training of medical students. The scheme presents many features to recommend; it possesses many disadvantages; but just now it is hardly ripe enough for full discussion. This, however, must ere long take place, and by as much as Professor Huxley has helped to hasten thereby, his London Hospital address will be productive of benefit. As an indication of his estimation of the called-for reform, it is disappointing in the extreme, although, after all, it does nothing more than emphasise the convictions already expressed by its author.

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CORPORAL PUNISHMENT IN SCHOOLS.

The author of an article on Corporal Punishment in Schools in the current number of *Macmillan's Magazine,* does well to commence by deprecating the use of emotional language between the combatants in this controversy, as it is certain that, but for the controlling influence of a previously arranged self-denying ordinance of a very stringent character, his own contribution to the discussion would evoke some forcible expressions of feeling. Curbed by the understanding that all warmth and bitterness are to be avoided, we shall only describe his essay as reactionary in tendency, narrow in spirit, and shallow in argument. He appears as the apologist and advocate of the rod, and posing as the representative of 75,000 members of the general teaching staff of this country, he protests against the restrictions, which the Education Department of the Privy Council has seen fit to impose on corporal chastisement in schools. We cannot believe that he is entitled to speak for the whole body of teachers of the country, indeed, we know that there are many teachers who would repudiate any sympathy with his views, but still, it is unhappily true, that he does express the convictions of a large majority of his profession. A conference of elementary teachers recently passed a resolution declaring "that the sentimental objections raised by public speakers and writers to the legitimate use of corporeal punishment, are subversive of discipline, and injurious to the best interests of the children," and a canvass of all the persons practically engaged in education at this time, in the three Kingdoms, would certainly reveal a large preponderance of opinion in favour of personal correction as an element in scholastic discipline. But this is just a case in which the judgment of specialists is of no great account. Every intelligent man is nearly as capable of forming an opinion on the point as the most experienced schoolmaster, nay, the opinion of an outsider is, in some respects, more likely to be correct than that of anyone within the educational ring, for he is unbiassed by professional prejudices, which are in this matter of a very inveterate type. The opinion which is most to be depended upon, with reference to coporal punishment in schools, is that of the medical profession, which regards the subject from a physiological point of view; and that opinion will be given very decidedly, not merely in support of the limitations which the Education Department has prescribed to it, but in favour of its total abolition. We are not now concerned to discuss the question whether or not corporal punishment is advisable in the case of young children in the nursery or home, when it is administered under the restraint of affection and sympathy; but as regards the use of the cane in schools, either as an intellectual stimulus or moral corrective, we need not hesitate to say that all scientific theory and medical experience are opposed to it. In the acquisition of knowledge, and in the training of the mind to reason correctly, a concentration of attention and vital energy is required, such as cannot be maintained either under acute physical pain, or during a tremor of apprehension, and no surer way of dissipating and wasting intellectual power could be devised than to keep a child in constant fear of sharp suffering, varied by occasional realisations of it. To suppose that cutaneous torture can ever be conducive to cerebral development is an error which it should be scarcely necessary to confute, and yet some schoolmasters still argue that indolence and defective memory are best treated by caning, as if they believed that the cells of the supreme nerve-centres may be encouraged to increase and multiply, and put forth branches, by a generous production of superficial erythema.

It is, however, in connection with moral faults that the battle of corporal punishment has now to be fought out, its reign as a goad to learning being practically at an end. There are, we are told, children so deeply tainted with vice, so untruthful, thievish, foul-mouthed, and insolent that no argument, save that of the lash, is of the slightest avail with them. And it may be at once admitted that there are such children, and that flogging has a certain effect upon them—an effect not truly reformatory, but temporarily inhibitory. Under the dominion of fear they learn to suppress for a time the manifestations of their vicious propensities, and herein lies the charm of corporal punishment to the schoolmaster, and the demonstration of its utility. He can flog his restless and insubordinate delinquents into an outward propriety of demeanour, and thus maintain order in school. But has he evolved their moral sense, or supplied them with enduring motives to right conduct? Alas! he has merely stirred in them the springs of hate, and added hypocrisy to their other faults. The notion that corporal punishment can work moral regeneration is really as old-fashioned as the catastrophic theory in geology, and should be abandoned once for all. A human character is formed not by violent commotions, but by gradual processes, and an occasional convulsion (and a flogging is really, in the sentient sphere, equivalent to a convulsive fit in the motor one) can do nothing but mischief.

But even supposing it were proved that corporal punishment is permanently beneficial to exceptionally wicked boys, that would not justify its retention, for why should the ninety and nine lambs, who have never strayed out of the fold, have to suffer for the sake of one confirmed wanderer. The knowledge that the power of inflicting this degrading punishment upon them is in the hands of the schoolmaster is humiliating and distressing to well disposed children, who can never become justly liable to it, especially to those of nervous temperament, and their performance of their work and relations to their teacher would both be relieved of tension, were this form of punishment finally abolished.

In what we have said of corporal punishment, hitherto, we have assumed that it is resorted to only in suitable cases, and that it is always administered humanely, and under a sense of responsibility. But no such assumption is warrantable, and not the least formidable of the arguments against corporal punishment is its liability to abuse. It is a relief to impatient and irate feelings, it is an impressive exhibition of authority, it is a ready outlet of cruelty, and only a constitutionally strong, just, and kind nature, can systematically exercise such a power without being demoralised by it. Candid schoolmasters have, again and again, admitted that the infliction of chastisement has become a pleasurable part of their duty. It cannot be doubted that in the past hideous atrocities have been committed on helpless children, under the name of corporal punishment, even murder having been perpetrated under this guise, and there are good grounds for believing that even in these days, instances of needless severity in its application occasionally occur in schools of all classes. The Lords of the Privy Council clearly state that they receive frequent complaints of the excessive use of corporal punishment, and it is inevitable that in the large body of persons now employed in teaching, there should be some few, who will act tyrannically as long as an instrument of tyranny is left in their hands. The writer in *Macmillan's Magazine* whom we have been criticising, says with great *naiveté* that no one can count up fifty cases in which it can be shown that teachers from the vast staff employed in England have been convicted during the past two years for having been guilty of inflicting excessive punishment, as if he expected us to forget that for every case of excessive punishment that is brought into a police court, there may be at least a dozen about which we hear nothing. Then with even greater guilelessness he goes on to argue that the checks on any abuse of corporal punishment now existing are more than sufficient. If school managers and inspectors he says do their duty, it ought to be impossible for a cruel man to hold a post in a school for a single year. But in a single year, a cruel man may do a considerable amount of mischief, and parents may fairly object to submit their children to his barbarity till the managers and inspectors find him out. Would it not be better to put it altogether out of the power of the cruel man to practise his cruelties, and thereby perhaps to damage for life some of the children who are exposed to his tender mercies. Medical men can testify that epilepsy, St. Vitus's dance, and inflammation of the brain, have been brought on by school floggings, and that in many cases where no specific disease has resulted from them, yet a general deterioration of health has followed on the shock to the system which they occasion. Sensitive and badly-nourished children are especially apt to suffer from them, and, in such children, we can often trace in disturbed dreams and night terrors, the painful reflex of the disasters and apprehensions of the day.

The great argument underlying the plea for castigation, which has found admittance into *Macmillan's Magazine* is, that it is essential to sound discipline, and that deprived of his cane or birch rod, the schoolmaster will be discrowned and sceptreless. "Corporal punishment in schools," writes the pleader, "is analogous to martial law in society, law-breakers know that if the policeman fails the soldier is in reserve. At the root of all good order in an average school is the knowledge that the teacher can inflict punishment should occasion arise." It is difficult seriously to answer such stuff. It may be pointed out, however, that supposing martial law to be at the root of social order, the analogy to it in the economy of the school would be not the regulated use of the rod, but the indefeasible right of the master, which would remain to him were corporal punishment abolished to-morrow, to exercise his superior muscular strength in case of need, and knock down any children who might break into open and violent revolt. It is a new discovery, however, that the fear of martial law makes us law abiding, and that Bill Sykes sees a company of soldiers behind every policeman. Only scholastic minds dive thus deep, and we venture to assert, that forebodings of Lord Wolseley and Gatling guns are exercising not one iota of influence on the social or criminal life of England at the present time.

The divinity that ought to hedge a schoolmaster is something better than the brute fear of his pupils, and the respect which he obtains and holds by his strong right arm is scarcely worth the having. London University College School, which is attended by 500 boys, has been carried on from the first without corporal punishment, and in no school in the country is discipline better maintained. Hundreds of other schools, both public and private, are now conducted successfully on similar total abstinence principles, and the day cannot be far distant when, in spite of the protests of consequential and domineering schoolmasters, corporal punishment in schools will be altogether prohibited.

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Notes on Current Topics.

Practicality of Examinations in London.

A contemporary states that—

> "The various metropolitan schools are better supplied with subjects than for several past years, and there is a notable improvement on last year's supply. The distribution and payment, with the co-operation of the Inspector of Anatomy, is now arranged by a committee of the teachers of all the schools, with the exception of the London Hospital, where the authorities have hitherto declined to join in the arrangement. By this plan every school receives subjects in proportion to the number of pupils actually dissecting, and in its proper turn, so that the heart-burnings and jealousies which formerly existed have been removed."

We are especially gratified that effectual means have been adopted to obtain a sufficient supply of subjects in London, because, by this means, the excuse of which licensing bodies have availed themselves to avoid introducing dissections and operations into their examinations no longer exists. When the advocates of practicality of examination urged recently in the General Medical Council that the Irish system of testing students by the actual work of their hands should be extended to London the representatives of the examining bodies resisted the proposal on the ground that material for this form of examination does not exist in London. We never believed in this excuse, and, as it is our object to substitute practical examination, as far as possible, for the old system of catechising and for written papers, we welcome any arrangement which makes such a substitution possible.

The Contagious Diseases Acts.

Mr. Stansfeld, M.P., in a letter to M. Emile de Laveleye, states that it is the intention of himself and of those who think with him on this subject to endeavour to secure the introduction by Her Majesty's Government on the first day of next session of a Bill intended to be in accordance with the resolution of the House of Commons of April 20th last, and the discussion of such Bill before the set-in of the great rush of party political questions. They intend to oppose with all their power Clause 5 of the Government Bill. Meanwhile, it appears by recent returns that a grievous increase in cases under treatment in the Royal Naval Hospital, Stonehouse, and the Royal Military Hospital, Stoke, since the suspension of the Act in May last, is apparent. The type of the disease is stated to be more serious, and the medical officers of the hospitals are apprehensive that even more severe types will soon become more prevalent in the community, and be spread rapidly. The authorities are said to be at their wits' end to accommodate the applicants for admission to hospital, and they have now under charge 700 patients —their usual average at this time of former years being 250.

The Coombe Hospital Mastership.

At the usual monthly meeting of the board of this hospital, on Thursday last, a letter from his Excellency the Lord Lieutenant, declining to recommend the issue of a Queen's Letter authorising the reappointment for a limited period of Dr. Kidd to the office of Master was read. It was proposed by Dr. Banks, seconded by the High Sheriff of Dublin, and unanimously resolved—"That the board have heard with regret that a rumour has been prevalent to the effect that Dr. Kidd has been anxious for re-election to the office of Master. The reverse was the fact. Dr. Kidd positively refused the request of the board to allow himself to be re-elected, but, on the unanimous and urgent desire of the board, was induced to consent to retain office for a limited period."

Sir Andrew Clark on the Catheter Life.

On Friday evening last, at the first meeting of the Clinical Society after the summer recess, the President made an appeal to surgeons to give extended study to a subject which all must agree with Sir Andrew Clark in regarding as too important to remain in the obscurity surrounding it at present. This, to which, however, a definite name can hardly be attached, is a condition of fever that overtakes a considerable number of patients who are compelled to resort to catheterisation for incontinence, due as a rule to prostatic enlargement. In illustration of the class of cases referred to, Sir Andrew Clark cited one from his own experience, occurring in 1870, and in which incontinence of urine first claimed attention. The patient possessed a slightly enlarged prostate, and was directed to resort to the regular employment of the catheter for relief. After four days of this life he became ill, feverish, and uncomfortable, and in nine days he died. The post-mortem examination revealed inflammation of the mucous membrane of the bladder, and this case might, Sir Andrew Clark thought, be taken as an example of many which occur each year. In his own practice he met with as many as four or five in each twelve months, which resembled it. He had been much impressed with the importance attaching to a due understanding of the conditions present in them, and seemed to hint that the dangers possible in connection with what he called the "catheter life" were not sufficiently appreciated. Be this, however, as it may, his suggestion to surgeons to investigate the matter is not likely to be thrown away; and inquiry will probably be awakened to what may in the end prove a most fruitful line of study.

Scientific Research Grants.

The British Medical Association usefully employs a portion of its surplus income in promoting scientific research amongst its members, by means of grants of money toward the expenses incurred while prosecuting various inquiries. In addition to this means for advancing knowledge the Association has this year gone a step further in the same direction, by authorising its council, on the recommendation of the Scientific Grants Committee, to offer two research scholarships, value £150 each per annum, and each to be tenable during three years, provided the committee approve the undertakings of the holders. These important aids to original investigation will be awarded on the decision of the Grants Committee, the next meeting of which is fixed for the 17th inst.; and immediate application, addressed to the secretary of the committee, is required to be made by intending candidates for the scholarships. The grants already made for the twelve months ensuing after the last annual meeting of the Association are as follows:—Dr. Waller: a grant of £20 for defraying the expense of work being carried out for him by Messrs. Elliot, for an examination of certain points relating to animal electricity, more especially electrotonic phenomena and internal polarisation. Dr. Thin: £20 in aid of the expenses of a research into the bacillus lepræ, and its transmissibility to animals by inoculation. Dr. A. Lingard: £50 in aid of an inquiry into the pathology of a peculiar contagious ulcerative disease in calves, resembling noma (gangrenous stomatitis in the human being). Dr. Sidney H. Martin: £5 in aid of a research into the action of papain. Dr. Imlach: £50 renewed grant in aid of a methodical investigation of the question of bovine tuberculosis to calves and other young animals through the milk. Dr. Francis Warner: £25 renewed grant for a research on muscular movements by means of the graphic method, such movements being considered as signs of the conditions of the nerve-centres. Dr. Astley Cresswell: £30 for an observation on the temperature of adults under varying circumstances during sea-voyage. Dr. Heneage Gibbes: £20 towards the expenses of an investigation into the chronic change of the blood during inflammatory action.

Harvard University Medical School.

On Wednesday, October 17th (to-day), an important ceremony is announced to take place at the University of Harvard, Massachusetts, U.S.A., when will be celebrated the one-hundredth anniversary of the establishment of the School of Medicine connected therewith. A fitting interest will attach to the occasion from the presence of the veteran anatomist, Emeritus Professor Oliver Wendell Holmes, who will pronounce an oration commemorative of the event. A portrait of the illustrious *savant*, together with a bust of Professor Henry J. Bigelow, will at the same time be presented to the University, and a new building just completed will be dedicated to the use of the Medical School.

London Hospital Medical College.

On Tuesday, the 9th inst., a brilliant gathering of past and present students and friends of the London Hospital assembled together in a spacious and elegantly-decorated marquee, specially erected in the grounds, when prizes gained by students and probation nurses during the past year were distributed by Professor Huxley, P.R.S. Following this ceremony, the address printed in another part of our present issue was delivered by Professor Huxley, and on its conclusion a vote of thanks to the lecturer was proposed by Sir Andrew Clark in felicitous terms, and seconded by Mr. Jonathan Hutchinson, whose familiar and well-appreciated presence was welcomed by the whole body of staff and students in a manner that testified to the regret his absence from the hospital creates. On behalf of the students, Mr. F. John Smith, B.A., delivered a brief speech of thanks and welcome to Professor Huxley, who replied in a few well-chosen words to the compliments which had been liberally showered upon him. After the formal proceedings were thus concluded, the tent was cleared of the chairs on which the visitors had been seated, and for some time after a general promenade was indulged in, the while music and songs were provided by several ladies and gentlemen who had kindly volunteered their services for the occasion. Some smaller tents fitted up as exhibition and refreshment rooms were well patronised, and the mildness of the weather permitted of indulgence in outdoor promenading also. A very large number of friends responded to the invitations issued, and the *conversazione* was, generally, a very successful one. A feature of the evening was the presence in the tent of about 100 probationers and sisters employed on nursing duty in the hospital, and their quiet but effective uniforms, and bright, intelligent faces lent a peculiar and pleasing interest to a scene which was sufficiently animated and instructive.

Society of Medical Officers of Health.

The first meeting of the session of this Society will be held on Friday next, at 7·30, at 1 Adam Street, Adelphi, when the President, Dr. Dudfield, Medical Officer of Health for the Kensington District, will deliver an inaugural address, entitled, "The Need of Unity in Metropolitan Sanitary Administration." The following gentlemen have been elected office-bearers for the current year:—President: Dr. T. O. Dudfield. Vice-Presidents: Dr. J. W. Tripe, Dr. W. Armistead, Dr. J. Stevenson, Dr. G. P. Bate. Treasurer: Mr. S. R. Lovett. Hon. Secretaries: Dr. J. N. Vinen, Mr. S. F. Murphy. Council: Dr. Ashby, Mr. W. Blyth, Dr. Bristow, Dr. Buchanan, Dr. Dixon, Dr. Gwynn, Mr. Jacob, Dr. Rowland, Dr. C. E. Saunders, Dr. T. Stevenson, Dr. Thursfield, Mr. Turner.

An important step was last week taken by the Marylebone vestry for the purpose of erecting a suitable building, containing a mortuary for the reception of bodies awaiting inquests, a post-mortem house, and a room for holding inquests, upon the site of an old disused burial ground in Paddington Street.

Entrance Scholarships.

At most of the metropolitan hospitals scholarships have been awarded this year, as usual, to students entering on the first year of medical studies, after open competition. The following is the list of results so far determined. At St. Bartholomew's the senior entrance science scholarship is divided between Messrs. Major Brown, B.A., Downing College, Cambridge, and James G. E. Colby, B.A., Wadham College, Oxford; the junior scholarship is also divided, Messrs. H. G. Adamson and F Blackman obtaining an equal number of marks. Each of these prizes is of the value of £130. The Jeaffreson exhibition is awarded to Mr. J. Wilkie, B.A., Trinity College, Cambridge. At Charing Cross Mr. R. E. Fasnacht has won the £30, and Mr. W. J. Radford the £20 scholarship. At the London Hospital the £60 scholarship has been gained by Mr. G. G. Borrett, and Mr. Killick that of £40. At the Middlesex School Mr. H. A. Kidd has obtained the £50 scholarship, and Mr. Cockill and Mr. C. G. Matthews those of £30 and £20 respectively. At St. Mary's entrance scholarships of £50 have been awarded to Messrs. J. Bays, N. C. Ridley, W. A. Bottomley, H. A. Kidd; and exhibitions, value 25 guineas each, to Messrs. M. M. Bird and L. P. Gibson. At St. Thomas's the £100 scholarship has been gained by Mr. C. W. Cooke, and that of £60 by Mr. Frank Fawsett. A £30 scholarship, tenable at the London School of Medicine for Women, has been awarded to Miss J. L. J. Hasken.

A New Religion and the Old Adam.

The inhabitants of Shaugher, Illinois, United States, are, we are informed, much scandalised by the rapid progress amongst them of a bran new religion born only about a year ago and exhibiting distinct affinities to Mormonism and Free Love. The founder of this new religion, the Rev. Caleb Anderson, formerly a Methodist minister, is credited with the possession of eloquence, and of great "magnetic powers," and he has certainly succeeded in drawing after him a considerable following. Tall, handsome, of attractive manners, and about 45 years of age, he somehow drew down upon himself (perhaps by virtue of his "magnetic powers") the condemnation of the Methodist Conference. But he was not the man to remain submissive under censure, and so he seceded from the Methodists and started a new sect of his own which he designated the "Pilgrim Band." With singular self-denial he did not assume to himself the position of the deity in the new Church, but designated for that office a brother minister, a Rev. Mr. Rayburn, whose name was substituted for that of the Almighty in prayers and hymns. As might have been anticipated a dislocation of sexual relations soon followed on this new revelation, and Mr. Caleb Anderson repudiated his lawful wife, and adopted a maid servant as his "spiritual spouse", abandoning his offspring on the ground that they were "children of sin" having been the issue of "a marriage of darkness." At a recent meeting, Mr. Caleb Anderson announced that a new prophet would be born this year at Erwin, of whom he would be the father, and a few days afterwards a sister of the new religion stated that she had received a Divine message to the effect that she would be the mother of the new-born prophet. This announcement is said to have given great satisfaction to her husband. It seems that the Pilgrim Band is attracting numerous converts, many of whom are of an intelligent class, and that it enjoys the full protection of the law, a number of citizens, who, feeling outraged by its tenets and proceedings, broke into its tabernacle and dispersed the congregation, having been heavily fined. This "Pilgrim Band" is, just like innumerable other sects in every age of the world's history, made up of a number of half-mad devotees and wholly sensual scoundrels. It uses the name of religion as a cloak for its vile propensities and filthy orgies, and, thus gives countenance to the prevalent, but erroneous notion, that there is some close but occult alliance between man's highest spiritual aspiration, and his lowest animal passions. If corporal punishment is ever justifiable, it is so in the case of the fleshly thorn, and we confess we should have great satisfaction in seeing the Rev. Caleb Anderson and the elders of the Pilgrim Band strung up and receive a round three dozen from a boatswain's mate in thoroughly good condition.

Academy of Medicine in Ireland.

The first annual general meeting of the Academy of Medicine in Ireland will be held on Friday, October 26th, at 5 o'clock, when the year's reports will be submitted, and the election of officers will take place.

The names of candidates proposed for office must be in the hands of the secretary one week before the annual general meeting—viz., on the 19th of October.

No motion involving a change of rules can be brought before this meeting except one week's notice thereof shall have been given by the secretary to each member.

For this purpose the notice must be in the secretary's hands on or before the 16th October.

Liverpool Medical Institution.

The first ordinary meeting of the above society for the session of 1883-4 was held at the institution on Thursday last. Scarcely as many members were present as is usual on opening nights, owing to the affair taking place without any of those ceremonial and festive accessories with which it has been for some years past the custom to inaugurate the business of the session. As it was, however, about ninety members were present. The whole suite of rooms was thrown open, and in the upper gallery, which was brilliantly lighted, were exhibited a number of sections of the human body, cut whilst frozen, by Dr. Barron, and water-colour drawings of them by Mr. J. R. L. Dixon. A collection of skulls was also on view, prepared by Mr. F. T. Paul.

The principal event of the evening was a discussion which had been arranged to follow a paper by Mr. Puzey, on "Two Cases of Ligature of the Brachial Artery for Wound of the Palmar Arch, in which high division of the Brachial was found."

Whilst out with a friend tiger-shooting in the neighbouring jungle of Pachmarree, India, Dr. Jackson was attacked by hornets, whose stings were so virulent as to induce erysipelas, which proved fatal in the course of two days.

The King and Queen's College of Physicians in Ireland.

The annual meeting of the College will take place on St. Luke's Day (the 18th inst.), when the officers of the College will be elected for the ensuing year. Dr. William Moore will, it is expected, be re-elected to the presidency. For the Censorship there is one vacancy, that created by the retirement of Dr. C. Nixon. There are five other candidates—Dr. Foot, who seeks a third year of office, Drs. Duffey, Purser, Churchill, and Cruise. Two applicants for the Fellowship of the College present themselves —Dr. Effingham McDowel, of Sligo, and Dr. Clune, of Sydney, Australia. The election of a Librarian and Clerk to the College, and Clerk to Sir Patrick Dun's estate will take place on the same day. The joint emoluments of these offices amount to £139 a year.

Cholera Bacillus.

As the result of investigations conducted by Professor Koch in Egypt, the discoverer of bacillus tuberculosis has arrived at the conclusion that there is a specific cholera germ, to which the disease owes its origin, and to the multiplication of which its ravages are due. The researches so far conducted tend to convince Koch that the organism in question has many features in common with the bacillus already inseparably associated with his name, and in the communication addressed to the German Government in which he details the discoveries he has made in Egypt, he requests permission to proceed to India with a view to further identification of the bacterium.

The Examinations of the Royal Irish University.

Since our last the pass lists of the recent medical examinations have been under revision by the Standing Committee, whose decision was awaited breathlessly by the multitude of unfortunates who had been cast out on the original award. It will be recollected that the examiners had not been permitted any discretion whatever in the matter, but had been required to reject every man who did not reach a fixed minimum of marks. In fact, we understand a circular was issued to each examiner early in September, informing him that the system heretofore in force of marking doubtful cases with "pass if" and "reject unless" should be discontinued, and it was thereby intended that any discretion as to passing and rejection should rest with the Standing Committee.

In accordance with these instructions, the examiners rigidly rejected all who had not reached the minimum, and the result was that only 13 out of 130 of the second examination men, and only 40 out of 105 candidates for graduation as M.D. were successful. Thereupon the Standing Committee took in hand the adjudication of doubtful cases, which it remitted to a Committee consisting of the Presidents of the Belfast and Cork Queen's Colleges and Dr. Banks. That Committee, however, found the adjudication quite impossible, and accordingly remitted the task back to the examiners, who, on conferring together, agreed to a pass list as follows :—For the first examination in medicine, 52 ; for the second examination, 68 ; for the Doctorate, 55 ; for the Bachelorship, 2 ; for the Mastership in Surgery, 43 ; for the Obstetric Diploma, 18. This represents 238 examinations passed, but, of course, many of the names are duplicated and triplicated, so that the number of individuals is much less. The 238 examinations passed were divided amongst the students of various schools as follows :—Queen's College, Belfast, 91 ; Queen's College, Cork, 82 ; Queen's College, Galway, 32 ; Catholic University, 12 ; Ledwich School, 6 ; College of Surgeons, 5 ; Carmichael College, 2 ; Trinity College, 1 ; English and Scotch, 5.

Yellow Fever in Mexico.

According to information just to hand from San Francisco it seems that yellow fever was causing fearful ravages at Guaymas, in Mexico. The despatch is dated the 17th September, at which time the inhabitants were fleeing from the country. Medical assistance was being recruited from all parts. The city was a veritable city of the dead when the intelligence was sent off, the only sound in the street being the rumbling of the carts collecting the corpses. The burying of the victims of the outbreak was left almost entirely to hired Indians. There was stated to be scarcely a house in the city where there was not some deaths from the fever. The merchants had closed their establishments, having nailed up the doors. All the restaurants were also shut. The people were completely panic-stricken. Many of the fugitives had arrived at San Francisco, and from these the fearful nature of the outbreak was learned. Yellow fever was reported to be raging at other adjacent places. It was said the ravages of the disease at Mazatlan were even greater than at Guaymas. All the people who could walk or crawl made their way to the mountains, taking with them their bedding and whatever food they could pack. The Board of Health authorities had issued instructions that all dead was to be removed and buried immediately.

Sham Certificates in Dublin.

We find it stated by a contemporary that "the Registrar of the Irish Branch Council has been directed to make public the announcement that the Branch Council has received full assurances from all the medical authorities in Ireland that they are prepared to enforce the recommendations of the Council with respect to the attendance of medical students on lectures." These assurances may be satisfactory to the Branch Medical Council, which, through a long series of years, has stood by while certificates of "diligent" attendance were sold in the Dublin medical market with as much freedom as a pair of boots or a leg of mutton, but we can inform our readers that these "assurances" by the medical authorities are not worth the paper they are written on. The Irish medical authorities have, it is true, printed regulations with the intention of preventing the sale of certificates, but, while they thus declare their determination to reject sham certificates, they are not prepared to take the steps to ensure that such documents shall be anything else but "sham." They require that the lecturer shall certify the actual number of attendances, while they permit the continuance of the system under which those attendances are not infrequently represented by deputy, and they receive as sufficient the certified bodily presence of students who, during the entire of their medical course, are absent from the usual school and hospital instruction. Compliance with the regulations of licensing bodies is quite easy for the teacher who chooses to wink at evasion of them. As a lecturer he can call a roll and mark the presence of the person whose name is answered, while he takes good care not to see whether the owner of the name answers to it, or whether it is responded to by another: as an hospital teacher, he can leave the signature book open for the entry of names by anyone who chooses to oblige a friend, or by the student who spends just enough time in hospital, before he runs off to his office or shop, to enable him to scribble in his name.

We do not expect that these certificate frauds, which have existed for years—aye! for decades—will be amended in a few months, and we have full confidence that the Irish licensing bodies—now that the full extent of the abuse has been made public—will eventually take the necessary steps to obtain a real compliance with their own regulations. But we certainly do not share the complaisant satisfaction of the Irish Branch Medical Council, and we do not doubt that each and every member of that Council knows quite well that the "assurances" of the licensing bodies are of no value except as an acknowledgment that they ought, some time or other, to insist upon the honesty of certificates of medical study.

The death from chloroform of an adult male, while undergoing an operation for strabismus, is reported to have occurred in the Belfast Royal Hospital last week.

The St. Bartholomew's Hospital Scholarship for the most successful candidate from Epsom College at the last preliminary scientific examination of the London University, has been awarded to Mr. Ludvic William Darra Mair.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 20, Bombay 34, Madras 45, Paris 19, Geneva 17, Brussels 19, Amsterdam 26, Rotterdam 22, The Hague 24, Copenhagen 14, Stockholm 13, Christiana 17, St. Petersburg 22, Berlin 25, Hamburg 21, Dresden 21, Breslau 29, Munich 26, Vienna 18, Prague 26, Buda-Pesth 25, Trieste 23, Rome 27, Naples 35, Turin 20, Venice 21, Lisbon 31, New York 24, Brooklyn 23, Philadelphia 20, Baltimore 20.

The highest annual death-rates in the large towns last week from diseases of the zymotic class were—From scarlet fever 1·1 in Salford and in Sheffield, and 2·1 in Leeds; from measles, 0·8 in Salford, and 1·4 in Newcastle-upon-Tyne; from whooping-cough, 1·0 in Newcastle-upon-Tyne; from "fever," 0·8 in Salford, and 1·0 in Liverpool; and from diarrhœa, 3·4 in Wolverhampton, 4·4 in Bolton, and 4·8 in Preston. The 33 deaths from diphtheria included 19 in London, 6 in Glasgow, and 2 in Plymouth. Small-pox caused 6 deaths in Birmingham, 3 in London, and one in Sunderland.

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Scotland.

[From our Northern Correspondents.]

Opening of the New University College, Dundee.—The New University College, Dundee, which owes its origin to the princely munificence of Miss and Dr. Baxter, was opened on the 5th inst. with befitting ceremony. Where so much was admirable in the matter of speeches, it is difficult, if not invidious, to make distinction. The inaugural address of Professor Stuart, of Cambridge, was high in tone, and most eloquent in exposition. We subjoin his noble peroration as it applies to those engaged in the study of our own profession equally with those whom it is intended to benefit by the Baxter munificence:—"What is all this striving after wealth for, this striving after independence, after leisure? What if it be not to be free? And where is true freedom to be found if the soul is enslaved? There are two great enslavers of the soul of man—the one is intellectual, the other is moral obliquity. Intellectual obliquity is the result of ignorance; moral obliquity is the result of cruelty and vice. We contend for liberty of soul by a liberal education, for a material liberty by the constant efforts of our life; but vice is the greatest foe to liberty, vice and its attendants—audacity, cruelty, and the preying of the strong upon the weak. Check these, discountenance these, wherever you meet them, whether they be in yourself or in others, whether they be embodied in the laws of the land or in the customs of society, for, if you include these within the limits of your system, there will be rottenness in its bones, and destruction will overtake it. But if, on the other hand, you are yourselves filled with the tenderness of human sympathy, ever ready to help the oppressed, to vindicate the wronged, ever on the side of the weak against the strong, full of pity to the erring, full of forgiveness to the repentant, and rich in the virtue of self-negation—then I conceive you will bear the cause of human progress along with you on eagles' wings; you shall run and not be weary, you shall walk and not be faint."

Professor Charteris, of Glasgow.—We deeply regret to learn that in consequence of overwork the health of Professor Charteris is at present such that it is considered probable he will be unable to resume work for some time to come. Dr. Charteris is at present sojourning in the south of England, whose genial climate and the attention of friends, it is to be hoped, will, at no distant date, restore him to health and to the wide circle of friends where his good and sterling qualities are so much appreciated.

A Cholera-stricken Ship at Dundee.—On the 10th inst. Dr. Anderson, the medical officer of health for Dundee, along with the sanitary authorities, made a thorough examination of the ship *Simla*, of Liverpool, at Dundee, one of the crew having died from cholera on the voyage from India, and three others having been laid up with it. After the examination a warrant was served upon the captain, ordering him to remove the ship out to the quarantine ground at Carolina Roads, which was at once complied with.

Govan Combination Fever Hospital.—The new Combination Fever Hospital for the burghs of Govan and Kinning Park and the parochial board of Govan was opened on the 11th inst. The hospital is situated on the estate of Shieldhall, immediately to the south of Merryflats Poorhouse, and is outside the burgh of Govan, and removed as far as practicable from any dwellings. The buildings consist of an administrative department placed near the centre of the ground (facing a new street which is in course of completion), and is two storeys in height, containing, on ground-floor, doctor's sitting-room, bed-room, and dispensary, dining-room, caretaker's house, large cooking kitchen, store-room, scullery, larder, ice-room, cloak-room, lavatories, &c. On the upper floor are the matron's rooms, night and day nurses' rooms, servants' apartments, bath-room, &c., all fitted up and furnished in a plain, substantial manner.

Glasgow Medico-Chirurgical Society.—At the annual meeting last week of this Society the following gentlemen were appointed office-bearers for the session 1883-84:—President, Dr. W. T. Gairdner. Vice-Presidents, Dr. Alexander Robertson and Dr. Hugh Thomson. Council, Dr. Robert Forrest, Dr. Lapraik, Dr. D. Maclean, Dr. J. C. Woodburn, Dr. William Whitelaw, Kirkintilloch; Dr. W. A. Wilson, Greenock; Dr. R. Cowan, and Dr. J. A. Lothian. Secretaries, Dr. W. L. Reid and Dr. J. W. Anderson. Treasurer, Dr. Hugh Thomson.

Glasgow Southern Medical Society.—At the annual meeting of this Society held last week the following gentlemen were elected office-bearers for the session 1883-84:—President, Robert Park, M.D. Vice-President, Alexander Napier, M.D. Treasurer, Edward M'Millan, L.R.C.S. Edin. Secretary, David Tindal, M.B., L.F.P.S.G. Editorial Secretary, J. S. Nairne, L.F.P.S.G. Seal Keeper, Thomas F. Gilmour, L.R.C.P.Edin. Court Medical, J. Barras, M.D., Convener; James Dunlop, M.D.; Thomas Lapraik, M.D.; John Gardner, M.D.; John Barrie, M.D. Ordinary Members of Council, Hugh Miller, M.D.; A. T. Smith, M.B., C.M.; Alexander Paterson, M.D.

The Health of Edinburgh and the Notification of Disease.—The report of the medical officer of health for Edinburgh which we published last week is an interesting and instructive document. To those who are never tired of attacking the theory and practice of the notification of disease as conducted in Edinburgh the report is a perfect refutation of their puerile objections, for we find that out of a total death-rate of 14·47 per 1,000 for the month of September 10·95 per cent. of the total mortality was due to "diseases of a zymotic nature"! We find also that during the same period "384 cases of infectious diseases were reported, comprising 204 of scarlatina, 113 of measles, 44 of typhoid, and 23 of diphtheria." To render the report more conclusive it would be of interest to know how many of the reports were merely handed over to the clerk to enter the names of the medical reporters, how many cases were inquired into, and how many were sent off to the infectious hospital. Till we get correct information on these points we fear that the opponents of the notification of disease on the Edinburgh method will not cease to cavil. We also find that for July and August there were 106 cases of scarlatina, a disease which, though not considered so by the general public, is, we believe, the same as scarlet fever; and for September, 204—so that scarlet fever is actually on the increase yet the city paid for three months £151 7s. 6d. for the notification of infectious diseases, besides the private doctors' bills of the patients and the drain on the funds of the dispensaries.

A Baneful Competition.—A well-known Edinburgh coach remarked to us the other day that the increased stringency of the Edinburgh corporations was, to use a somewhat ex-cathedral expression, likely to play "Old Gooseberry" with the grinders, for the rush to the Glasgow Faculty was too terrible to contemplate—the proportion this time being about three to one for Edinburgh. As long as there are corporations in want of the sinews of war to block all progress, and as long as there are men who, devoid of all self-respect, will get a qualification which enables them to register, however paltry that qualification may be, the abuse to which we have referred must continue.

Another Medical Journal for Edinburgh.—The Edinburgh *Clinical and Pathological Journal*, issued from the press during the past few days, is another aspirant to the suffrages of the profession. It is to be a weekly, at the modest price of sixpence, 21s. per annum, and consists of sixteen pages. The first number contains the usual editorial preface, two articles—one by Professor Annandale, the other by Dr. Ronaldson—a short review by Dr. Berry Hart, and some short cuttings from foreign journals. The articles do not call for any individual notice. Should the promise contained in the prospectus be carried out, a commendable feature in this new venture (for Scotland) will be that each abstract, review, or other communication will be signed by the author. This ought to elevate the tone of reviewing in Scotland, where this department of journalism too often subserves the purposes of personal hostility or offensive flattery. In order to utilise some of the valuable clinical material under observation in the various Scotch hospitals, as well as to compare different methods of treatment, it is intended to have from time to time hospital letters by accredited correspondents. The journal is intended to be purely scientific, and will not, as a rule, express opinions upon questions connected with medical politics; but the right is reserved to admit signed letters or communications upon such questions, if the editors are of opinion that circumstances are such as to warrant their insertion. We wish the new venture all manner of success, but, in view of past failures, and the competition of our ably-conducted contemporary the *Edinburgh Medical Journal*, can scarcely anticipate it to any great extent.

Legacy to an Aberdeen Hospital.—Dr. Francis Edmond, of Kingswells, Aberdeen, has given to the Hospital for Incurable Diseases in Aberdeen feu-duties of the annual value of £50, representing a money value of about £1,200. The sum presented to the Hospital trustees is intended to cover the ground rent of the Hospital lands at Morningfield, where a new institution is being erected.

Proposed Contagious Diseases Hospital for St. Andrews.—A meeting of the Police Commissioners of St. Andrews was held last week, when a letter was read from the Board of Supervision intimating their approval of the site at St. Mary's Street for the erection of an hospital for the treatment of contagious diseases. Bailie Welch remarked that the Commission had always gone upon the assumption that they would get £500 from the Bell Fund towards the expense of erecting the hospital, and he thought that the next step was to ascertain if the Lord-Lieutenant of the county also approved of the site.

Royal College of Surgeons, Edinburgh.—We hear that there is to be another attempt to put the Fellowship of the College on a better footing. Will it succeed?

Obituary.

DR. MOFFAT, OF FALKIRK.

This well-known and much-respected member of the profession died at the Bridge of Allan on the 5th inst. He had been in failing health for some months past, and he went to recruit his health in the charming neighbourhood of the Bridge of Allan about six weeks ago, but the change was too late, and he never rallied. Dr. Moffat was a native of Musselburgh, and was educated at the Edinburgh University, where he took his degree of M.D. in 1856, and in the same year became a licentiate of the Royal College of Surgeons in Edinburgh. He first settled in practice at Kettle, in Fifeshire, subsequently removing to Polmont, where he succeeded to the practice of Dr. Myrtle (now of Harrogate), who had gone to Falkirk. After a residence of some years at Polmont, he removed to Falkirk (on the death of Dr. Girdwood), where his practice soon greatly increased. Dr. Moffat was about fifty-two years of age, and was twice married. He leaves a widow, to whom he was only married about eighteen months ago, and also four children by his first marriage.

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THE PROFESSORSHIP OF ANATOMY IN THE IRISH COLLEGE OF SURGEONS.

The choice of a Professor in place of Dr. Cunningham, who has recently been appointed to succeed Dr. MacAlister in the School of the University of Dublin, will take place on the 1st of November. It is expected that before that time the Council of the College will have received the authorisation which it has asked from Government to elect by the votes of the whole of the members of Council instead of by given members chosen by lot, as has bitherto been the rule. The emoluments of the chair for the past year have been over £600, but as circumstances existed to make that year an especially disadvantageous one for the Professor, it is to be expected that the future income of the Professorship will, at least, be not less than £600. Last year the College, for the first time, enforced the payment of all lecture fees in advance, which naturally had the effect of excluding from the school all students to whom money was not readily accessible. Again, last year was the first year of the new scheme of education, which provides that the first year of the student's career may be taken without resort to any school, and without coming to Dublin. Therefore it may reasonably be assumed that the entries of first year's men would be very few, and in the present and future sessions a largely increased class of beginners may be anticipated.

So far as is known at present, the candidates for the chair will probably be—Dr. Knott, Chief Demonstrator of Anatomy in the School; Dr. Arthur Thomson, Chief Demonstrator in the School of the Edinburgh University; Dr. Reid, of St. Thomas's Hospital, London; Dr. Young, of the Victoria University, Manchester; and Dr. Barton, Demonstrator of Anatomy in the Dublin University School.

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An epidemic of trichinosis has broken out at Ermsleben, near Halberstadt, in the province of Saxony. Four deaths have already been reported, and there are 180 persons more or less dangerously ill. Fresh cases of attack are reported every day.

A committee has been appointed by the Lords of the Admiralty to inquire into the present system of nursing in the Royal Navy, as now carried out in the several hospitals, and the report, it is anticipated, will result in the increase of the staff of female nurses in the majority of the naval hospitals.

We understand that it is in contemplation to hold a dinner of the medical staff and *alumni*—past and present—of the Meath Hospital, and we trust the entertainment will be completely successful. We have often regretted that the system which obtains in London of gathering together the friends, students, and officers of each hospital once a year has not been as yet extended to Dublin. Mr. Ormsby is the organiser of this dinner, and will receive names.

We are requested to state, in reference to the announcement of the appointment of Dr. Joseph Redmond to be Lecturer in the Practice of Medicine and Pathology in the Ledwich School, Dublin, that Dr. Redmond is joint Lecturer with Dr. C. F. Knight, who some time ago was elected in succession to Dr. Foot.

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Correspondence.

NEALE'S "MEDICAL DIGEST."—A BLUNDER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was rather amused at seeing the blunder into which the usually accurate Dr. Richard Neale has fallen in his letter printed in your issue of this day. Alluding to an editorial paragraph in your previous issue, he says :—"Dr. Quinlan of Philadelphia is not original in his use of the wire seton to evacuate abscesses, as a glance at section 106 : 2 of my 'Medical Digest' will prove, hydrocele, ranula, abscess, bubo, suppurating glands, &c., being among the diseases in which the seton finds many advocates."

It is generally believed by the medical profession that the eminent author of the "Medical Digest" reads all the professional periodicals, and exhibits in his valuable work a short and very accessible *resumé* of their contents ; and I certainly believed that this was carefully done, at least in the case of a leading journal like the *Lancet*. It would appear, however, from Dr. Neale's letter, that this duty is accomplished in a rather perfunctory way ; for the article to which he takes exception is the work, not of Dr. Quinlan of Philadelphia (a purely mythical personage), but of a much humbler person, viz., the present writer. If Dr. Neale will refer to the *Lancet* of the 20th of last January, page 83, he will find my communication, "On the Cure of Abscesses about the Neck without Cicatrix or other Deformity ;" and he will find it copied and duly acknowledged in the last number of "Braithwaite's Retrospect," vol. 87th, p. 327. The Philadelphia publication is not an original communication, but simply an (apparently) unacknowledged reprint. Any medical tyro who has mastered any of the ordinary surgical manuals is aware that setons, metallic and otherwise, have been recommended and used in the affections which Dr. Neale mentions ; but I maintain without fear of contradiction that my particular method of using silver wire for the cure of certain abscesses without disfigurement is original—and such has been the opinion of many eminent surgeons, both English and Irish, with whom I have spoken about the matter. If the idea had been an old one, I am sure that some of the thousands of professional readers of the *Lancet* would have quickly set right

Your obedient servant,
F. J. B. Quinlan, M.D., M.R.I.A.

29 Lower Fitzwilliam Street, Dublin,
October 10, 1883.

P.S.—Dr. J. C. Cahill, in an interesting letter in this day's issue, alludes to my recent note on digestive ferments, and questions the recommendation that peptonised milk should be consumed (and without stopping the digestive process by boiling) as soon as the bitter flavour has become perceptible ; and I would wish to briefly explain this matter. The most successful plan of peptonising milk is to take some rich new milk (to which the cow with the iron tail has had no access) and to bring the temperature up to the required point by the addition of boiling water. This is much better than to heat the milk over the fire, a process which alters its physiological character and renders it less digestible, which is still more the case when the milk is actually boiled. I have proved by repeated clinical experiments upon dyspeptics, who did not know how the peptonised milk had been treated, that this is the best plan, and that it is well not to stop the process by boiling. Of course, if the peptonised milk is not to be consumed at once, it must be boiled for a minute, or it will become unpleasantly bitter. Dr. Cahill says it would be well if the administration of nutrient enemas could be made less irritating, adding that he has found "after prolonged enematisation that the bowel comes to reject the matter almost immediately." This difficulty is best overcome by making each peptonised nutrient enema small in quantity. Should the patient's other symptoms not contra-indicate it, much advantage will be obtained in an irritable rectum by adding to the enema a few drops of the fluid extract of opium of the Pharmacopœia.

Notices to Correspondents.

Dr. Christian.—The certificate is a valuable indication of attainments in sanitary science; it can, however, only be obtained by those who have already graduated in medicine at the University.

F.P.S.G.—We cannot advise the proceeding.

Articulo Mortis.—Nitrite of amyl is strongly recommended.

A GRATEFUL BUT INDISCREET PATIENT.

Perhaps no body of men have greater reason to exclaim "deliver us from our friends" than the medical profession, of which the following advertisement, clipped from the last number of the *Merthyr Express*, is an example:—

"Remarkable Cure of Paralytic Stroke by Dr. Fitzhenry, King Street, Brynmawr.

"My daughter Clara, aged 7 years, was suddenly seized with a paralytic stroke and on the point of death, when the professional services of the above-named gentleman was called in, and I am happy to say, under his clever and skilful treatment, my daughter has regained her former health and strength. I therefore think it my duty, on the part of Dr. Fitzhenry, to make this clever cure known to the public.

"Alfred Whitcombe."

This advertisement has been sent us by a correspondent, who asks our opinion of Mr. Fitzhenry's conduct in allowing such a parade of his name. Of course there can be but one opinion as to the indiscretion of such publication, and did we think that Mr. Fitzhenry had authorised it, we should not hesitate to express ourselves very strongly on the point. But that gentleman has been a member of the profession too long to degrade his calling thus, and we are convinced that he is but another victim to the mistaken and mischievous zeal of a friend.

THE TREATMENT OF INEBRIATES.

In opening the special discussion on the question "Is it desirable to amend or extend the Habitual Drunkards' Act, and, if so, in what direction?" at the Social Science Congress at Huddersfield, on the 8th inst., Dr. Norman Kerr, Honorary Consulting Physician to the Dalrymple Home for Inebriates, traced the history of the habitual drunkard, and referred to the attempt by the "Dalrymple Home for Inebriates" Philanthropic Association to give the Habitual Drunkards' Act a fair trial. Dr. Kerr pointed to the following, among other, defects, in the Act of 1879:—It expired in 1889, so that the time of its operation was too short to warrant expenditure of private capital on a large house and grounds; voluntary admission into a retreat was too forbidding, especially to females, who could not be induced to confess themselves habitual drunkards before two magistrates; patients could get liquor from publicans outside a retreat; application for admission from an habitual drunkard must be of his own free will; and habitual drunken paupers went into the workhouse time after time to recruit for fresh dissipation. The Act, therefore, ought to be renewed permanently, and improved (1) by removing the hindrances to voluntary admission into a retreat, (2) diminishing the surrounding temptations to drinking, (3) giving magistrates the power to commit habitual drunkards to a retreat, (4) empowering guardians to detain pauper habitual drunkards for treatment for a prescribed time.

Mr. Smithson.—The "Collective Investigation Record" is not published regularly, but as material accumulates. There have been two issues of the work up to the present; the communicability of phthisis was discussed in that first published. They can be obtained from the British Medical Association, or through any bookseller.

Pathologia.—Autopsies on deceased hospital patients cannot legally be performed without the sanction of the friends, notwithstanding the importance of such examination. A coroner's jury, however, overrules all objections in case an inquest is demanded, and, of course, should a certificate of death be withheld, the matter becomes subject of inquiry.

A Middlesex Student.—The books recommended to you by your lecturers are as suitable as any you could obtain as an aid to the study of anatomy and physiology. Size of a volume is not always a criterion of excellence.

Dr. Edmunds.—Formerly it was a rule observed at most hospitals; but the regulation is now by general consent abandoned in all the chief schools in this country.

Dr. E. B. (Hastings) is thanked for note. The theory propounded is very good in principle, but it has not so worked in practice. The greatest good for the greatest number still holds; and when it is proven that the let-alone system, on the assumption of equal justice to both sexes, inflicts grievous suffering upon thousands of children innocent of the sins of their parents, then we hold that it is the duty of the State to protect, by legislative measures if necessary, present sinners for the sake of future sufferers.

Mr. Harrington.—The convict Gouldstone, in whose behalf we have persistently striven for a mitigation of sentence, has now been removed from Chelmsford Prison to Broadmoor Criminal Lunatic Asylum, in accordance with the order of the Home Secretary.

Dr. H. O. F.—Full particulars of the case have been forwarded as requested.

MEETINGS OF THE SOCIETIES.

Wednesday, October 17th.

Medical Society of University College.—At 8 p.m., Professor Maudsley will deliver an address, On Heredity and Disease.

Thursday, October 18th.

Harveian Society.—At 8.30 p.m., Mr. A. L. Silcock, On some Points in connection with the Origin of Talipes Varus.—Dr. W. Squire, On Normal Growth-rate in Infancy and Childhood.

Friday, October 19th.

Society of Medical Officers of Health.—First meeting of the session, at 7.30 p.m., when the President, Dr. Dudfield, will deliver an inaugural address, On the Need of Unity in Metropolitan Sanitary Administration.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Centra London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Vacancies.

Bristol Royal Infirmary.—Assistant Resident Officer and Pathologist. Salary, £80, with board, &c. Applications to the Secretary before October 23.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications to the Chairman before November 4.

Chichester Infirmary.—House Surgeon and Secretary. Salary, £100, with board. Also an Assistant House Surgeon. Salary, £20, with board, &c. Applications to the Chairman before October 22.

Appointments

Collier, W., L.F.P.S. Glas., Medical Officer for the Central District of the Sheffield Union.

Comyn, E., M.B., M.Ch. Dub., Medical Officer to the Destitute Board for the District of Georgetown.

Cooper, A. N., L.R.C.S.I., Assistant Surgeon to the House of Industry Hospital, Dublin.

Eyre, J. J., L.K.Q.C.P.I., L.M. & L.R.C.S.I., Medical Officer to the Forest Hill Dispensary.

James, W. D., M.R.C.S., Medical Officer to the Free Hospital for Children, Sheffield.

Jordan, F., F.R.C.S. Eng., Consulting Surgeon to the Birmingham Dental Hospital.

Mason, A. E., L.S.A. Lond., House Surgeon to the Tiverton Infirmary.

Troup, F., M.D., Assistant Medical Officer to the Longmore Hospital for Incurables.

Walker, C. E., L.R.C.P. Ed., M.R.C.S., Medical Officer for the No. 5 District of the Aylesbury Union.

Births.

Collingridge.—October 9, at St. John's, S.E., the wife of Wm. Collingridge, M.A., M.D., of a son.

Duffey.—October 7, at 30 Fitzwilliam Place, Dublin, the wife of Geo. F. Duffey, M.D., of a daughter.

Taylor.—October 13, at 17 Castle Gate, Nottingham, the wife of H. Owen Taylor, M.D., of a son.

Marriages.

Sweeting—Rothery.—October 9, at Christ Church, Harrogate, Richard Deane Roker Sweeting, M.R.C.S., son of the late Richard Sweeting, M.D., of Clapham Park, S.W., to Selina, daughter of William Rothery, Forest Lodge, Harrogate.

Deaths.

Adam.—September 28, at Ardentigh, Port Bannatyne, Bute, John Mitchell Adam, M.B., C.M., aged 31.

Fasken.—October 11, at 21 Fairholme Road, Kensington, Wm. Fasken, M.D., Deputy Inspector-General of Hospitals, aged 63.

Furley.—October 11, at St. Leonards-on-Sea, Frances, wife of Edward Furley, M.D., aged 73.

Leney.—October 11, at 2 Bentinck Terrace, Regent's Park, London, George Leney, M.R.C.S., late of Maidstone, aged 71.

Schofield.—August 1, at Tai-Yüen-Fu, North China, after a brief illness, Robert Harold Ainsworth Schofield, M.A., F.R.C.S., B.Sc., &c., of the China Inland Mission, third son of the late Robert Schofield Esq., of Heybrook, Rochdale.

Swinson.—October 10, at St. Leonard's Road, Eastbourne, Thomas Spilsbury Swinson, M.R.C.S.I., aged 43.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 24, 1883.

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ON THE RELATIONS OF CHEMISTRY TO MICRO-PATHOLOGY. (a)

By J. L. W. THUDICHUM, M.D., F.R.C.P. Lond., &c.,
President of the Society.

We are united to day to congratulate each other upon the happy occurrence of the first anniversary of the establishment of the West London Medico-Chirurgical Society, and to begin the second year of its existence, with the expression of the wish and hope that it may not only maintain the distinguished position it has so rapidly acquired, but add to its influence and usefulness. We may probably discover the means of effecting the latter purposes by an examination of the agencies which have led to the former effects, and by following good examples, become worthy epigones of those before us, and in time hand over another year's professional history to new chroniclers. We are all happy to remember and acknowledge the merits of our founders, who for a season, as true Dioscuri, watched our ship, and appointed our business. If one of them, Mr. Schacht, has left us, to the great regret of all members, we are happy to think that he has done so in the natural progress and development of his professional career, and he retains in his present position our grateful regards and friendly remembrances. The other founder, Mr. Keetley, happily remains amongst us, and continues his rare activity as our senior honorary secretary, to receive, we are sure, the most grateful acknowledgement for his past services, as well as our confident sympathy with his future energy. Our Society had the good fortune to obtain for its first president a gentleman of high social and professional position, of wide scientific sympathies, and scholarly accomplishments, Dr. Hart Vinen; who in organising us for victory, presided over our deliberations, not only with scientific precision, but particularly with that amiable suavity of mode, which has caused our complicated organism to carry on its function without the slightest discordance in an unbroken chain of harmony. He too, we are happy to be assured, will continue to give to the society the countenance of his weight and wisdom. And if I may judge from the interest exhibited by our new council in the business of the new session, I venture to hope that the members will find in its progress and development the fulfilment of the objects for which the society has been established, the promotion of friendly intercourse, mutual professional support in occupations full of difficulties, the exchange of ideas as well as of concrete experience, and the advancement of the science which we all have at heart. By keeping these objects strictly in view we shall succeed not only in adding to the means for our individual happiness, but also, in however small a degree to the improvement of man's estate. In this respect, therefore, more particularly, we shall co-operate with the authorities of the hospital, who have so generously put at our disposal the rooms in which, not only our ordinary meetings, but also our council meetings are held. I feel sure that I express the sentiments of all, if I offer to the Board of Governors, and particularly to the treasurer, Mr. Bird, our warmest thanks for the hospitality received during the past session, joined with the prayer that we may be allowed long to rejoice in the same advantages.

Our society now counts 145 members, and we have already this evening been favoured with the prospect of an increase in that number. If every member will consider it his duty to canvass amongst his friends, and to lay before them the advantage of our society, I feel sure that our circle may in time become considerably enlarged.

We have to deplore the loss by death of one member, Mr. W. Ottley, M.B., F.R.C.S.E.; although he could not much participate in its life, he took great interest in our society, which I am sure will hold his memory in kind keeping.

From the Report of the Council, which was forwarded to you before the annual general meeting, you will have seen many details of our position which it is not necessary for me to recapitulate. At the general meeting you appointed a treasurer in the person of Mr. Alfred Cooper, and we hope that he will at once enter upon the duties of his office, after our treasurer *pro tem.*, Mr. Keetley, has laid such satisfactory audited accounts before the society.

(a) Introductory Address delivered at the First Anniversary Meeting of the West London Medico-Chirurgical Society, on October 5th, 1883, at the West London Hospital.

Of the papers which were read before the Society during last session, two-thirds were on medical subjects, and one-third on surgical subjects; but of the clinical and pathological cases a majority were of a surgical character. Some of these cases, and those the most interesting ones, show the difficulty, nay, sometimes the impossibility, of drawing a line of distinction between medical and surgical objects of observation and treatment; I allude to the cases of Charcot's joint disease which were brought before us by Dr. Atkinson, Mr. Swinford Edwards, and Mr. Keetley.

All the cases and subjects brought before us were matters distinguished by importance, or novelty, or interest, and with the discussion on them, they were all instrumental in widening our view, strengthening or correcting our knowledge, and increasing our power in recognising and treating disease.

The profession have been once more disappointed by the failure of the Medical Bill before the House of Commons. It is depressing to see the legislation of a great Empire like our own impeded by factious opposition, and that at a time when, under the ruling of a well-meaning Liberalism, the causes which sowed disunion in the United Kingdom are being removed as far as is politically practicable. We must, however, insist, as a profession, upon our rights to obtain what we have long since recognised as essential to our well-being, and as necessary for the security of the public. We desire that all medical practitioners should be uniformly and fairly qualified for the exercise of their art, and that those who enter the profession hereafter should do so through a common portal established by State-law, at the threshold of which they should have to prove their competence by a fair, but not exaggerated, examination. To obtain these desirable ends it is no doubt necessary that the profession at large should be represented in its governing body, the Medical Council, and that those antiquated elements which have impeded necessary reform should be made harmless. I hope that we as a Society may keep these interests in view, and when the time arrives for the resumption of action, we may at least encourage each other to stand up for our rights.

The Medical Council have announced their intention of getting prepared and published a new edition of the British Pharmacopœia, and to that end have appointed a sub-committee, consisting of three professors of the Pharmaceutical Society, one of pharmacy, one of chemistry, and one of botany. While feeling quite assured of the very high qualification of these gentlemen for the exercise of their respective specialities in the interest of the Pharmacopœia, it is felt by some that the *medical* element in this committee is unduly conspicuous by its absence. The Pharmacopœia should be not only a law-book, but also a scientific guide, to the pharmaceutist as well as the medical practitioner, and it is feared that it cannot attain all the development which is desirable in these directions without *the deliberative* influence of the medical profession. In this respect, therefore, the direct representation of the profession on the Medical Council could work a beneficial change.

During the last thirty years medical science has made great advances, particularly in those of its branches which are capable of being treated by the exact methods of modern philosophy: thus, microscopy has enabled us to penetrate to the *ultima Thule* of structure, and excepting the brain, there is no organ with regard to which any essentially new discoveries remain to be made by the compound lens. Great has been our progress in etiology, and it is scarcely two years that the entity of the cause of tubercle has been demonstrated to our wondering eyes as the climax of a series of discoveries of which the first one, that of the bacillus of anthrax or splenic fever, must always bring the name of Rayer before our grateful memories. But while thus etiology and pathology as exercised by anatomy were flourishing equally with clinical semeiology, the art of treating and healing disease has made only small progress. It was the desire to foster this progress which originally caused the Clinical Society to be established with something like enthusiasm. Again, years later, in 1882, our German colleagues discovered that practical medicine occupied a forlorn position amidst the progress of pathology and hygiene, and established a Society which has for its main object the advancement of the art of curing disease. Of the second meeting of this society at Wiesbaden in the spring of the present year I gave some short account to our Society. Of course we feel acutely the same want of remedies, and are all agreed, I hope, that efforts should be continued or extended to supply this want. It is unquestionable that the physiological, and still more the pharmacological laboratories, have brought us much valuable information, and that their activity should be maintained and increased. But it is also unquestionable that *chemical inquiry* into the nature of disease has been unduly neglected, and has in the few instances in which it was attempted been unable to come to results applicable in practice, because of the absence of normal standards. Whether physiologists were able or not to produce them I do not pause to discuss; it is certain that they *did not* produce them. Similarly, hospital authorities took no measures to facilitate the application of chemistry to the study of disease, even when they had excellent opportunities for so doing. I was therefore particularly glad in receiving, at the Wiesbaden meeting, almost universal consent to the demand which I directed to every hospital authority, namely, for the establishment of fully-equipped and suitably-officered chemical laboratories in connection with every hospital of a certain magnitude and wealth—laboratories of research, I mean—of the employment of which the instruction of students in the ordinary elements of chemistry would form no part. The officers of such laboratories would have to be fully qualified physicians with the additional qualification of a complete chemical training. Medical chemistry can only be worked out by deputies of the medical profession, and the greater part of the valuable results hitherto obtained has actually come from this source. Biological chemistry has essentially to deal with living matter, ordinary chemistry with dead matter. We can therefore not expect that mere chemists, although they may occasionally, in private, take notice of the progress of biological chemical researches, should take the trouble of knowing anything about bioplasm. It is so far out of their ordinary range of thought that some of them have denied that any colloid had any chemical constitution at all. They appreciate in their catalogue of things only dead matter, that is, crystalloids. This negation is in fact only an extension on the biological field of another, namely, that concerning "molecular compounds" so-called, to which the quality of chemical, *i.e.*, atomic compounds was not granted. We must leave these exclusivists to their own range of occupation, and may never hope to get from them any advancement of biological science.

Amongst the questions which, although long discussed by philosophers, are likely to come to the foreground in the immediate future, is one which deserves particular attention in relation to what I have previously stated; it is the connection which the discovered disease-causes or microbia may have with chemical changes occurring in the body in disease. It is of the utmost importance to science that these relations should be properly appreciated. But there is now great danger that the views of the profession and the efforts of inquirers may be misdirected, and I therefore desire to make some observations on this subject.

You can see in various printed publications a great deal of generalisation in connection with a poison supposed to be derived from animal substances under the influence of the bacteria of putrefaction, and termed *sepsin*. This so-called sepsin has, however, never been obtained from animal substances in any stage of putrefaction, but only from vegetable substances, namely, *putrid yeast;* then only in small quantity out of large quantities of yeast; but further, *only once in three different experiments, of which, therefore, two yielded none of this matter.* Consider, first, that there is no proof that the matter was not present in the yeast before it began to putrefy; further, take away the name *sepsin*, and term the matter a crystallised alkaloidal body obtained from a specimen of putrid yeast in small quantity, which could make ill and kill small animals like a poison, therefore merely *a poisonous vegetable alkaloid* such as there is a great number in existence, and you will agree with me that this body can throw no light upon animal vital processes, normal or abnormal, whether they take place under the influence of bacterial life or without it.

The idea that it might be possible to fish out of a complicated organic mixture, such as many pounds of putrefying yeast, or even albuminous substances from animals, *a chemical poison*, is not extravagant in itself; but when it is claimed that a poison found by the process adopted by Bergmann represents *the result of the vital activity of septic bacteria*, even though it cannot be found in two cases out of three in which the conditions for its formation were all equally fulfilled—then let us pause and find out the quality of the statement, of the process, and of the method of argument.

The study of chemical effects which accompany distinct bacterial influences *upon animal matters* is farther advanced in this country than in any other. In this statement I include *splenic fever*, which was chemically investigated with most remarkable results in my own laboratory. But I also include in it diseases such as *cholera, hydrophobia*, and *tetanus*. Next to the discovery of the microbia in these diseases, there could be no more interesting discovery than that of the poison or poisons resulting from the vital activity of microbia which may be the cause of the prominent symptoms and of the fatality of these diseases. But such a discovery presupposes as an unavoidable condition the cultivation on a large scale of pure crops of bacteria, such as I reared for many weeks from the anthrax or splenic fever of the ox. When I had seen the chemical changes in an entire ox, the massive destruction in a very short space of time of great volumes of bioplasm, of blood in the spleen, and of albumen everywhere, I knew that the search for *a poison* in bacterial disease, or even bacterial decomposition was something like a delusion; for whether a potential poison be present or not, it is not needed for the accomplishment of the pathic result; the mere presence of matter unfit for bioplasm, or the mere destruction of bioplasm, even if it produce no poison, is sufficient to explain the sickness or the death of the affected creature, quite independently of the mechanical effects of the bacteria, effects again which in many cases explain sickness and death without the intervention of chemical products, or the destruction of bioplasm in places where it is essential to life. As far as I know them, I divide bacteria in two classes, firstly, those which fuse a colloid such as gelatine or bioplasm; and secondly, those which do not fuse a colloid; as both are supposed to decompose the colloid, the first order must decompose with or after fusion, or fusion may be a secondary result of decomposition; and the second order evidently produces a colloid different from the primary one. The cholera microbes fuse the bioplasm of the intestinal canal, and of the muscles; the tetanus microbe alters the bioplasm of nerves and muscles to a new colloid without fusion. The suspicion that in tetanus the disease-cause produces a poison like to or identical with strychnia is likely to arise in every observer who considers both processes. But to analyse the nerve centres for such a poison, or indeed any pathic product whatsoever, was utterly impossible before the normal constituents of their organs were known, and above all before it was known even how they had to be mechanically manipulated to extract any definite principle whatever. Now, gentlemen, I have made such researches as those which I have stated to be required, for thirty years, and for nearly twenty years I have been assisted by Parliamentary grants in their prosecution. I gave you, as a specimen the practical application of the previously published results of some of them in a paper read before you last session, and printed in the *British Medical Journal* for Sept. 15, 1883. When I see it now attempted to supersede my comprehensive and successful method by shorts cuts based upon doctrines, such as are involved in the accounts about *sepsin* which crop up even in important publications, then I think it not only time, but my duty to the country and the profession to raise my voice and endeavour to keep bio-chemical research in its proper position.

While thanking you most warmly for the patience with which you have listened to this address, I beg to apologise for its length. I also thank you most sincerely for the honour which you have conferred upon me by appointing me your President for the year now begun. I have always looked to the countenance of the profession as my mainstay in business life, and I beg you to extend to me, during my year of office, your assistance as well as your forbearance. For the rest I promise you that your interests shall be safe in my keeping.

Lectures

ON

THE VARIETIES OF APHASIA — MOTOR APHASIA (TYPE BOUILLAUD-BROCA).

Lecture II.

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

(*Continued from page* 326.)

Gentlemen,—The case which we proceed to consider to-day offers, as I announced in our last lecture, a remarkable example of the loss of the *faculty of articulating words* without the accompaniment of the slightest change in any of the other elements of the function of language. Our patient has lost, as Broca would say, the *memory of the process by which words are articulated.* But he has not lost the faculty of mentally reading, of writing, or of counting, and neither his intelligence nor his memory seem notably affected.

But, Gentlemen, if nothing is more common than to encounter *motor aphasia*, or *logoplegia*, as it is sometimes called, associated with other diverse disturbances of the faculty of language, and with more or less pronounced physical enfeeblement, nothing is more rare, on the contrary, as Trousseau and Lasègue have long since affirmed, than to encounter it dissociated from every complication of this nature. It is, therefore, in this fact of pathological isolation that the chief interest of our case lies, for it is this feature, as with the others which we have considered, which renders it eminently useful for purposes of clinical and physiological analysis. From this point of view, in the researches which I have made during the past few days, I have not been able to find a case which surpasses ours, if it be not the one—unhappily briefly detailed—cited by Trousseau in his "Clinique," regarding a waggoner of Halles. This man, young and vigorous, had been seized a few days before consulting Trousseau with an apoplectic attack. For almost an hour he lost consciousness. On being taken home no trace of paralysis existed, but he was unable to articulate a single word, though he moved his tongue with facility, and swallowed without any difficulty. But this patient, though absolutely unable to speak, carried with him when he came to consult Trousseau a note written by himself, in a firm hand, well expressed, and in which was detailed the history of his disease. The aphasia remained for six weeks, and during all that time the patient was able to conduct his business affairs by substituting writing for speech. You see, therefore, that in this person the inability to articulate words is the sole defect in the faculty of expressing his ideas by means of language. It is exactly the same with the patient whose case is now about to occupy our attention, and whose history I shall now complete. In the paralysed members, and on the corresponding side of the face at the present moment, no defect of sensibility can be discovered; perhaps in the hands there exists some imperfection of the muscular sense. Thus the patient does not recognise with exactitude, his eyes being shut, the varying positions in which his fingers may be placed. The sense of hearing, smell, and taste are normal, and the same may be said of that of vision. There is no diminution of the field of vision, nor hemiopy. In this direction the most minute examination has been made by M. Parinaud.

With respect to the heart we have ascertained that no functional disturbance existed prior to the attack, while since frequent palpitations were experienced. There is inequality in the impulse, and the pulse is intermittent. The heart is large, the apex-beat being in the sixth interspace outside the nipple. There is no murmur. Regular examination of the urine gave negative results.

It is specially our duty to study, in our patient, the symptom of *motor aphasia;* but preliminary to this it will not perhaps be without interest to advert to certain phases of the case afforded by the writing of the patient—and that in tolerably accurate language—relatively to certain of the early phases of his disease. "When I awoke the first day, he writes, my right side did not seem to belong to me—it did not appear to be a portion of myself. When the clock struck I could hear the strokes, but was unable to count them. When spoken to I heard the sound of the voice, but could not understand that which was said. All this disappeared after some days. For four months I could not read. I saw the letters, the words, the phrases, but I was unable to understand them. On the other hand, I readily understood these words and phrases when spoken to in a high voice by some other person." This shows, as we shall see more fully subsequently, that H. was affected during the first days of his attack with verbal deafness and blindness, which, after having persisted during a certain time, had, in turn, disappeared in about four months.

The power of writing returned about the fourth month. Deprived of the use of his right hand, H. taught himself to write tolerably well with his left. It is to be remarked that in writing with his left he always wrote from left to right, never from right to left as in mirror. All this, notwithstanding, our patient is at the present moment unable to speak. You note that he is silent—dumb, so to speak, *pun, pun, ah, ah,* are the only monosyllables which he can pronounce, and even those he pronounces but rarely, because he knows quite well that he attaches no precise signification to them. In this respect he resembles the patient cited by Broca, who could only articulate *tan, tan.* Those are tolerably common examples of motor aphasia, which may be called *monosyllabic.* It is unnecessary to dwell on the fact that this inability to articulate does not depend on any form of paralysis of the tongue or lips. The divers movements of these organs in respect to their peculiar functions, are easily performed. He moves his tongue in every direction. He can blow and whistle. The various acts of deglutition are performed as in health, and there is no accumulation of saliva in the buccal cavity. In short, as you see, it is solely the special movements of articulation that are lost, hence we conclude that the impossibility of speech is not in this case associated with any peripheral nerve lesion, but relates to an affection of the central apparatus of the co-ordination of the movements of the tongue and lips, whereby articulate language is produced. Significant proofs of this are furnished by mimicry, which in this, as in other cases of aphasia, is very expressive, and also by the testimony of written language. Hence, acting an animated pantomime in his presence, we observe that he perfectly well comprehends the use of different objects submitted to his vision—a cork, a bottle, a wine-glass, in short, anything figured in design. On the other hand he writes, not as a mere copyist would do, simply reproducing the form, or the configuration of characters without knowing their significance; he composes, he thinks in writing, and the tokens thereby given are absolutely decisive. Utilising a slate which he always carries with him, he rapidly, and you will notice, correctly replies to questions propounded to him. By this means he has informed us of the chief circumstances of his life, and of those of his wife and family, and the different phases of his disease. On these diverse points he enters into minute details, keeping close to the dates, and invariably the information given in presence of his wife, as she testifies is perfectly correct.

You have noticed that in writing he frequently ignores the conjunctions and prepositions, but that as soon as the omission is noticed it is rectified. Further errors of orthography are rare, and we are informed that he supervises the exercises of his children and corrects their errors of this description. This is sufficient in our opinion to demonstrate that in our patient intelligence is not seriously impaired, and further proves that the proposition of Gairdner and Trousseau is too absolute, viz.:—"*That aphasics write as badly* (*a*) *as they speak, and that those who do not speak at all are unable to write.*'

On the contrary, you observe that H. affected in a marked degree with motor aphasia is far from being agraphic. By and bye I shall have occasion to show you by way of contrast, that inversely the agraphia which may be called *motor aphasia of the hand,* exists sometimes isolated, and without being accompanied in the least with any notable perversion of the faculty of articular language.

As I am particularly desirous of indicating to you that in our patient the loss of the memory of the movements requisite for the articulation of words is in reality an isolated symptom, I am obliged to diverge into a few additional details. In our patient the *deafness* as well as *verbal amnesia*—associated phenomena—after having co-existed during several days, do not now so continue. He hears what is spoken to him, and turns his head in attention when addressed, but, further, he perfectly understands what is so said, for with the finger he promptly signalled which of the objects placed before him has been spoken of, and when a question is addressed to him in a smart voice, he responds without hesitation by an appropriate written answer. That is to say when an idea presents itself to his mind he calls forth without effort the interior image of the corresponding sign and couples the one with the other.

Verbal blindness does not exist further at present. We have been able to satisfy ourselves that our interesting patient reads, and as easily understands print as ordinary writing. He passes a great portion of the day in reading letters, journals, and books on natural history, and he frequently entertains us with short substantial analyses of his reading, which amply testify not only his being interested in the subjects perused, but to his perfect understanding thereof.

You thus see, to resume, that we have here to deal with a case of motor aphasia, or as we have called it—*logoplegia,* presenting in a form perfectly isolated, and without perversion of any of the other fundamental elements of the faculty of speech. The memory of the movements requisite to express thought by writing remains in its integrity. The same holds good of the *auditive* memory and of *the usual memory of signs.* Touching the other modes of expressing thought they are not affected in our patient. We have seen that the mimic faculties are very pronounced; he knows figures and understands their value well; he knows how to combine them and thus adds and multiplies fairly well. He has thus retained, to a great extent, the faculty of calculation. It

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(*a*) Fairet. Art. Aphasie—Dictionnaire Encyclopédie des Sciences Medicales.

was, likewise, the same as you will remember with the patient P., affected with *verbal blindness*, whose case was considered in the foregoing.

Music might be considered as a species of language. H., on our solicitation, hummed the "Marseillaise" with few faults. He resembles in this respect a patient whose history is described by M. Behier, who was affected with *motor aphasia* in a similar degree, and who, while enabled to pronounce but a few monosyllables, chanted the air of "The Parisienne" in the manner of the period. If time permitted, I could demonstrate to you that the musical faculty, like the faculty of speech, is divided, so to speak, in certain compartments. I could cite to you instances in which musicians lost the power of reading music while they retained that of recognising airs. But I must adhere to the main purpose in view as to our patient.

Should you infer from the foregoing that in H. the intelligence remains intact, that he is in every respect the same man as formerly, the proposition thus formulated would err in too great generality, and would require certain reservation. Without doubt, it is perfectly true that H. manifests proofs of memory and of judgment. He participates in the regulation of his establishment, and keeps himself informed of everything which transpires there. He knows the name and address of all his customers; he is occupied during a certain portion of the day in reading, and he interests himself in his studies; but it is equally certain, on the other hand, that he cannot sustain long fatigue. The least complicated calculation fatigues him easily, and he is obliged to discontinue. To write for any length of time is a painful labour to him, and even while he is concerned in composing a series of phrases he is obliged to isolate himself so as to obviate all sources of distraction. It was not thus prior to the attack, and what was formerly a simple task to him now weakens him, and frequently without result.

This enfeeblement of intellectual energy is almost the rule. Notwithstanding notable exceptions, it is almost always found, to a certain degree, whenever there is a lesion of the cerebral hemispheres, but especially when the lesion involves the seat of language. If it be indeed true that the phenomena of ideation persist, even when language is suppressed; if it is true that the idea survives when the word that represents it is wanting, it is nevertheless important to bear in mind that thought cannot take a definite form without the intervention of some sign; the idea, in other words, remains vague and indefinite, when the corresponding sign does not intervene to clothe it in a concrete objective form—to materialise it in some manner. From this point of view it is right to recognise with Trousseau and Lasègue that in *aphasics*—however partial and limited the affection may be, there is a veritable intellectual disturbance.

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THE COMPOSITION OF ERGOT AND ITS USES IN OBSTETRIC PRACTICE.

By R. D. PUREFOY, M.B. T.C.D.,

Obstetric Surgeon, Adelaide Hospital; late Assistant-Master, Rotunda Hospital.

During the past few years ergot has assumed a foremost place amongst the remedies at our disposal for controlling hæmorrhage, uterine especially, and as might be expected its composition and the nature of its active principle have engaged the attention of many leading chemists, especially in France and Germany.

Its remarkable effects on the animal economy, at an early date attracted the notice of writers, for in 1096 Sigebert de Grembleur described an epidemic of gangrenous ergotism; and again in 1596 we find notice of a similar epidemic in Hessia. We are indebted for the first account of its medicinal properties to an essay by Desgrange in 1777 and the writings of two American physicians, Stearns and Prescott, about thirty years later. The phenomena induced by large medicinal or toxic doses have been collectively termed ergotism, and from the various writers above named and other sources we gather that two forms of it were observed—the convulsive and gangrenous. In the former, vertigo, numbness of the fingers and toes, tetanoid contractions, beginning in the extremities and extending to the abdominal and thoracic muscles, and abolition of the special senses, preceded death. In the latter, formication, coldness of the surface, nausea, vomiting, and diarrhœa occurred; an eruption of vesicles filled with dark ichorous fluid appeared on the surface and gangrene dry or moist speedily destroyed the toes, legs, nose, and other parts. It is, I think, matter for surprise that effects similar to these have not been recently observed, though in some uterine cases, either by the mouth or hypodermically, it has been beneficially used for months or even years. Two exceptions to this observation deserve to be mentioned. In a recently reported case of uterine fibroid which had been treated by ergotine injections for a considerable time, a post-mortem examination disclosed the fact that the centre of the tumour was in a gangrenous condition, and at the British Pharmaceutical Conference in 1879 Mr. Stoddart, in a most able and interesting paper, described the growth and development of ergot, and drew attention to the occurrence of dry rot, evidently a form of gangrene, in the feet of sheep fed on pasturage containing it. He showed conclusively that ergot attains its greatest medicinal activity in August and September, thus confirming the observations of Kluge, of Berlin, and giving satisfactory reason for the uncertainty in action of many of our present preparations of it; and further, that in toxicological investigations the microscope is most to be depended on, as the conidia are very abundant and can easily be detected in flour or bread, especially if a little acetic acid be added. It is correctly described in our Pharmacopœia as the sclerotium, compact mycelium, or spawn of the claviceps purpurea, a fungus to the ravages of which all grasses are liable, though most common in the paleæ of the rye, secale cereale (hence one of its old names, secale cereale, spurred rye). Modern research has shown that its physiological action on the system retards the heart's action, causes a great rise in the blood-pressure, attended by contraction of the arterioles, and a special stimulating action on unstriped muscular fibre.

The earliest labours on the composition of ergotine are due to Vauguelin and Legrip in France and Maas and Wiggers in Germany. According to the later researches of Dr. Wigand, Berlin, 1879, and Dr. Daubraiva, 1880, the activity of ergot would be due to 1st. Two acids, sclerotic acid and fasco-sclerotic; 2nd. A bitter alkaloid picro sclerotine; and 3rd. A nitrogenous gummy substance, scleromucin.

Ergot contains 1·5 to 4·5 per cent of sclerotic acid, and 2 per cent. of scleromucin. In the second rank come alkaloids of doubtful action: ergotine, ecboline ergotinine, together with sundry colouring matters sclererythin, scleroiodin, scleroxanthin, and sclerocrystallin. In the third rank occur the inert matters: 30 to 35 per cent. of fixed oil, 46 per cent. of cellulose, mycose, leucine, secaline, and ash, rich in phosphates.

Schoonbrodt and Ludwig have found cholesterine in ergot. The "ergotine" of Wiggers, which is the oldest in a chronological point of view, is a complex extractive matter, occurs in the form of a reddish-brown pulverulent extract, insoluble in water and ether, and therefore contains neither sclerotic acid nor scleromucin nor ergotine. For these reasons and its badly defined therapeutic effects it has not been used in medicine.

The "ergotine" of M. Bonjean, of Chambery, is a true mixed extract prepared by exhausting ergot with cold water, and therefore contains probably the sclerotic acid and scleromucin of Dragendorff, the secaline of Winckler, and the ergotine and ecboline of Wenzel.

A third "ergotine" is that of Wenzell, which has the appearance of brownish-black shining varnish, and is very slightly active. Ergotinine is a crystallisable alkaloid, insoluble in water, soluble in alcohol and ether, and forms with acids well crystallised salts. Unfortunately it is very unstable and is found in ergot in very small quantity. Sclerotic acid is obtained like scleromucin from the aqueous extract, is a body with very energetic action, its subcutaneous injection causing paralysis in frogs. Fusco-sclerotic acid acts specially on the sensibility which it speedily diminishes.

Scleromucin is a viscous colloidal matter, and appears to be the therapeutic agent of ergot.

Picrosclerotine is a very bitter alkaloid and the most toxic agent in ergot, one milligram subcutaneously injected in a frog produces insensibility, paralysis, and death in ten minutes.

However, after going through such a formidable list of active principles, it is satisfactory for those who are much concerned in the daily use of this drug to know that the best authorities agree in declaring that none of the bodies isolated—alkaloid or acid—can replace in therapeutics the drug itself, the medicinal activity of which is due to the whole of its chemical constitution. Consequently, we should, when possible, use the freshly prepared powder. For hypodermic injections we should for the present use the ergotine of Bonjeau. In its application to obstetric cases we shall notice first the suggestion made some years ago—I think first by Meadows, of London—to use it with a view of preventing miscarriage. Though I do not think it the best remedy for this purpose, still, it may be used with a fair prospect of success up to the conclusion of the third month of utero-gestation, but after that time its administration is more likely to precipitate than to avert the disaster. When miscarriage is inevitable, we should not use it till the uterus is emptied of its contents: the safety of our patient largely depends on this being done thoroughly, and the early use of ergot will rather hinder than help its accomplishment. During the first stage of labour, at full term, nothing except the occurrence of formidable hæmorrhage justifies us in using it—an observation which applies equally to the second stage, at least, till there is every prospect of its speedy termination. The presence of inertia in either stage calls for suitable treatment in each individual case, and in the majority of them we will effect much more with safety to our patient by the wise use of opiates, stimulants, and nourishment, than by stimulating an already exhausted uterus, by repeated doses of ergot.

When given just before birth it is a valuable preventive to hæmorrhage, both post-partum and secondary, and helps to prevent undue delay in the third stage. If the placenta be not expelled by natural efforts and moderate pressure within fifteen or twenty minutes after ergot has been given, we should satisfy ourselves by a digital examination as to its position. The necessity for this will be clearly shown by the following case, which occurred in my own practice a few years ago:—Ergot had been given simply as a precaution just before birth, and finding, after a delay of about twenty minutes, that moderate pressure was not sufficient to expel the placenta, I ascertained by vaginal examination that the uterus had closed on it, the cervix barely admitting the passage of my finger. It is needless to add that I at once passed my hand into the vagina, and after a gradual dilatation of the os with two fingers, easily effected the removal of the uterine contents. When chloroform has been given during labour, the propriety of using ergot before its termination is especially indicated, for thereby we render the occurrence of hæmorrhage much less likely. It must be admitted that in some cases of post-partum hæmorrhage ergot affords us but little help in establishing that firm and persistent contraction of the uterus on which the patient's safety depends. I believe this is sometimes due to the use of faulty preparations, and sometimes to an idiosyncrasy in our patient. We must remember, too, that when arterial tension has been much lowered by the loss of blood, or any other enfeebling agency, absorption by the stomach takes place slowly and imperfectly, and we are much more likely to attain the desired end by hypodermic injection.

With much more confidence, however, we can have recourse to it in the prevention and treatment of the numerous forms of systemic disturbance which retard convalescence during the puerperium. The more closely we observe our cases the more we will become convinced of the truth of Winckel's observation that most commonly some point in the uterus is the portal through which septic matter invades the system, when it may either be arrested by some localised inflammation, such as pelvic cellulitis, or rapidly diffuse through the circulation, producing the various forms of blood-poisoning. This being so, it will be easily admitted that in a firmly contracted condition of the uterus lies our chief safeguard against such evils. Hence for many years it has been my habit to give the infusion of ergot with sulpho-carbolate or hyposulphite of sodium three or four times daily. Especially is this useful when hæmorrhage has occurred, or from any cause the uterine action during labour has been feeble. Again, in metritis the same treatment will speedily remove the pain and tenderness, so that the trouble of frequent poulticing can be avoided.

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Clinical Records.

REMITTENT FEVER AS OCCURRING ON BOARD H.M.S. *LONDON*, STATIONED AT ZANZIBAR.

Under the care of A. D. PAYTON, L.R.C.S.I., R.N.,
H.M.S. *Jackal*.

The leading features of this disease as it came under notice, without regarding the pyrexial symptoms proper, differ somewhat from the description given in books, both in period of occurrence and mode of attack. The first point of difference noted is how invasion occurs. It is not sudden in first attacks, but in subsequent attacks the commencement was remarkable for short notice. Thus, of 52 cases occurring between Jan. 23 and July 15, 1883, 30 had two attacks, and of these 20 were quite sudden. I shall quote the history of one:—J. G., Private Marine, on sentry duty on orlop deck, was quite well till after 1 p.m., when he suddenly vomited. Soon after his temperature became exalted, and all the pyrexial phenomena followed in order. The second point is regarding the pains. Now in most accounts they are said to be generally located in the head, epigastrium, back, and limbs: in the Zanzibar variety the pain across the loins is pretty constant, having been present in 32 cases out of 52. During its existence the urine was carefully examined, and there was neither albumen present nor could anything beside the usual products of fever be detected under the microscope. The colour was that of nervous urine, and I am inclined to believe that if renal, the pain is due simply to neuralgia. The third point to be contrasted relates to abdominal complications. The intestinal mischief begins about the second or third day, and is more frequent in second attacks. At outset there is griping pain at transverse colon, with distension and diarrhœa, the stools after a time consisting of intestinal fluid alone, rarely streaked with blood. The cure is very tedious, and in one case removal had to be adopted before relief was obtained. In another case the mischief began in the rectum, and from the pain, tenesmus, and vesical irritation the patient came under treatment for hæmorrhoids; but on digital examination it was shown to be congestive rectititis. The temperature did not rise very high in this case. Hepatic and splenic complications are rare, there being only one case of hepatic enlargement, which occurred in an Italian seaman, and he had previously suffered from intermittent fever. Splenic tenderness, although more common, did not show definite signs. In the fourth point of peculiarity it was rarely noticed that the termination was in intermittent fever, the ending being always characterised by prolonged and extreme debility quite independent of complications.

DR. KOCH'S OFFICIAL REPORT ON THE CHOLERA IN EGYPT, WITH THE RESULTS OF HIS INVESTIGATIONS AND DISCOVERIES, AS CHIEF OF THE GERMAN SCIENTIFIC EXPEDITION. (*a*)

As the cholera epidemic was already rapidly on the decline when the Commission arrived in Egypt, it was not to be expected from the very commencement that that country would afford full scope for the investigation. Moreover, as in an epidemic the period of its decline is the least adapted for its ætiological investigation, the original plan was to make the necessary preparatory studies in Egypt, in order, on the epidemic spreading to Syria, to avail ourselves of these in those places, which from having just been invaded by cholera, would have afforded a favourable ground for investigation.

The first part of this plan we have been able so far to carry out according to the wishes of all, for the Commission has found plenty of opportunity, during its stay in Alexandria, of collecting the necessary materials for its preparatory studies. For this success I am chiefly indebted to the kindness of the doctors of the Greek Hospital, who advanced the objects of the expedition in the most effective manner, by placing at our disposal sufficient rooms, as well as the cholera patients who came to the Hospital, and the corpses of those who died from the disease.

At first the Commission occupied for their work two bright rooms adjacent to one another on the ground floor of the Hospital. One of them was devoted to the microscopic work, and the other to the inoculation experiments. The animals on which the experiments were made were kept in both rooms. But as their number increased, and as it appeared dangerous to be handling the inoculation-matter in the same rooms in which one spent almost the whole day, the animals for experiments were brought into a room of the old Hospital, distant from the others, where the experiments of inoculation were made.

The materials we have had up till now for investigation have been twelve cholera patients and twelve cholera corpses. The symptoms corresponded in each case in every detail to those of genuine Asiatic cholera. Small portions of the blood of these patients, of their ejecta and excreta, were taken and examined. As it was very soon evident that the blood was quite free from micro-organisms, and that the ejecta too contained only comparatively few of them, but that the excreta contained a very significant amount of micro-organisms, these were mostly used for the inoculation experiments on the animals. Amongst the dissected subjects the most different nations are represented (three Nubians, two German Austrians, four Greeks, one Turk), various ages (two children, two adults over 60 years of age, the rest between 20 and 35), and cases of different durations of illness. The most important point, however, is that the bodies could generally be dissected immediately after death, or only a few hours afterwards. The changes which are caused in the organs, and especially early in the intestines, by decomposition, and which render the microscopic investigation of these organs extremely difficult, were thus with certainty avoided. I am inclined to give the more weight to this circumstance, as it will scarcely be possible to obtain in other places subjects so suitable for microscopic investigation. The state of the bodies as also the symptoms of the disease left no doubt that we had to deal here with Asiatic cholera, and not—as was asserted at first on many sides—with diseases similar to cholera, so-called choleriform and choleroid complaints. No organised infectious matter could be traced in the blood, or in those organs which in other infectious diseases are generally the seat of micro-parasites—as, for instance, in the lungs, the spleen, the kidneys, or the liver. Sometimes bacteria were found in the lungs, which, however, as was evident from their shape and position, had nothing to do with the course of the disease, but had reached the lungs by the inhaling of the ejected contents of the stomach. Micro-organisms in great abundance and of most different kinds were found in the contents of the intestines, and in the excreta of the cholera patients. No one kind was present in great predominance over the others. Special signs were also wanting which could have been attributed to a connection with the process of the disease. On the other hand, the intestines themselves gave an important result. With the exception of one case, which some weeks after getting over the cholera terminated fatally from another complaint, a certain kind of bacteria was found in the coatings of the intestines. These bacteri are stabiform, and belong, therefore to the bacilli; they resemble in size and form the bacilli found in glanders. In those cases in which the intestines by magnifying show the slightest changes the bacilli had penetrated into the utricular glands of the mucous membranes of the intestines, and had caused there a considerable irritation, as the dilation of the opening of the gland, and the collection of granular circular cells in the interior of the gland, showed. In many cases the bacilli had found their way between the epithel of the gland, and had multiplied between the epithel and the glandular membrane. The bacilli had also settled in large numbers on the surface of the villi of the intestines, and had often penetrated into their tissue. In severe cases, which terminated in bloody infiltration of the mucous membrane of the intestines, the bacilli were found in very large numbers, and they did not then confine themselves to the invasion of the utricular glands, but passed into the surrounding tissue, into the lower layers of the mucous membrane, and in some places right to the muscular skin of the intestine. The intestine villi were also in such cases penetrated by bacilli. The chief seat of these changes is in the lower part of the small intestine. If this discovery had not been made in perfectly fresh corpses, one could have made little or no use of it, for the influence of putrefaction is able to bring about similar vegetation of bacteria in the intestines. For this reason I had been unable to attach any value to the fact that I had already, a year ago, found in a cholera-infected intestine, which I had received direct from India, the same bacilli in the same order as now in the Egyptian cholera cases, for I was always obliged to think of a possibility of complication with post-mortem putrefaction. But now this former discovery, which was made in four different Indian cholera subjects, is of considerably greater value, as now the possible error caused by the appearance of putrefaction can be safely set aside. It is also not unimportant that in the similarity between the state of the intestines in the Indian and Egyptian cholera cases a further proof of the identity of both diseases is obtained. The number of cholera subjects that we were able to investigate was certainly small. But as we met with the bacilli in all cases of cholera that were immediately brought under our attention, whilst in the one case that we investigated after the process of cholera was over, and in many other cases of people who died of other diseases, and whom we examined with the same purpose, they were missing,

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(*a*) Translated by the *Standard* correspondent from the *Imperial German Gazette*.

there can be no doubt that they stand in some relation to the operation of cholera. However, from the coincidence of the latter with the finding of bacilli in the mucous membrane of the intestines, we cannot conclude that the bacilli are the causes of cholera. It might be the very reverse, and it could just as well be supposed that the operation of cholera causes such disturbances in the mucous membrane of the intestines, that from the many bacteria that are always parasitic in the intestines, one form of certain bacilli was enabled to penetrate into the tissue of the mucous membrane of the intestine. Which of these assumptions is the correct one—whether the operation of infection, or whether the invasion of bacteria is the primary cause—that can only be decided by trying to isolate the bacteria from the affected tissues, to propagate them artificially, and then by inoculation experiments on animals to reproduce the illness. For this purpose it is absolutely necessary to have such animals at one's disposal as are susceptible to the infectious matter in question. Despite all endeavours, no one has yet indisputably succeeded in making animals ill of cholera.

Several experiments have been made on rabbits, guinea-pigs, dogs, cats, monkeys, pigs, rats, &c., but always without result. The sole statements which in this matter are deserving of attention have been made by Thiersch, who saw a number of mice get diarrhœa, and die after having been fed upon the contents of a cholera-infected intestine. This experiment has been confirmed by trustworthy experimentalists, as for instance Burdon Sanderson, though certainly disputed by others. Anyhow, it was necessary to repeat these experiments, as it is of the greatest importance to find an animal that is susceptible to cholera. For this purpose, fifty mice were brought from Berlin, as it was very improbable that the requisite number of them could be soon procured in Alexandria, and the inoculation experiments were begun on these. Monkeys, too, which are the only species of animal susceptible to some human diseases, such as small-pox, were also used for these experiments. Finally, attempts were made to infect some dogs and poultry. But in spite of all efforts these experiments were without result.

The bacilli found in the contents of the intestines and in the coatings of the intestines were also artificially propagated, and with these, too, experiments were made by giving them as food and partly by vaccination. Some of these produced putrefying illnesses when they were inoculated, but cholera could not be produced from any of them.

That the infectious matter must often be contained in a powerful form in the excreta of cholera patients is proved by much experience, especially by the frequent cases of illness amongst laundresses, who had to wash the linen of the cholera patients. In the Greek Hospital such a case occurred, and a laundress, who was exclusively occupied with the washing of linen from cholera patients, caught cholera.

It is perfectly certain that in the numerous samples made use of some, at least, contained the infectious matter. If, however, no result was obtained, it may have been because the species of animals used for the experiments were themselves unsusceptible to cholera, or that the correct method of inoculating has not yet been discovered. In both directions the experiments are to be continued and modified, but there is little hope of anything being attained in this direction with the materials at our disposal, for it is not very probable that the reason of the failure of these experiments is to be looked for in these circumstances alone. There is another explanation, for the accuracy of which much can be said. In one of the places visited by the cholera it is known the plague died out long before all the people had taken infection, and although the infectious matter was scattered in great quantities all over the whole place, fewer people became ill, and the epidemic disappeared in the midst of many persons susceptible to the disease. This occurrence can only be explained by the supposition that towards the end of the epidemic the infectious matter loses some of its infective power, or at least is uncertain in its spreading. But if towards the end of the epidemic even human beings are themselves no longer so liable to receive the infectious matter, then one cannot but expect that this also will be the case in experiments with animals, about whose susceptibility to cholera nothing is as yet known. For our experiments we only had at our disposal such objects as had been collected at the end of the epidemic, whose inefficiency was more or less to be pre-supposed. It is possible that under favourable circumstances—for example, at the commencement of the epidemic—the inoculation of animals might succeed, and by this means we might at once get to know if the bacilli traced by me in the mucous membrane of the intestines are the real cause of cholera.

Far as the results hitherto obtained by the Commission are from the solution of the problem, and little as they are adapted for practical use in struggling against cholera, yet, in consideration of the unfavourable circumstances and the short time of investigation, they may be considered good. They entirely answer the original purpose of the preliminary investigation, and in so far exceed this as enough has been effected for the first condition, which has to be fulfilled in inquiring into a contagious disease, by the constant discovery of characteristic micro-organisms, and thereby a fixed boundary has been placed for further investigations.

From the preceding account it can be seen that the Commission has not been able to acquire fresher information for the solution of the problems given to it, than has been obtained hitherto.

Hereupon follows a brief explanation of the localities where the investigations could be continued, concluding thus:—

"The only possibility of continuing the investigations is now offered in India, where in several large towns, especially in Bombay, the cholera is prevailing to such an extent that one cannot expect it will die out for some time. There, too, we could without any doubt most easily get attached to a hospital, that having proved of so great advantage in Alexandria."

Acting on the above report, the continuation of the scientific investigations in East India has been allowed, and the Commission will shortly leave for Bombay for this purpose.

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Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

First Meeting of the Session—October 5, 1883.

J. L. W. Thudichum, M.D., F.R.C.P. Lond., President, in the Chair.

Dr. Thudichum, on assuming the Presidential Chair, delivered an instructive address, in which, after recalling the names of the founders of the Society and its steady increase of members, who now numbered one hundred and forty five, he adverted to the failure of the Medical Bill, and hoped that next session the profession would obtain the long-desired reform: an admission to the profession through a single portal in each Kingdom, and a direct representation of the medical profession on the Medical Council. He then proceded with the scientific portion of his address, on

THE RELATIONS OF CHEMISTRY TO MICRO-PATHOLOGY,

which will be found on page 345; and concluded by thanking the members for the honour conferred on him by his election as their president.

The Address was followed by a paper on

THE PROPAGATION OF CHOLERA,

By Brigade-Surgeon J. B. **Scriven**,
Formerly Civil Surgeon of Lahore,

In which he spoke principally from personal observation of the disease as it affected the Punjab and especially Lahore. When he lived in Calcutta, previously to 1860, he did not believe cholera to be contagious, but having been in that year transferred to the Punjab, he was gradually undeceived. He quoted from the speeches of Drs. Ewart and Lewis at the Congress at Amsterdam last month, and from a report of his own on the cholera of 1862, to show that the ground on which the non-contagious theory rests, is the same now as it was twenty years ago. It had been suggested that even Dr. Parkes' views, had he been alive now, would have been shaken by the evidence of the present day, but Mr. Scriven believed there was no new evidence, otherwise it would have been brought forward by the above mentioned distinguished men, who represented the English Government at Amsterdam. Dr. Parkes himself was a convert from the non-contagious view, and it is not likely that he would very readily have reverted to his original ideas. Dr. Lewis had further stated that cholera had never been carried to the Andaman Islands, though these were in constant communication with Calcutta. It appears, however, from Mr. Macnamara's treatise (p. 256-58), that the disease has been twice carried thither from Calcutta, viz., by the steamer *Arracan* in 1864, when 51 convicts were attacked by it; and again in 1865 by the *Golden Fleece*. In the Punjab, personal observation has convinced almost all the medical men of that province, that cholera spreads by human intercourse. Epidemics now occur there much more frequently than formerly, those of the present century have been in the years 1805, 1813, 1827, 1845, 1856, 1861-62, 1865-66-67, 1869, 1872, 1875-76, 1879, 1881, the intervals being 8, 14, 18, 11, 5, 3, 2, 3, 3, 3, and 2 years. This difference cannot arise from deterioration of sanitation, which is well known to have improved, and Mr. Scriven knew no cause except the immensely increased traffic, and the greater rapidity of travelling. The epidemics of 1861 and '62 the author had shown, in his report of the cholera of 1862, to have been really one and the same. The most marked diminution in the intervals began in 1865, and corresponded to the opening of a continuous line of railway from Calcutta to Delhi in August, 1864. (a) But not only does cholera come oftener, but it arrives much earlier in the season now than formerly, and this corresponds to the opening of railway communication between Delhi and Lahore. Lookihg back to the epidemics that have occurred since the annexation, of which only we can obtain details approaching to accuracy, we find the results here given in tabular form :—

			Arrival at Lahore	
Distance from Delhi to Lahore: By railway .. .. 348 miles By road .. .. .. 300 ,, From Hurdwar to Lahore .. 272 ,,	No railway	1856	Aug. 6	
	Do.	1861	July 31	
	32 miles of railway	1862	July 22	
	45 Do. do.	1865	Did not come	
	Do.	1866	December	
	Do.	1867	April 24	Hurdwar fair
	219 Do. do.	1869	June 16	
	Railway complete	1872	May 12	
	Do.	1875	Aug. 3	
	Do.	1876	June 15	
	Do.	1879	April 19	Hurdwar fair
	Do.	1881	June 5	

Thus, before the Delhi and Lahore railway became an important factor, we have only the exceptional year 1867, in which the cholera reached Lahore before the last ten days of July; whereas, after it became an important factor, we have only one year, 1875, in which it was later than the middle of June. 1867 and 1879 were the two years of the duo-decennial gathering of pilgrims at Hurdwar, circumstances were specially favourable for the rapid propagation of the disease, and in both years it travelled exceptionally fast. It is interesting to compare the two journeys, which may be done with the help of the following table. The cases were precisely parallel with the single exception of the absence of the railway in 1867 :—

Dates of First Cases of Cholera.

Miles from Hurdwar.		1867.	1879.
	Hurdwar	April 12	April 12
90	Umballa	— 15	— 15
156	Loodiana	— 18	— 14
191	Jullunder	— 19	— 14
240	Umritsur	— 21	— 15
272	Lahore	— 24	— 19

It thus appears that the railway expedited the epidemic by about five days. Again, the non-contagionists state that attendants on cholera cases are remarkably exempt. This, however, is by no means universally true. Mr. Macnamara tells us that at Mean Meer (a) in 1861, "in one European regiment, out of a total strength of 1,002 men, 863 were employed as hospital orderlies, and of these 428 were seized with cholera. In the other European regiment, of 203 cases of cholera, 137 occurred amongst hospital orderlies." On the same occasion the native establishment escaped. Medical men often have a special immunity, because they take proper precautions when these are possible; yet a great number of them suffered in India in 1879. Indian native attendants, it is true, are wonderfully exempt, but this doubtless is due to their habit of bathing before they eat, which they would consider especially incumbent upon them after handling Europeans. Dr. Cuningham, in his paper read before the Epidemiological Society in July last, speaks of the signal benefit of moving a cholera-striken regiment "about a hundred miles away," in order to take it out of the cholera area. It is an unquestionable fact that some places are beyond the cholera area, *i.e.*, if cholera be carried to them, and even if the carriers die, the disease does not spread. This is true of Mooltan in the Punjab; also probably of Mount Aboo in Rajpootana; and of the Andaman Islands. But Mr. Scriven had found, in the case of the lunatic asylum at Lahore, on several occasions, that, if each person were made to bathe and dress in clean clothes, and to leave every personal appurtenance behind, removal to a distance of *one* mile, *within* the cholera area, was sufficient.

The paper was then discussed by the following members:— R. Richardson, J. Thompson, F. W. Alderson, C. W. Pridham, Robert J. Lee, E. Hart Vinen, W. Sinclair Thompson, J. L. Thudichum, and also by a visitor, Surgeon-Major Hendley.

Mr. J. R. **Lunn** showed a specimen of gastric ulcer, and also one of retained placenta resulting in puerperal fever and death.

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THE SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

First Meeting of the Session—Thursday, Oct. 11.

The President, Dr. **Banham**, in the Chair.

REMOVAL OF A PIECE OF STEEL FROM THE VITREOUS BY THE ELECTRO-MAGNET.

Mr. S. **Smith** related particulars of this case and introduced the patient, a young man, who, whilst striking a wedge in a coal pit, had been hit with a splinter in the left eye. The accident occurred three weeks before he came to the infirmary. A piece of steel was discovered with the ophthalmoscope, moving about in the vitreous; it had passed through the cornea at its lower margin, and had also penetrated the lens, of which there was slight opacity. It was immediately removed through a sclerotic wound by means of the electro-magnet needle. At the time of exhibition of the patient, twelve days after the operation, the eye was quiet and V = $\frac{20}{20}$. The fragment weighed ·0046 of a grain.

(a) The only break in the line after this was at the Jumna river, at Allahabad, the bridge over which was not completed till August, 1865.

(a) Macnamara's Treatise on "Cholera," p. 194.

Dr. **Banham** (the President) on

THE CONDITIONS OF THE MUSCLES IN CASES OF DISEASE OF THE SPINAL CORD.

Attention was first called to a condition of rigidity which occurs as a conspicuous symptom of lateral sclerosis as well as of many cases of hysterical paralysis, and which was probably due in both cases to unrestrained reflex action; in the one case the controlling impulses from the brain being intercepted by organic disease of the lateral columns of the cord, and in the others from either a want of development of these controlling impulses in the brain, or from their arrest owing to a suspension of function in some part of the motor tract. The rigidity due to sclerosis of the lateral columns of the cord (crossed and direct pyramidal tracts) generally affected the flexors of the upper extremity and the extensors of the lower, and the same condition was frequently met with in cases of hysterical origin. The rigidity from meningitis frequently involved the flexors of both extremities, was spasmodic in character, and generally associated with sensory phenomena. Marked flaccidity occurred where the reflex arc was interfered with and the course of voluntary motor impulses also arrested. Such conditions obtained frequently in infantile paralysis, as well as in some cases of myelitis. The nutritive conditions of the muscles was next referred to, and was described as due to the integrity of the motor nerve fibres, as well as to that of their cells of origin and trophic centres, *i.e.*, the multipolar nerve-cells of the anterior cornua. Reference was made to cases of rapid atrophy due to a disturbance of the conditions referred to, striking examples of which were seen in injuries to nerves, polio-myelitis anterior acuta, and many cases of acute myelitis. The atrophy from disuse merely was independent of any special nervous lesion, and was slow in development. Other cases occurred where little or no atrophy ensued, and these were often associated with some excess of reflex action. The condition of the reflexes was next referred to, and the reflex arc, upon the integrity of which reflex movements depended, was described. In health both the superficial and deep reflexes were present, and under ordinary circumstances their absence must be considered as a morbid sign. It was, however, to be remembered that occasionally they were physiologically absent, and in addition they were absent in very young children and in old people. In the former class the reflex paths seem not to have established themselves, and in the latter their absence was probably due to defective nutrition of the lower part of the spinal cord. Attention was called to the anatomical peculiarities of the circulation in the spinal cord, and especially as regards the lower part of it, and it was remarked the shuffling gait in old people was probably due in large measure, although not entirely, to the absence of the reflexes. The meaning and clinical value to be assigned to the absence or alteration of the reflexes as a morbid sign was then discussed at some length. Before dealing with the electrical reactions of the muscles in spinal disease the normal healthy reactions were briefly reviewed. Passing then to their condition in disease, it was remarked that the inferences derived from quantitative changes, except where very marked, were liable to mislead, owing to the difficulties in the way of exact measurement. A detailed account was then given of the mode of response of nerve and muscle in cases of mal-nutrition from interception by injury and disease between the distal extremities of the nerves and their nuclei of origin in the anterior cornua, or in the nuclei themselves. It was pointed out that in a comparison of the series of closing and opening galvanic current contractions of healthy muscles corresponding with increasing strength of current, that the one series differed from the other by a simple reversal of the direction of the current. For example, the first contraction of healthy muscle with a minimum current was the kathodal closing contraction, and of a muscle undergoing degeneration the anodal closing contraction, and in a similar manner the whole of the two series were contrasted with one another. The changes in the mode of response of healthy and degenerating nerves and muscles are also noted.

Drs. Law, Drew, Dyson, and Garrod took part in the discussion that followed.

There was a large attendance of members.

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WEDNESDAY, OCTOBER 24, 1883.

BACILLUS CHOLERAICUS.

In another part of our present issue will be found a highly valuable, lengthy abstract of the report of Koch's investigations in Egypt on the nature of the cholera outbreak to which that country has lately been subject. In itself the paper is not conclusive; nor can it reasonably be expected to have such a character when all the circumstances surrounding the inquiry of which it details the results are fully considered; for in a matter of this kind finality is possible only at the end of an almost infinitely long series of experimental observations, conducted under conditions the most favourable for assisting the end in view. As expressed in the opening paragraph of the report, the Commission led by Dr. Koch arrived in Egypt too late in the period of the epidemic for its efforts to be rewarded by anything more than encouragement to further prosecution of its studies; later on, and elsewhere, the problem could alone be attacked in that stage of the epidemic at which the disease exhibits a more virulent type. It is, therefore, highly satisfactory to learn that permission has been accorded to Dr. Koch to proceed to India with the expedition over which he has had charge in Egypt, the German Government having accepted the duty he sought to impose upon it of sanctioning the expenditure such further studies must involve, and thereby setting an admirable example of liberality in forwarding scientific research, which other countries might follow with manifest advantage.

It would be impossible, however, to regard what has already been accomplished by Koch in this connection as other than a contribution of vast importance to pathology, and as leading one step at least in the direction of elucidating the mystery which has hitherto surrounded our knowledge of cholera. Aided by such facilities for examination of dead bodies of cholera patients as were open to him, he lost no time in demonstrating the presence in them of those bacteria in differentiating the forms of which he has already exhibited such marvellous skill. These organisms, in the case of cholera, are described as bacilli, possessing the rod-like characters that give their name to the group, and having features most in common with the germs found associated with glanders. They are present in the intestines of cholera victims, in incalculable numbers, and invading all the appendages of the mucous membrane, sometimes even penetrating to the middle or muscular tunic of the gut. Some significance attaches also to the observation that the chief seat of bacterial infiltration in such cases is the lower part of the small intestine, the ileum, the relation of which to at least two other fevers is sufficiently well established.

An objection likely, if unrefuted, to carry considerable weight has been abundantly met by Dr. Koch, who points out the fact that his observations were carried out on perfectly fresh corpses, so that putrefactive origin of the bacteria he has obtained cannot be advanced as a probable explanation of their presence. That they have a definite relation to cholera, moreover, has been shown by their absence from the body of a patient who died from another complaint some weeks after recovery from an attack of cholera. In this instance bacteria were not wanting, but such as were found did not present the characteristic features of the rod-like bacilli invariably discovered in the bodies of actual victims of cholera. A test experiment of this kind, naturally presented, cannot fail to emphasise the importance attaching to those observations to which it lends support in the way of negative evidence; and especially since it is reported that on examination of other bodies of non-choleraic patients a similar absence of characteristic bacilli was noticed in them.

While, however, we may take it for granted that there is a distinct bacillus of cholera, we are still as far as ever from being in a position to decide in what relations of cause and effect these two—bacteria and disease—stand towards one another. Is the propagation of cholera dependent upon the multiplication and dissemination of the bacilli associated with it? or are the latter merely, though constantly, one consequence of the diseased conditions that inseparably accompany the former? It would be eminently unscientific at the present time to pretend to ultra-scepticism on this question. However much we may admit remains to be proven in the future as to the real import of so-called specific disease germs, no reasonable doubt can be entertained, by any whose skill with the microscope extends beyond that of a beginner, respecting the reality of those organisms which Koch and his disciples have been instrumental in isolating. He has taken the first step towards revealing the etiology of a fatal and obscure disease: the next advance is unquestionably more difficult; but when the goal to which attention is now directed is attained we shall be in possession of a complete and consecutive history of the affection.

That which remains to be accomplished is to cultivate the bacilli outside of the body, and, by inoculation with the cultivated germs, to produce the disease afresh in a previously healthy subject. It is with a view to carrying out the necessary culture experiments, for the perfect success of which it is desirable to employ unexhausted virus, that Koch and his assistants are now on the way to India. The method that will be employed is that, we presume, which has already yielded such brilliant results with bacillus tuberculosis; but the obstacles in the way are greater than any that have yet been overcome. Chief among them is the curious fact that hitherto all attempts to transmit cholera to the lower animals have failed. Now, Koch affirms that he too has been equally unsuccessful, although he experimented on animals of various orders, from a monkey to a mouse. By-and-by we may expect to receive a very different account; and until that time arrives it would at least be premature to indulge in speculations as to what is likely to eventuate. We are, however, guided to a feeling of hopefulness by the knowledge of what has already been accomplished by the author of this first report on cholera; and the certainty that his ripe genius and unrivalled manipulative skill are addressed to a solution of the problem which is now most of all interesting to the profession, that, viz., of discovering the etiology of cholera with a view to its prevention, will go far to create confidence in the issue.

Koch's remarks, incidentally made though they are, on the evident signs he found in Egypt to show that he arrived there during the decadence of the epidemic, possess a particular interest of their own. Taken with the proofs afforded that, though widespread, the disease was at this time far reduced in intensity, it goes to support the supposition that cholera virus obeys the same laws as govern the action of other specific contagia. When sown in a soil favourable to themselves these disease germs grow and flourish and multiply; but increasing numbers gradually exhaust the pabulum which alone is suitable to them, and which can only be found within certain quantitative limits in any given area. Hence, sooner or later, the time arrives when further multiplication of contagium is impossible, for the reason that the essential nutriment it requires has been all consumed by successive generations of germs. When this stage is reached the epidemic ceases, its later stages being possibly marked by fluctuations, which may be due to imported reinforcements of the fast disappearing store of pabulum.

At present, speculation on the subject of protective inoculation with attenuated virus of cholera must be confined to the imagination; but the more hopeful spirits, who look forward to a millennium in which each individual will soon after birth be vaccinated with a hologerminalistic fluid which shall safeguard him against every conceivable infection, will not hesitate to anticipate the most startling consequences as the result of Koch's determined attitude of conflict with cholera.

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THE IRISH PHARMACEUTICAL SOCIETY.

The twelfth annual meeting of this Society which was held during the present month, was interesting as showing the result of a legislative experiment of as much importance to the medical profession in Ireland as to the public. The presidency of the Society was vacated by Professor Tichborne, who has held it since the resignation of the office by Sir Dominic Corrigan, its first president. In relinquishing the chair, Mr. Tichborne referred to the condition of the Society, which he considered was "fairly prosperous." The roll of the institution now contains the names of between sixty and seventy members, and there had been admitted over 200 licentiates, and he anticipated that "in a little time the Society would become a power in Ireland." Considering that only fourteen pharmaceutical chemists passed their final examinations within the past year, and that a member present expressed great doubts as to the solvency of the Society, we find it difficult to accept this hopeful view of its condition, and we venture to suggest that there must be something radically wrong when an institution which is—practically—in command of pharmacy in Ireland is not able to do more at the end of twelve years of life than maintain a languishing existence. We do not desire to infer any dereliction whatever on the part of the President or officers of the Society, who, we believe, have done all possible to make it prosperous under hopeless circumstances, and we are not at all surprised that they failed in the effort to give it a healthy vitality. The truth is that on the threshold the Society committed a fatal error, which has resulted in its being well-nigh starved out of existence. The Act which incorporated it gave it power to license two grades of pharmaceutists, *i.e.*, the pharmaceutical chemist, who is a voting member of the corporation, and the chemist and druggist, who is simply entitled to practise pharmacy, but not to exercise any of the privileges of a corporate member. The pharmaceutical chemist was expected to maintain a high-class dispensing trade, while the chemist and druggist was to do business in patent medicines, sheep-washes, and the usual requirements of a country town, having a dispensing department attached if he pleased, and being duly examined and qualified before receiving permission to make up prescriptions. To those who know Ireland, it was at once obvious that the towns which could support a high-class pharmaceutical chemist are very few indeed in comparison to those where a general chemist and druggist might thrive, and we should have supposed that every member of the Council of the new Society would have been aware that, if it restricted its licensing to the pharmaceutical chemist, it must needs die of inanition before many years had lapsed. But, unfortunately for the prosperity of the Society, the first Council was composed, in great majority, of doctors and apothecaries, the pure pharmaceutists being in a minority of four or five in a Council of twenty-one, and it was not to be supposed that a body so constituted would see the propriety of setting up a large class of rival dispensers throughout the country by licensing chemists and druggists under the Act. Accordingly it determined not to use the powers which the Act gave it for this purpose, and, having thus deliberately elected to narrow the operations of the Society to the few Irish towns in which a high-class pharmaceutist can live, it has, as we have said, starved down to the condition in which we now find it.

Our interest in this matter is on behalf of our own profession, and in that interest we at the time protested in the strongest terms against the suppression of the duly licensed chemist and druggist. We pointed out that the refusal of the Society to license dispensers throughout Ireland would put the medical practitioners in the great majority of towns to the necessity either of keeping a stock of medicines for their own patients, or of allowing their prescriptions to be taken to the establishment of their rival in practice to be made up, because in these towns no high class pharmaceutist could live. We showed, moreover, that, as regards districts which could afford only one medical practitioner, and where he did not care to dispense medicines, the Society was forgetful of its duty in leaving the public to the necessity of sending for their medicines by post to towns at a considerable distance. Lastly, we anticipated the great injury which the Pharmaceutical Society of Ireland would suffer if its influence and income were restricted to the few who might wish to seek the honour of membership, excluding the multitude who, for commercial reasons, might desire to add dispensing to their ordinary business of druggist.

Twelve years have passed, and the result has justified our forecast. Pharmacy in Ireland is, we regret to say, in a condition not much better than that in which it stood when the moribund Apothecaries' Company had the monopoly. We trust that the new Council and its new President and Vice-President will mark their accession to office by inaugurating a policy of liberality, and by manifesting that they realise the fact that their duty to the public is higher than their obligation to protect their own class at the public expense.

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THE GALLOWS' ADVOCATE.

If the man James Cole, who is now lying under sentence of death for the murder of his child, be executed, there ought to be no further difficulty in connection with the defence of insanity in murder cases, for it would then become clear that we had made up our minds in this country to make no distinction as regards criminal responsibility between lunatics and sane persons. There are thousands of inmates of our lunatic asylums who are not half as mad as Cole, and the infliction of the death penalty on him would be an impressive intimation that we had resolved to hang our mental invalids freely as occasion might require, and that the mad doctors must hereafter for ever hold their peace. In China the plea of insanity set up on behalf of any prisoner on his trial for murder is regarded as an aggregation of the offence, and a justification for condemning him to a more painful mode of death than he would otherwise have had to endure; and who knows but in our backward march from the advanced position to which we had been led by science and humanity, we may not yet arrive at the point where the Celestial Empire halts, and add a little torture to strangling in the case of mad murderers. Our great Mentor the *Times* is at any rate doing its best to persuade us to retreat from the open field of discriminating justice and merciful estimation of human frailties on which we seemed to have entered, and to entrench ourselves again in the ancient stronghold of sanguinary revenge. The very superior person who writes its Old Bailey leaders, and who is no doubt a little sore because he was so entirely wrong in the Gouldstone case, once more advises the English public to hang its lunatics whenever they happen to kill any one, and to disregard the opinions of experts and cling tenaciously to their dear old legal definition of responsibility, about which he obviously knows nothing. With his accustomed courtesy he speaks of physicians practising in lunacy as "mad doctors," and describing the language they use as "a quasi-scientific terminology or jargon," leaves them the choice between imbecility on the one hand and a deliberate conspiracy to defeat the ends of justice on the other. Referring to the case of Cole, he says that the "not uncommon symptoms of lawlessness and ruffianism" satisfied one doctor that he was a typical lunatic, and that there was "the usual defence of insanity," which is "very advantageous to anyone who happens to be self-indulgent and passionate," but which failed "to convince the jury that a man who does anything particularly wicked must be insane." Let us cherish the gallows, in effect says this enlightened writer—maintain our "old homespun ideas as to responsibility," and insist on "Society's right to punish its most dangerous foes."

We can only express our surprise that such an article as that we are dealing with—an article reactionary in tendency, unrelenting in spirit, and presumptuous in tone—should have found its way into the columns of the leading journal. We scarcely think it would have appeared there had it been known to the Management that it contains flagrant misrepresentations. And yet such is the case. The writer says that "juries have been frankly invited [by mad doctors] to find a person insane just because he had committed a particularly monstrous crime;" and the allegation is simply incorrect. We challenge the author to name a case in which such an invitation has been submitted to a jury or in which the enormity of a crime has been in itself relied on as a proof of insanity. The nature of the crime and the circumstances under which it was committed are, of course, in all cases important elements in determining the state of mind of the criminal. They are carefully weighed by the court in deciding on the criminal intention and in meting out punishment, and there is no good reason why they should be excluded from the consideration of medical men when they are called on to form an opinion as to the presence or absence of mental disease. Insanity can be manifested in only three ways—by acts, words, or tissue changes; and an act may be of such a momentous and unique character as to reveal, when looked at in the light of experience, a whole series of antecedent mental changes. It will scarcely be disputed that a criminal act may be of such a character, so gratuitous, so motiveless, so unnatural, so unconcealed, as to suggest that the actor is not in his right mind. And this is the utmost that the despised "mad doctors" have contended for. In no case have they founded a theory of insanity on the character of a criminal act in itself, without corroborative evidence, but in many cases have they maintained that where there were collateral indications of mental unsoundness, before or subsequent to the act, the quality of the act, when in harmony with the other symptoms, was a material element in diagnosis. The act itself may suggest madness, but that suggestion must be confirmed or abandoned according as careful inquiry discovers or fails to discover other phenomena of mental disease.

So far is it from being true, as the *Times* writer insinuates, that medical men have accepted the monstrous character of a crime as a sufficient proof of its origin in madness, that in a large majority of recent cases the proofs of insanity, outside the crime, would have been ample to justify a diagnosis of madness without reference to the crime itself. This is so in the case of Cole; and here we are brought face to face with another misrepresentation of the *Times* writer. He says that some "not uncommon symptoms of lawlessness and ruffianism satisfied one doctor" that Cole was "a typical lunatic." This, again, is incorrect; and it is to be hoped that Dr. Jackson's attention will be called to the attempt to throw unmerited ridicule upon him. His opinion that Cole was insane was founded, not on his violence towards his wife or child, but on the delusions which existed in his mind—delusions consistent in themselves, inconsistent with any state of mind save insanity, and of that type which is known to originate in habits of life such as Cole had indulged in, and to culminate in acts such as he committed when he brutally killed his own child against whom he had no grudge. The *Times* writer is obliged to acknowledge the existence of delusions in Cole's mind, but, with that uncommon penetration to which clever journalists attain, he has found out that they did not affect his conduct to his child. Indeed! "There cannot be a doubt," he adds, "as to the righteousness of the verdict." We venture to inform him that there will not only be a doubt as to its righteousness, but a firm conviction of its unrighteousness throughout the whole medical world. He lays stress on the fact that "mad doctors" are not agreed amongst themselves even as regards essentials. On this point, however, there will be no disagreement. Mad doctors, half-mad doctors, and sane doctors will be unanimous in declaring that Cole is a lunatic, and that the murder of his child was the result of the delusions under which he laboured. Delusions such as his are not shut up in a closet of the mind to be produced only when called for, but wander through every chamber of life, and often work mischief in the most unexpected quarters. A special inquiry into Cole's condition will make it clear that he was not responsible for the crime for which he has been condemned to death.

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DR. JOHN SMITH, F.R.S.E., Surgeon-Dentist to Her Majesty the Queen in Scotland, was last week elected President of the Royal College of Surgeons of Edinburgh.

Notes on Current Topics.

New Entries.

THE new entries at the various metropolitan medical schools for the year 1883 are now available for comparison with those of previous years; and in the following table the numbers for this and last year will be found :—

	1882.		1883.	
	Full.	Total.	Full.	Total.
St. Bartholomew's	110	161	120	180
University College	89	144	83	141
London ...	87	127	65	114
Guy's	81	96	74	94
St. Thomas's ...	62	93	64	92
King's College ...		35	57	78
Middlesex ...	37	43	35	45
St. George's ...	42	48	36	40
Charing Cross ...	41	60	32	38
St. Mary's ...	26	32	28	35
Westminster ...	24	25	14	19

It will thus be seen that, gauging the standard of popularity by the numbers of students who enter for the "full" curriculum, the London, Guy's, Charing Cross, and Middlesex Hospitals have for some reason receded from the position they had secured in the estimation of the profession. The aggregate number of new full students who have commenced professional studies this year is, however, appreciably smaller than that registered in 1882, and with the exception of St. Bartholomew's and King's College every school is to a greater or less degree affected by it. In the case of King's College the change is indeed somewhat striking, and the influx of students should be taken as tangible proof of the relief afforded by those changes in the internal administration of the hospital which have recently been commented on in these pages. The most serious sufferer this year is undoubtedly the London Hospital, and several causes have probably tended to make it temporarily less popular. Among these the loss sustained by the school through the retirement of Mr. Jonathan Hutchinson from the post of Senior Surgeon occupies a prominent place; and second must be ranked a pamphlet in which the school attached to the hospital is held up to reproach by a novelist whose ignorance of his subject has been, in this instance, most markedly pronounced. It is to be regretted that, with a laudable anxiety to advance the interests of the hospital charity and excite sympathy among the benevolent in its behalf, the house committee most extensively circulated this production; for, thereby they have most unquestionably damaged the College, by arousing antipathies which are as ridiculous as they are unjustifiable. Other causes have possibly operated in the same direction, but to a less extent than those we have mentioned. In the case of Westminster Hospital the future outlook is brightened by little or no prospect of amendment; the drop from 24 to 14 is not to be explained by any cause in temporary operation, and sooner or later it may be anticipated that the natural solution of the question of this hospital's existence will be found in its absorption into the adjacent institution, St. Thomas's. Whatever developments of centralisation we may be destined to witness, this much of approach to it is certainly among the things that must be, and ought to be. Guy's continues to be unfortunate, and it is likely to be many years before its diminished prestige is restored to it.

Academy of Medicine in Ireland.

THE first annual general meeting of the Academy of Medicine in Ireland will be held in the King and Queen's College of Physicians, on Friday, October 26, 1883, at four o'clock, when reports from the General Council and the General Treasurer will be submitted, and the election of officers will take place. Only those Fellows who have paid their subscriptions for the current session are entitled to vote. The following will be proposed by Mr. W. I. Wheeler, President of the Royal College of Surgeons :—"That an earlier and more complete and more extended publication of the communications submitted to sectional meetings of the Academy is desirable, and that it be therefore remitted to the General Council to make arrangements by which the full report of proceedings at sections, as soon as possible after each meeting, be placed, simultaneously, at the disposal of those editors of medical journals who may desire to receive them." The General Council, in presenting their report, congratulate the Academy on the pronounced success which has attended it during the first year of its existence. Twenty-four sectional and four sub-sectional meetings were held, and the attendance at all reached a very high average. The number of Fellows is 201; of Members 21; and of Student Associates 22. It is hoped that when the work of the Academy becomes better known, a still larger amount of support will be given by the profession in Ireland. The General Council specially acknowledge the courtesy and generosity of the Colleges of Physicians and Surgeons in Ireland. These bodies divided equally between them the hospitality which was extended to the Academy. The Colleges were placed at our disposal for the public and council meetings, free of cost. Not only this, however, but from the College of Physicians the Council received a donation of £25, and from the College of Surgeons an annual grant of £25. In a pecuniary sense the General Council has been able to close the work of the year most satisfactorily. The treasurer's report shows that, although the expenses have been large, a balance of £229 stands to the credit of the Academy. The heaviest item has been the publication of the Transactions. The Council regret to state that in the sub-section of anatomy and physiology, although much valuable material was submitted, only one paper appears in the Transactions. This is due to the fact that several authors retained their communications, contrary to rule.

Professor Lister.

PROFESSOR LISTER has been spending a few days in Buda-Pesth, and, as is his wont, he has taken the opportunity of visiting the hospitals of the city and attending some operations. He was everywhere received with the greatest respect. The students got up a torchlight procession in his honour, and presented him with an address in Hungarian and English, to which our eminent *confrère*, we are informed, replied *in fliessendem Deutsch*.

WE understand that on Saturday last Dr. Alfred Carpenter, of Croydon, successfully operated for fistula on his Grace the Archbishop of Canterbury, who bore the operation well, and expects within a few days to have sufficiently recovered to pursue his accustomed avocations.

The Irish College of Physicians.

At the annual stated meeting of the College, held on St. Luke's Day, the following officers were elected for the ensuing year :—President—William Moore, M.D. Vice-President—Francis R. Cruise, M.D. Censors—Francis R. Cruise, M.D.; Fleetwood Churchill; George F. Duffey, M.D.; John Mallet Purser, M.D. Additional Examiners — John Magee Finny, M.D.; Arthur V. Macan, M.D.; Francis J. B. Quinlan, M.D. Registrar—John William Moore, M.D. Treasurer—Aquilla Smith, M.D. Examiners in Midwifery—J. Rutherford Kirkpatrick, M.D.; Stephen Myles M'Swiney, M.D. Professor of Medical Jurisprudence—Robert Travers, M.D. Representative on the General Medical Council—Aquilla Smith, M.D. The following were elected to the Fellowship—Michl. Joseph Clune, M.D. Brussels, M.A. Univ. Sydney; Effingham Carroll M'Dowel, M.D. Univ. Dub. Mr. T. Innes was elected Librarian and Clerk to the College and Clerk to the Trust Estate.

The Re-interment of Harvey's Remains.

On Thursday last the little church of Hempstead, in Essex, was the scene of a ceremony which borrows much of its solemnity from the affectionate care it reflects on the part of the Royal College of Physicians towards its immortal former President, William Harvey. In accordance with arrangements previously made, the President, Censors, and other officials of the College, accompanied by several Fellows, proceeded to Saffron Walden by train from St. Pancras station, and after a drive of about seven miles along country lanes, reached the little half-ruined sacred edifice, in a vault below which all that is left of the discoverer of the circulation has long lain exposed to wind and rain. After viewing the coffin in its then position, the visitors proceeded to the vestry, where each one entitled to do so assumed official robes; and the following pall-bearers then took up their positions round the coffin, which had meanwhile been placed on a light bier:—Sir Risdon Bennett, F.R.S., Dr. Owen Rees, F.R.S., Dr. Sieveking, Dr. Quain, F.R.S., Dr. Shepherd, Dr. Richardson, F.R.S., Dr. N. Moore, and Dr. Drinkwater. The procession was headed by Sir W. Jenner as President of the College, and the other members of it were Prof. H. W. Acland, F.R.S., the four Censors, Dr. Fincham, Sir Andrew Clark, Dr. Pavy, and Dr. Wilson Fox; the Treasurer, Dr. Frederick Farre; the Registrar, Sir Henry Pitman; the Harveian Librarian, Dr. Munk; and the Assistant Registrar, Dr. Allchin. Fellows also present were Dr. Monro, Dr. Radcliffe, Dr. Hewitt, and Dr. Dyce Duckworth; while in addition to the actual Fellowship of the College were Dr. Hubert Airy, Mr. Eastes, M.B., and Mr. Stear, the resident medical practitioner of Saffron Walden, who has rendered active service in securing a safer guardianship for the remains of Harvey. After a brief service conducted by the Vicar of the parish, the Rev. R. H. Eustace, assisted by the Rev. J. Escreet, Sir W. Jenner and Dr. Richardson placed within the hollow of the monolith, in which had already been lowered the leaden shell, a bound copy of Harvey's works, in a metal case. It is the Latin edition of 1766, edited by Dr. Akenside and Dr. Lawrence, and published by the College of Physicians. With it was also placed on the shrunken lead a scroll giving a full account of the events which had led to the proceedings of the day, and the names of the representative persons present. This done, the massive marble lid, weighing upwards of a ton, was gently moved on rollers to its position, the lowering being then accomplished in a manner to avoid any sudden jar, a great number of lumps of sugar being so placed as to crush beneath the weight, and so break the shock. A little water then applied had the instant effect of dissolving the crushed sugar, and the application of cement within the very small space left open, by means of leaden wedges at the corners, completed the operation. The end of the tomb is engraved with the words, "William Harvey—Born 1578—Died 1657." On the side panel, as seen from the aisle, are the words, "The Remains of William Harvey, Discoverer of the Circulation of the Blood, were reverentially placed in this sarcophagus by the Royal College of Physicians of London, in the year 1883." When the proceedings had been closed by the Vicar, the company returned to Saffron Walden, and subsequently to London by rail.

The Sheffield Medical School.

The amalgamation of the Sheffield School of Medicine and Firth College being now an accomplished fact, it is hoped that the eminently practical address of Mr. Arthur Jackson, delivered at the opening of the school, together with the efforts of the teaching body to reorganise the school, and to secure for it a new lease of life, and a more prosperous career in the future than it has hitherto enjoyed, may be successful. Sheffield possesses four well-established medical institutions—the Infirmary, the Public Hospital and Dispensary, the Jessop (Women's) Hospital, and the Children's Hospital, affording ample material for the study of disease and injuries in every shape and form, and, if the leading members of the various medical staffs only come to the front to take the various lectureships in the school, and to push forward the interests of that institution, there should be no difficulty in securing for it complete success. The desirableness of small provincial schools is another phase of the question which is open to, and requires careful consideration. That entrance into the professional ranks is made too easy for a certain class of men, who would be better out of it, cannot be gainsaid, and it has frequently been laid at the doors of provincial medical schools, doubtless in many instances undeservedly, that they are the chief sinners in this respect. Certainly there is no body of men more urgently requiring that its members should be cultivated gentlemen, honourable, and refined in feeling, large-minded, and courteous in all their dealings, both amongst themselves and with the public at large, than the medical profession. That all its members fulfil these requirements at present none will venture to assert; and it in a great measure arises from the surroundings, want of tone and dignity which many who now seek to enter its portals betray in their early associations and college careers, that has resulted in a lowering of the general status of the profession through the over-competition of too large a number of schools for patronage. No doubt much may be said in favour of the advantages to be derived by those engaged in the work of teaching, and by the town in which such schools exist; but much also could be said against it. The material collected in these medical institutions might be made the means of carrying forward the education of the already qualified now settled in practice in these towns, under the guidance of teachers who have made certain specialities their own, with incalculable advantage. Were such a course adopted medical knowledge would be increased, and the greatest good for the greatest number, both in and out of the profession, would be its natural outcome, far more so than by the conservancy of innumerable schools and the contention of vested interests. Large classes, healthy rivalry on the part of the students, regularity in the teaching, and flourishing finances, are all essential elements in securing the success of a school. But until these views are more generally recognised, we hope the efforts of the governing body of the Sheffield Medical School may prove as successful as they desire and as their efforts may deserve. If they can carry their school to a foremost position, doing good work, and turning out good men, we shall not be the last to congratulate them upon their success.

American Preliminary Education of the Profession.

The *Chicago Medical Journal* says that there are on record in the office of the Illinois State Board of Health the written proof evidences that not less than two hundred graduates of medicine cannot spell correctly the word diploma. The following are seven different methods actually employed: diaploma, diplomy, diplomer, diplomah, diaplemy, diapluma, diplume.

Some light upon the cause of the condition of things here indicated may be drawn from the following circular recently sent out by the Dean of the Medical Department of the University of Nebraska:—

> "Dear Doctor,—I send this day our announcement; please examine it, and if it is a possible thing, send us one or two students for the winter term. We have had a struggle with allopathy, and all that is wanting is for you to send us the students to make us triumphantly victorious. Induce some young man to come; it costs comparatively nothing, and will be worth hundreds of dollars to him, even if he never practises.
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> "Remember everything depends on our making a good showing this season. If we have comparatively no students this season, the institution will certainly die of inanition, if indeed it is not still-borned, or worse, an abortion. Now, for Heaven's sake, send us some students. The life of our institution demands, depends on it."

A Curious Windfall.

Dr. Danford Thomas held an inquiry on Saturday last into the circumstances attending the death of M. I. Khan, M.R.C.S., of University College Hospital, who committed suicide by taking poison. The deceased is an Afghan, who, after successfully pursuing medical studies in this country, and obtaining a double qualification, found his colour and nationality a bar to obtaining employment here, and growing discouraged by disappointment, and being without resources, he at length put an end to his life. In a letter addressed to the coroner Mr. Khan expounded his views as to suicide, which he justifies in himself; and then makes a strange bequest of his body for dissection at University College, a request being added that his skeleton shall be preserved in the museum. The story is a very sad one, and if, as is said to be the case, the offer of the deceased is accepted by University College, his skeleton will be not the least interesting object in the collection.

The Ill-doings of Flies.

Dr. B. Grassi, of Rovellasca, reports, in a recent number of the *Gazetta degli Ospitali*, some investigations he has been making on the above subject. He has convinced himself that the common-house fly is a dreadful enemy of the human race as of all living things in general. Wherever any infectious product is present, for instance, the sputa of phthisical patients, or dejecta from the intestinal tract, swarms of flies are to be seen, which soil themselves with the offensive material, and then crawl about over our food. The writer placed a plate containing a large mass of the ova of a human parasite (*Trichocephalus*) upon a table in his laboratory, which was situated at the distance of about thirty feet from the kitchen. Sheets of white paper were placed in various parts of the kitchen, and in the course of a few hours, the dejecta of flies were observable on the paper. Upon examination of these with the microscope, they were found to contain some of the ova of the parasite. Dr. Grassi then killed some of the flies, and found an enormous mass of fæces containing more of the ova. On another occasion he minced some segments of tape-worm that had been preserved in spirit, and put them into water so that a mass of ova were suspended in it. In half an hour he succeeded in finding the ova of the parasite in the abdominal contents of the flies, and also in the spontaneously deposited dejecta. In like manner it could be proved that flies that had alighted on mouldy cream harboured the spores of *oïdium lactis*. It is useless to comfort one's self with the thought that these germs die in the intestines of the flies. Even if the intestinal juice do act upon them, and it is not proved that it does in the case of bacteria, some would almost certainly escape destruction. In any case, moreover, the legs and proboscis would still serve as carriers of the infection. He proposes that attempts shall be made to introduce the same disease amongst them in the spring time that already causes such devastation in the autumn.

Scurvy in Prisons.

At the last meeting of the Council of Health of the Seine, M. Lancereaux reported several cases of scurvy in the prisons of that department. After inquiring about the dietary of the prisoners, he decided that the disease resulted from depriving them of vegetables of all kinds, especially potatoes, and he recommended the constant use of this kind of food for the convicts.

Cremation.

The General Council of Puy-de-Dôme, at the instigation of Dr. Blatin, has passed the following resolutions:—1. That cremation ought to be explicitly authorised by legislative measures; 2. That in cases of epidemics where the health of others is at stake it should be made imperative; 3. That even in cases where the disease is not infectious the unclaimed bodies from the hospitals and workhouses should be cremated; and 4. That every five years at least all bodies interred in the usual manner should be exhumed and burned.

Cholera in Egypt.

The line of reasoning adopted by advocates of the importation from India of the recent cholera epidemic by which Egypt has been ravaged is such as could not be accepted for a moment in regard to any question of fact. It is only by a distortion of evidence in some instances and the omission in others to acknowledge the order of events that any doubt can be thrown upon the endemicity of cholera in Egypt since 1865, not to mention an earlier date. A reference to the history of this disease indicates that, although for a long series of years it has undoubtedly been endemic in India, it is also endemic in various other countries, and that local outbreaks from time to time occur in places so distant from each other that no connection between them can possibly exist. At the present time there is an outbreak of cholera at Negapatam, in Southern India, there is another in an Arab village near Alexandria; but the circumstance indicates no more connection or communication between those places than that which the presence of a river in Monmouth and a river in Macedon established between the two latter localities.

Meath Hospital Inaugural Dinner.

A dinner for the reunion of old students and officials of the Meath Hospital and County Dublin Infirmary will be held on Monday, November 5th, at the Shelbourne Hotel, at Seven o'clock. Sir George Porter, senior surgeon, will preside. Dinner tickets, £1 each, may be had from Dr. Lambert H. Ormsby, F.R.C.S., 4 Merrion Square, West.

The annual death-rate of St. Petersburgh is over fifty-one per thousand.

Dr. Acland, Regius Professor of Medicine in the University of Oxford, President of the General Medical Council, has been made a C.B.

An examination of candidates for five appointments in the Indian Medical Service, is advertised to be held in London on a day not fixed in February, 1884.

Advices from Berlin state that in ten villages in Saxony nearly four hundred persons, including entire families, are prostrated by trichinosis. Deaths are occurring daily, and over fifty cases are stated to be beyond hope.

M. J. B. Dumas, the illustrious chemist and general secretary of the Academy of Sciences, is, we regret to have to announce, seriously ill. Professor Vulpian, however, who is attending him, is hopeful of his recovery.

The Guild of St. Luke, the members of which consist of medical men and students, held their anniversary festival on Friday evening in St. Paul's Cathedral, a large congregation being present. The Bishop of Bedford preached "On Physical Healing as a Type of Spiritual Healing."

At a meeting of the Society of Medical Officers of Health, on Friday last, a paper was read by Dr. Orme Dudfield on the need of unity in metropolitan administration, in which it was maintained that a new central authority was urgently needed to regulate the sanitary affairs of the metropolis.

According to the recently published official volume of judicial statistics, 447 of the inquests held in England and Wales in 1880 resulted in a verdict of "died from excessive drinking." This was 29 more than in the previous year; but, on the other hand, was below the average of the five years, which was 400.

The Dalrymple Home for Inebriates will be formally opened on Monday next. The institution is situated at Rickmansworth, about twenty-one miles from London, and will be carried on purely as a philanthropic undertaking, the labours of the Committee and of the consulting medical staff being honorary. About £2,000 out of the £4,000 required to start it free of debt is still needed, and this, we trust, will have been received for so deserving an undertaking before the opening day.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow :—Calcutta 21, Bombay 28, Madras 52, Paris 21, Geneva 20, Brussels 21, Amsterdam 27, Rotterdam 22, The Hague 22, Copenhagen 19, Stockholm 20, Christiana 13, St. Petersburg 22, Berlin 27, Hamburg 24, Dresden 24, Breslau 31, Munich 26, Vienna 22, Prague 22, Buda-Pesth 22, Rome 28, Naples 34, Turin 17, Venice 15, Lisbon 24, New York 21, Brooklyn 20, Philadelphia 20, and Baltimore 21.

The annual rates of mortality last week in the principal large towns of the United Kingdom averaged 20·2 per 1,000 of their aggregate population, and were :—Leicester 11; Derby 12; Portsmouth 13; Halifax 15; Sheffield, Norwich, Brighton, Plymouth 16; Edinburgh, Birmingham, Sunderland 17; Cardiff, Huddersfield, Birkenhead, Bradford, Bolton 18; London, Bristol 19; Glasgow, Oldham 21; Nottingham 22; Blackburn, Liverpool 23; Wolverhampton 24; Dublin, Hull 25; Leeds, Salford 26; Manchester, 27; Newcastle-on-Tyne 29; Preston 32.

The highest annual death-rates from diseases of the zymotic class in the large towns last week were—From scarlet fever, 2·3 in Cardiff and 2·6 in Leeds; from measles, 0·9 in Manchester, and 2·1 in Newcastle-upon-Tyne; from whooping-cough, 1·2 in Huddersfield; from "fever," 1·2 in Portsmouth and in Derby, and 2·1 in Preston; and from diarrhœa, 3·6 in Hull, and 9·0 in Preston. The 42 deaths from diphtheria included 24 in London, 5 in Edinburgh, 4 in Glasgow, 2 in Bradford, and 1 in Dublin. Small-pox caused 3 deaths in London, 2 in Birmingham, 2 in Sunderland, and 1 in Newcastle-upon-Tyne.

Mr. J. Leiter, of Vienna, has constructed a singular modification of the microscope, to which the name of gastroscope has been given. Its use is for exploring the interior of the stomach. It consists of a metal tube 65 c.m. long and 15 m.m. thick, bent at an angle of 150°

at about one-fourth of its length from the lower end. At the lower extremity is contained an incandescent electric lamp for illumination of the interior of the stomach, and an objective at the back of which is a prism to reflect the pencil along the length of the tube; at the bend it is again reflected by another prism to the eye-piece. Provision is made for a circulation of cold water to prevent the lower end of the tube becoming inconveniently hot.

Scotland.

[From our Northern Correspondents.]

Working of the Vaccination Act in Edinburgh.—At a meeting of St. Cuthbert's Parochial Board, held on the 19th inst., it was stated by the inspector that there were 144 defaulters under the Vaccination Act, but they would be unable to find against many of them. One of the parties had been prosecuted once before, another twice, and a third three or four times. In answer to a question, it was stated that the only effect of the prosecutions was that the parties were fined and got their own way in the end. Mr. Steele thought it a piece of folly to go on prosecuting those parties, as it only caused irritation. It was a matter of consequence with those people. He knew the circumstances of one of the cases, where the woman's husband refused twice to have his children vaccinated. It was his dying request that the children should not be vaccinated, and she had endeavoured to carry out his wishes.

Chair of Anatomy and Physiology at Queen's College, Belfast.—Dr. Alexander M. Buchanan, of Glasgow, has become a candidate for the Chair of Anatomy and Physiology at Queen's College, Belfast. Dr. Buchanan is at present a very popular and acceptable teacher of these subjects at Anderson's College, Glasgow. Should Queen's College be fortunate enough to secure his services, the institution which he at present serves so well will thereby sustain a severe loss. All this notwithstanding, as Dr. Buchanan's inclinations lie in this direction, we must cordially wish him the success which he so well deserves.

Edinburgh.—Health Statistics.—The mortality in Edinburgh for the week ending with Saturday, the 13th inst., was 72, and the death-rate 16 per 1,000 per annum. There were 22 deaths under one year, and 16 above 60 years, of which 3 were above 80 years. Diseases of the chest accounted for 40 deaths, and zymotic causes for 9, of which one was due to fever, 2 to diphtheria, and 4 to scarlatina, the intimations of these diseases being 11, 3, and 42 respectively.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 13th inst., were at the rate of 22 per 1,000 per annum, against 18 in the preceding week, and 23, 23, and 24 in the corresponding periods of 1882, 1881, and 1880.

Sudden Death of Dr. John Harkness.—On the 19th inst. Dr. John Harkness, Albany House, Dumfries, died suddenly of apoplexy. Dr. Harkness had for thirty-seven years been head of the Medical College at Bombay, but retired a number of years ago. He was eighty years of age, and unmarried.

The Spread of Scarlet Fever by Milk.—In the Dundee Police Court, on Monday last, John Stewart, dairyman, was charged with using part of a dwelling-house in Ancrum Road as a dairy, while the ventilation, including the air space, cleansing, drainage, and water supply, were not such as were necessary for the protection of the milk kept therein against infection or contamination with disease; and while John Stewart, eleven years of age, then residing with accused, and now an inmate of the Royal Infirmary, was suffering from scarlet fever, he allowed his wife and his servant, after being in actual contact with the boy, to milk cows and handle vessels, and take part in and assist accused in his trade, by selling milk to several persons, whereby the accused had rendered himself liable to a penalty not exceeding £20. The accused, on being asked to plead, said he was guilty, but it was done in ignorance. When the boy came home from school he did not suspect that it was fever he had taken, or he would have sent him home to his father's. Mr. Dewar said it was found, when this case was inquired into, that the milk was sold in the kitchen, where the boy, accused's grandson, was lying ill of fever. During four days there were no fewer than seventeen persons stricken with fever, in different families, who were supplied with milk by the accused; and out of that number four died of the disease. Eventually a fine of £5 was imposed, with the alternative of twenty days in prison.

Royal College of Surgeons, Edinburgh.—At the annual meeting of this College, held on the 17th inst., the following office-bearers were elected for the ensuing year:—President—John Smith, M.D. Secretary and Treasurer—Joseph Bell. Librarian—Archibald Dickson, M.D. President's Council—Henry Duncan Littlejohn, M.D.; Patrick Heron Watson, M.D.; David Wilson, M.D.; Francis Brodie Imlach; William Turner, M.B.; Douglas Argyll Robertson, M.D; Ex-Officio—Joseph Bell. Examiners—James D. Gillespie, M.D; Henry D. Littlejohn, M.D.; Patrick H. Watson, M.D.; David Wilson, M.D.; John Smith, M.D.; Joseph Bell; John Duncan, M.D.; Robert J. Blair Cunynghame, M.D.; Alexander G. Miller; Peter H. Maclaren, M.D.; Johnson Symington M.B.; Francis Cadell. Dental Examiners—Patrick H. Watson, M.D.; David Wilson, M.D.; Henry D. Littlejohn, M.D.; John Smith, M.D.; Andrew Wilson, L.D.S.; George W. Watson, L.D.S. Assessors—William Brown; Archibald Inglis, M.D.; James Dunsmure, M.D.; William Walker. Conservator of Museum—Robert J. Blair Cunynghame, M.D. Clerk—James Robertson. Officer—Colin McKenzie. Assistant to Conservator—George Reid.

Literature.

HOLMES' SYSTEM OF SURGERY. (a)

[First Notice.]

English surgery is able to boast of representative works which do not suffer in any way when critically compared with those produced by the most eminent authors in other countries; and in point of practical usefulness it may confidently be asserted that more than one modern British treatise on this department of medical science can lay claim to possession of the highest excellence. The records of the schools bear testimony to the intrinsic worth of our teachers' labours, and the collected experience embodied in manuals designed for purposes of instruction falls in no way short of our expectations, encouraged by a study of results. Impossible as it is to trace decadence from the lofty standard to which every student is taught to aspire, it is also impossible to forget how much of the precedence we enjoy is due to the unrivalled success with which the unceasing effort towards perfection is maintained by those who stand in the foremost rank of living teachers. To their unceasing industry, allied as this is to unflagging devotion in the cause of improvement and advance, is owing no small measure of the enduring distinction of our schools; and in the constancy with which the ranks of eminent surgeons are kept supplied with men who reflect with undiminished brilliance the lustre which surrounds the names of their more famous predecessors, can we trace an enduring spirit of self-sacrificing research in all that conduces to human welfare in matters surgical.

(a) "A System of Surgery: Theoretical and Practical, in Treatises by various authors." Edited by Timothy Holmes, M.A. Cantab., &c., and J. W. Hulke, F.R.S. Third edition, in three volumes. London: Longmans and Co.

In the classical treatise with which the name of Mr. Holmes is so inseparably associated, the truth expressed in the foregoing paragraph is peculiarly evident. Already, in the space of three and twenty years intervening between the publication of the first and third editions of the work, the sad necessities created by death have lent a forcible illustration to it, many of the sections originally written by hands now stilled for ever in the grave being presented now after revision by living contemporaries whose special qualifications rightfully justify their assumption of the mantles that formerly belonged to the original writers of the articles. In this edition, moreover, the name of Mr. J. W. Hulke is associated with that of Mr. Holmes in the task of editing the series of monographs which go to make up the "System;" and while it would be difficult to suppose that any division of editorial duties could improve the work accomplished in former issues by Mr. Holmes single-handed, still the co-operation of so veteran and respected a representative of modern surgery as Mr. Hulke must add to the importance of what is undeniably the most considerable English treatise on the subject it discusses.

In this edition the plan of the work is so far altered that the five volumes familiar to readers of the first and second editions are now compressed into three, which, to make room for the whole contents of the original have been printed in closer type on larger pages, each volume thus consisting of a much greater amount of matter than any one of the five comprising the second edition. By this means also it has been found possible to issue the work at a price one-fifth less than that charged for it previously; and possibly it may be found that the practical advantages of the new dress more than counterbalance the slightly increased labour which must be expended by students of the present in using this edition, as compared with those of the past who adopted the work in its earlier shape.

Volume I. of the "System" commences with Mr. Simon's classical essay on Inflammation, revised for present issue by Mr. Holmes, who, however, with most commendable discretion has chosen to confine his emendations to the barest corrections rendered necessary by events. It would have been unwise in the extreme had any other course been followed, for notwithstanding the progress made since the essay first left its author's hands for the press, it remains one of the most prized and valuable contributions to the scientific study of inflammation accessible to the reader. "The Pathology of Inflammation" is the title of the next succeeding paper, and the name of its author, Prof. J. Burdon Sanderson, would sufficiently indicate that it would be entirely recast, inasmuch as the interval between the publication of the second and third editions of the "System" has been one of the busiest and most fruitful periods of Dr. Sanderson's life, and especially in connection with the study of those infective processes that owe their principal features to inflammatory changes. It is almost needless to say that this article brings strongly to the recollection those Lumleian Lectures delivered in 1882, in which the writer of it discussed the pathology of inflammation before the Royal College of Physicians. It is no less than when it first appeared the highest source to which the inquirer can appeal for information.

Next follow essays on Abscess, re-written from the late Mr. Holmes Coote's article by Mr. W. Harrison Cripps; Sinus and Fistula, by Sir James Paget, edited by Mr. Cripps; Gangrene and Ulcers, the former by Mr. Cripps, the latter by Sir James Paget and Mr. Butlin; and Erysipelas, revised by Mr. Holmes from the late Mr. Campbell de Morgan's article. The subject of pyæmia and septicæmia is entered on in an able and admirably clear article by Mr. H. H. Clutton. The author carefully discusses the most recent developments of bacterial pathology, and in a paper of moderate length succeeds in presenting a philosophical view of the whole subject, which also cannot fail to be practically useful as an assistant to the surgeon whose duty it may be to have to deal with the conditions described. The experiments recorded are those from which instruction can be best derived, and the inferences drawn from them are not unduly strained in favour of any particular theorem. The paper, indeed, is of a high order of usefulness.

Following Mr. John Croft's article on "Hectic Fever" comes Mr. Poland's well known paper on Tetanus, which, for the purposes of the present issue, has undergone revision by Mr. Hulke, who has incorporated into it the latest results of attempts to treat this distressing affection successfully. "Scrofula," formerly contributed by Mr. Savory, is here replaced by a very able essay from the pen of Mr. Frederick Treves, who has by it and his lectures on the same subject delivered before the Royal College of Surgeons established a claim to be considered a minute investigator and successful clinician. Four beautifully executed plates illustrate the article, from a general study of which the surgeon will be able to extract an amount of valuable information both as to prognosis and treatment which is well calculated to stand him in good stead. Mr. Butlin has been entrusted with the preparation of the important article on "Tumours," which, originally written in 1880 by Sir James Paget, was revised for the second edition by the late Mr. Charles H. Moore. After a general outline sketch of the subject Mr. Butlin describes tumours under the head of cysts and solid tumours, and roundly condemns the employment of such compound terms as osteo-sarcoma, osteo-chondroma, &c., as "abominations." It is almost needless to say, however, that the article is an admirable systematic exposition of the subject on which it treats, or that it reflects the most recent developments in the way of pathological research applied to the histology of tumours.

Contusions and wounds are discussed in two essays by Mr. Croft, who contributes also an appendix to the latter on the Antiseptic System of Dressing Wounds; and sections on "Animal Poisons" (Mr. W. Anderson), Wounds of Vessels (edited by Mr. Holmes from the late Mr. Charles H. Moore's article), and "Collapse" (by Mr. Savory), close Part I. of the work.

Part II. includes treatises on "Burns and Scalds," by the editor; "General Pathology of Fractures," re-written by Mr. Jacobson; Pathology of Dislocations, by Mr. Holmes; and "Gunshot Injuries," by Surgeon-General T. Longmore.

Injuries of special regions are discussed in Part III., which opens with an article on Injuries of the Head by Sir Prescott Hewitt, now edited by Mr. John Hulke. To the last especial interest attaches from the increased attention devoted to this class of injuries since Ferrier's demonstrations of motor areas, and Mr. Hulke has carefully presented his subject with a view to showing as much clinical illustration of the value of operative interference as was compatible with the limits of the space at his disposal; the whole paper bears evidence of very careful revision.

Mr. Jacobson's name is appended to the articles on Injuries of the Back and of the Face in this volume, and that of Mr. Durham to the essay on Injuries of the Neck. The latter surgeon speaks most discouragingly of the operation of œsophagostomy, preferring the resort to gastrostomy as being more likely to be successful. In speaking of this operation he ventures to predict that "in the near future resort to gastrostomy will in most cases be anticipated and rendered unnecessary by the early adoption of an easier, and to the patient more readily acceptable, mode of treatment." This consists in the introduction of a tube, *and the retention of it in the œsophagus*, for, if need be, even lengthened periods of weeks. This bold proceeding has, Mr. Durham says, been in his hands completely successful, and he urges its free and fair trial before adopting other and extreme measures.

Injuries of the Chest are discussed in an article which is almost the last labour on which the late Robert Lyell, of Middlesex Hospital, was employed; and it reflects his careful, conscientious, painstaking method very characteristically.

Injuries of the Abdomen, by Mr. George Pollock; of the Pelvis, by Mr. Birkett; of the Upper Extremity, by Prof. W. H. Flower (re-edited by Mr. Hulke); and of the Lower Extremity, rewritten by Mr. Henry Morris from the article by Mr. Carsten Holthouse, complete the first volume of the work, which, in addition to the plates already mentioned, is enriched by the introduction of more than two hundred woodcuts in illustration of the book.

NIGHT NURSING IN DUBLIN.

WE understand that the Board of Superintendence of Hospitals in Dublin which are subsidised by Government has issued a series of inquiries to the managers respecting the night nursing arrangements. The questions, ten in number, have reference to the intelligence, efficiency, salaries, and mode of checking the performance of the duties of these officials, and we anticipate that the replies elicited (if any) will disclose a state of things not wholly satisfactory. We fear that there is an analogy between night nurses and night cabs, and that they are provided on the principle that anything will do for occasions when there is nobody looking. But, as far as the comfort of the patient is concerned, the night nurse is more important than the day nurse; and we think the Board of Superintendence shows a commendable vigilance in seeking to know more about those who have charge of the sick at night.

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RUMOURS have been current within the past week that one of the physicians and the senior surgeon of the Mater Misericordiæ Hospital, Dublin, were about to leave Ireland, having been offered lucrative appointments elsewhere. We are in a position to state that there is not, and never has been, the slightest foundation for such a statement, neither of the gentlemen in question having ever contemplated leaving Ireland. The report is either thoughtless gossip, or a malicious attempt to injure them.

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Correspondence.

INFLAMMATIONS OF THE EYEBALL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In 1849 a series of articles on "The Inflammations of the Eyeball," by Arthur Jacob, M.D., F.R.C.S.I., appeared in the columns of the *Medical Press*, which were subsequently published as a treatise in book form. In the preface Dr. Jacob states "that the observations therein made on his authority are the result of a very long practice in this department of surgery. Inflammation of the eye," he continues, "is now very generally called Iritis, yet no one, I believe, ever saw the iris inflamed without corresponding inflammation of sclerotic, and seldom without inflammation of other parts of the organ. I want the practitioner to recollect, that when he sees the sclerotic red and the iris discoloured, he has to contend, not with inflammation of iris only, but of the whole eyeball, and above all with inflammation of the retina. Simple, uncomplicated inflammation of the eyeball, or, as it has been called, idiopathic iritis, is, I think, of much more frequent occurrence than is generally believed. That inflammation of the eyeball is one of the forms of disease in which syphilis displays itself, is now generally admitted, notwithstanding doubts of Mr. Hunter on the subject. It is generally called syphilitic iritis, because the inflammatory changes are more conspicuous in the iris, but the remarkable redness, the great imperfection of sight from the very commencement, and the subsequent opacities of the membrane of the aqueous humor and crystalline lens, prove that *all parts* of the organ are engaged, and that therefore the practitioner should have his attention directed perhaps more to the retina than to the other structures. That the *choroid* in all general inflammations of the eyeball participates in the altered vascular action cannot be doubted."

During my student days in Dublin I do not recollect if the above views of the late Dr. Jacob obtained general acceptance at the hands of his professional brethren in that city. I rather apprehend they did not. It was, according to my memory "the iris, the whole iris, and nothing but the iris." Now all is changed. In reference to which I think I cannot do better than quote the written statement of your contributor, Mr. Jonathan Hutchinson, one of the first surgeons and oculists in London. During a conversation, in which he spoke highly of the merits of Abraham Colles, William Stokes, and other Dublin physicians and surgeons of a period now passed away, I was particularly interested in what he said of Dr. Jacob (I had then recently published a case of "Jacob's ulcer"), (a) so much so that some time after I asked if he would mind putting it in writing for me, which he very kindly did in the note I append:—

"15 Cavendish Square, W.
"Dec. 5, 1882.

. . . .

"I think you have got a correct impression of what I said. We now know that many cases of so-called iritis are really irido-choroiditis, or indocyclitis, and, further, that in secondary syphilis the choroid and retina are frequently inflamed. I believe that in these matters Dr. Jacob anticipated the discoveries of the ophthalmoscope.

"Yours, &c.,
"To Dr. Sunter. "JONATHAN HUTCHINSON."

Mr. Hutchinson is honourably distinguished for his acknowledgment of the labours of professional fellow-workers. On Jacob's ulcer he writes ("Illustrations of Clinical Surgery," plate 3, fasciculus i.): "In this plate are comprised three illustrations of the more common conditions under which we meet with the disease first described by Dr. Jacob, of Dublin, and afterwards long known (why not known still?) as Jacob's Ulcer. It was named by *Lebert* (b) Rodent Ulcer, and more recently the fact that, although it differs in some important points from other forms of malignant disease, it yet undoubtedly belongs to the carcinomatous family—has been recognised in the term Rodent Cancer."

On the other hand, Sir James Paget's article on Rodent Ulcer, as he terms it, contributed to "Holmes' Surgery," does not contain (so far as I could see) any mention of Dr. Jacob's name—an unintentional omission, I apprehend, on the part of that illustrious member of the medical profession.

I am, &c.,
T. M. SUNTER.

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THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I confess I am both surprised and pained to read the remarks made by Mr. Lunn in his last contribution to your columns "On the Philosophy of Voice," especially in relation to his attack on Mr. Behnke. The injustice of the remarks as well as their obvious invective and sarcastic character, demand a severe rebuke.

Mr. Lunn endeavours to prove—

1st. That Mr. B. is wrong in the very outset of his remarks as to the method in which a tone is produced by the vocal cords.

2nd. That he exhibits an utter absence of research, and has no claim to originality.

3rd. That Madame Seiler and her school are absolutely wrong in their notions of elementary hydrostatics.

4th. That the the false vocal ligaments are approximated in singing.

And lastly, that as the false cords are approximated the true cords are hidden, and therefore cannot be photographed during the production of a note.

May I in fairness be allowed to examine these points very briefly? Dr. Johnson once defined a crab to be a red fish that walked backwards and asked a scientific friend for his opinion. Whereupon he delicately put it to the learned doctor that with three slight exceptions it was perfectly accurate, but it was not a fish, it was not red, and it did not walk backwards. In the same way Mr. Lunn's remarks on vocal physiology with a few slight alterations would be above criticism.

(a) *Medical Press and Circular*, May 3, 1882.

(b) If avoidable, it is never well to change established names. Besides, I fail to see what medical science has gained by M. *Lebert's* gratuitous substitution of the term *Rodent Ulcer* for *Jacob's Ulcer*. On the contrary, it would rather appear as if it had "gained a loss," as they used to say in Ireland, and that Rodent Ulcer will, in its turn, have to give way to a worthier title, that is, if we judge by the following extract from the article Rodent Ulcer in the latest (this year's) edition of "Holmes' Surgery" (Holmes and Hulke), vis.: "The pathology of Rodent Ulcers has, during the past few years, been studied with so much success that it is possible now to class them among the Cancerous Ulcers. *This being so, it seems scarcely necessary still to call them Rodent Ulcers.* Probably, indeed, the term will gradually cease to be employed."—J. PAGET, T. BUTLIN.

In the first place, if we compare Dr. Marcet's account with that of Mr. Behnke's (which are placed in parallel columns for reference) we see the only real discrepancy lies in the fact that, while Mr. Marcet speaks of the vocal cords as being forced *outwards* Mr. Behnke speaks of them as being forced *upwards* during vibration. If Mr. Lunn will take the trouble to organise a real larynx he will at once be able to satisfy himself that both accounts are true, since the cords really vibrate upwards and outwards, though from the fact that only their inner margins are free the chief movement must be upwards.

The two next points are really unworthy of putting into print at all. To say that a man lacks originality because he begins his address with the same opening remarks as Mr. Lunn happened to use four years before, viz.—that "the subject is too exhaustive to treat fully in a single lecture," is equivalent to saying that a man cannot lay claim to originality because he commences his speech with the words "Ladies and Gentlemen." But it is when Mr. Lunn gets at real facts that his statements evoke most comment. He begins by saying that if you take an elastic bottle, put a sponge in it and close up its mouth, and then remove the external forces, that it will *collapse*. Now the only external force that acts on it is the atmosphere outside it, and if you remove that (as you can easily do by placing the bottle under the receiver of an air-pump) the result would probably surprise Mr. Lunn. It certainly would not collapse—at least, not before it had burst. Then he tells us that Rubini broke his collar-bone by trying to sing his top note.

It is unnecessary to tell your readers that the collar-bone has nothing whatever to do with the cavity of the chest—being entirely outside it—that ordinary breathing does not affect it in the slightest, and that the only possible way in which it could be broken by natural means would be by the sudden spasm of certain muscles which are attached to it. Certainly no expansion of the chest, however great, could possibly affect it in the least—much less break it. One has only to glance at a skeleton to be convinced of this. Moreover, Müller's experiments proved that the height or pitch of the tone is the same whether the posterior part of the glottis be open or not, provided the vocal cords maintain the same degree of tension.

Then Mr. Lunn says that the false cords are approximated so that you cannot see the larynx in singing. Hear what that distinguished anatomist Prof. Ellis says on this point ("Illus. of Dissections," p. 223): "The use of the false vocal cords are unknown; the voice is not produced by them, for they are removed so far from the centre of the laryngeal space as to be out of reach of the direct current of air." And Kirke, in his Physiology (p. 608, 10th ed.), says: "In the production of a high note the vocal cords are brought well in sight, so as to be plainly seen with the help of the laryngoscope."

Lastly, in spite of all the evidence Mr. Lunn can bring forward, whether "historical," "physiological," "hydrostatical" "acoustical," or "ocular," the fact remains that photographs of the vocal cords have been taken during singing, and I can only add that I had the pleasure of watching several of the actual photographs being taken, under the superintendence of Mr. Lennox Browne and Mr. Cadett, and I am perfectly satisfied with the fairness of all the experiments and with the truthfulness of the results.

I remain, Sir, yours, &c.,
George Lindsay Johnson, M.A., M.B. Cantab.

Upper Norwood, S.E.

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Society for Relief of Widows and Orphans of Medical Men.—The usual quarterly Court of the above Society was held at the rooms of the Royal Medical and Chirurgical Society, on Wednesday, Oct 10th. The President, Sir George Burrows, Bart., in the chair, the attendance of directors was unusually larger. One new member was elected. Applications for grants were considered from 57 widows, 5 orphans and 3 recipients of relief from the Copeland Fund, and it was resolved to recommend that a sum of £1,217 should be distributed among them in January next. There were no fresh applications for relief. The Christmas present, which has now been given for many years was again voted, the funds admitting the same sums as last year to be granted to the widows and orphans now in receipt of grants, viz., £5 to each widow, £2 to each orphan and £4 to three orphans on the Copeland Fund, in all a sum of £807.

◆

Pass Lists.

King and Queen's College of Physicians. — At the examinations held during October the following candidates were successful:—

Medicine.—William George Butler, John St. Leger Clarke, Constance Verney Fawckner Hitchcock, Francis Octavius Hodson, Jeremiah Thomas Martin, Alphonsus William Moloney, Thomas Joseph O'Donnell, William Langford Smyes.

Midwifery.—John St. Leger Clarke, Thomas Farrelly. William Gordon Hanna, Constance Verney Fawckner Hitchcock, Francis Octavius Hodson, James Macpherson Lawrie, William Nicholson McWilliam, Alphonsus William Moloney, Thomas Joseph O'Donnell, John Wilgar Taylor.

A special examination was held in September, when the undermentioned gentleman obtained the licences in Medicine and Midwifery :—

Robert Wright.

The following Licentiates have been recently admitted Members :—

Edward Bennett.
Andrew R. Cowell.
William Crozier.
O'Connell J. Delahoyde.
George Henry Ormsby.
Espine C. R. Ward, A.M.D.

Royal College of Surgeons in Ireland.—At the examination in general education held on the 17th inst. the following gentlemen were adjudged certificates of qualification. The names in the first and second classes are arranged in order of merit :—

First Class.—William M. Macnaughton, David G. Macdougal, William R. McMaster, Alfred W. Bewley, and William W. Courley, equal; Wilfred P. Wynne, Charles E. Boyce, and Roland Delany, equal; William R. Gore, John H. Horrigan, Samuel J. McN. Gilmore, Denis P. Murphy, George A. Johnston, Walter A. Atkinson, and John McCabe, equal; William Graves.

Second Class.—Thomas H. O'Leary, Cecil L. Byrne, and Daniel McCarthy, equal; Edward O'Neill, John Robb, Timothy T. Teahan, Thomas A. Shean, William H. B. Creagh, Eugene Glynn, Patrick S. Kerrigan, and John D. Ferguson, equal; John Burlington, Victor E. Ludlow, and William B. Rotheroe, equal; James Carroll, Arthur A. Manners, George Moorhead, and Charles R. Scott, equal; Denis Rrosnan, Henry J. Hassard. Unclassed, Robert P. Cooke, Percy F. J. Daviez, Clement A. Egan, Charles J. Hughes, Richard Jones, Laurence E. Keegan, Edward S. Lewer, James H. Lovely, Robert Martin, Arthur McMurphy, Thomas G. McGrath, Thomas F. Morrissey, Thomas K. Mulcahy, Patrick J. Ryan, and Thomas H. C. Wall.

Twenty-two were stopped.

Royal Colleges of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the October sittings of the Examiners :—

Richard B. Morley, Leeds; Joseph G. G. Corkhill, Liverpool; William K. Clayton, Leeds; Allen A. Dighton, Gloucester; Alexander McKerlie, Glasgow; Percy H. S. Mellish, Sandgate; Michael H. Taylor, Dublin; Thaddeus C. Avetoom, Calcutta; William Haines, Co. Cork; Charles W. Reilly, Nenagh; William H. Roberts, Dublin; Thomas Weir, Lanarkshire; Henry P. Garvey, Co. Mayo; James K. Coutts, London; William J. Van der Vyver, South Africa; Plomer W. Young, Co. Cork.

And the following gentlemen passed their final examination, and were admitted L.R.C.P. Edin., and L.R.C.S. Edin. :—

John Williams, Anglesea; Asutosh Mitra, Calcutta; Thomas E. Franklin, Carlow; Robert M. Fleming, Suffolk; George J. W. Garnham, Derbyshire; John C. Harris, Plymouth; Alfred Bourne, Co. Durham; Benjamin Marshall, Co. Tyrone; Edmond Walsh, Castleterry; John F. Ryan, Co. Galway; Evans Jones, Cardiganshire; George Brown, Co. Tipperary; John A. Maddox, Madras; Richard B. Morley, Leeds; John H. Cropper, Lancashire; Edmund K. Bourne, Lichfield; Robert Ambrose, Newcastle West; William F. Miller, Sydney; Thomas J. P. Hartigan, Aldershot; John Mullin, Clarinbridge; Ralph B. Sidebottom, Mottram; Ernest W. Haydon, Dorset; James E. Sinclair, Edinburgh; James M. McKee, India; Arthur J. Clayton, Leeds; James Hogg, Lanarkshire; Mudalitamby Eleyatamby, Ceylon; John W. Pedroza, Madras.

Royal College of Surgeons, Edinburgh. — During the October sittings of the Examiners, Messrs. James A. Haggart, Malta, and Robert N. Buist, India, passed their first professional examination; and the following gentlemen passed their final examination, and were admitted L.R.C.S. Edinburgh :—

William A. Shufelt, Knowlton; Edwin C. Warren, Hampshire; Thomas D. Richards, Cornwall; Harry G. Smith, Edinburgh; Donald MacGregor, Inverness. During the same sittings Ernest F. Cox, Gloucestershire, passed his first professional L.D.S. examination, and Messrs. Edward P. May, London, John Wood, Dalbeattie, and Ernest F. Cox, Gloucestershire, passed their final examination, and were admitted L.D.S.

Notices to Correspondents.

NEALE'S "MEDICAL DIGEST."—"NOT" A BLUNDER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Quinlan writes at p. 348: "The article to which Dr Neale takes exception is the work, not of Dr. Quinlan of Philadelphia, a purely mythical personage, but of a much humbler person, viz., the present writer."

Logically, any offence committed against a writer *much humbler than a purely mythical personage* must be slight indeed. But to explain: When I read in your valuable journal, p. 294, "Dr. Quinlan, in the *Philadelphia Medical and Surgical Reporter*," &c., &c., I concluded that there was in America a Dr. Quinlan who was not conversant with the fact that the use of setons to cure abscesses without leaving cicatrices was well known in England, and I still maintain that their use, precisely as described by Dr. Quinlan, has been familiar to myself, and doubtless to others, for many years. The plan was fully described in 1847 by Dr. Darby, *vide* "Medical Digest," section 171 : 2; by Dr. Murray in 1871, *vide* section 131 : 1; and by Dr. Doering, of Chicago, in 1880, *vide* section 1183 : 3. When noting, for the future "Appendix," Dr. Quinlan's paper, published in the *Lancet*, p 94, *according to my MS. notes* (and not p. 83, as Dr. Quinlan writes), had I imagined that there was any claim to originality, I should certainly have then entered a protest.

In conclusion, I would state that "The" "Digest" (I did not write "My" "Digest" for it belongs to the profession) is a labour of love, which is not performed in a "perfunctory" manner, if by that expression Dr Quinlan means carelessly or indifferently; and had Dr. Quinlan and his friends consulted the references therein, much of your valuable space would have been saved.

Yours, &c.,

60 Boundary Rd., London, N.W. RICHARD NEALE, M.D.Lond.

MR. HENDERSON.—Graduates in medicine at one or other of the Universities are alone entitled to adopt the title Dr. When used by licentiates in medicine or surgery it is illegally and improperly appended to the name.

K. P.—The paper shall have consideration if sent to us. Copies of the journal have been forwarded to both addresses.

LEAVE FROM DISPENSARY—LABOURERS' DWELLINGS.

PHOSPHORUS asks: 1. Is it competent for guardians to curtail leave of absence granted by a dispensary committee to the medical officer of a district? 2. In case guardians refuse to pay medical officer of district for services under Labourers' Act, does the medical officer leave himself open to a charge of neglect of duty if he refuses to visit and certify under this Act?

[1. No. 2. It is questionable and not yet decided whether the examination and certifying of labourers' dwelling are legally within the legitimate functions of the medical officer of health, but there can be not doubt that—morally and equitably—the officer is entitled to extra remuneration for this special duty. For the present we would advise him to do the work and demand payment; and if the guardians refuse he should appeal to the Local Government Board. We do not advise his refusing the duty.—ED.]

MR. ROWE.—The letter is discourteous and dictatorial to an extent which precludes its insertion in our correspondence column.

DR. HARRISON.—Kairin is a new substitute for quinine, and several advantages are claimed for it, the chief being that its use is not attended with the unpleasant headaches incident to cinchonism Reports concerning it are not yet sufficiently numerous, however, to justify any absolute statement of its merits.

MIDDLESEX.—The rumour needs further corroboration before any use can be made of the statement it contains. We shall be glad to have details if they can be communicated without breach of confidence.

SALUTARIS.—The certificate in sanitary science is conferred by the University of Cambridge on any qualified practitioner who succeeds in passing the examination, whether a member of the University or not. At Oxford none but graduates in medicine of the University can obtain the certificate.

PROTECTION OF LIFE FROM FIRE IN ASYLUMS.

MESSRS. MERRYWEATHER ask us to announce that, in consequence of the recent disaster at Southall, several private asylums have now placed within their buildings "Chute" fire escapes, Tozer fire pumps, and other appliances, amongst these being the establishments at Ticehurst, Sussex; Springfield, near Bedford; Parkside Asylum; Colney Hatch Asylum; and Moorcroft.

DR. S. D. (Cairo).—Your communication appeared in our issue for October 3rd, and was referred to editorially in the same number.

DR. WALSH.—Wiesen is a resort little known at present; but according to Dr. Wise's little book just to hand, it can boast of a more equable climate, and a lower rate of mortality, than Davos, from which it is distant only a few miles. For patients in the earlier stages of phthisis it would appear to be a desirable wintering station.

EGYPTUS.—The last official estimate of the population was 212,000; but in consideration of the looseness which characterises everything done in the East, it is probably about a quarter of a million.

MR. J. L.—We can form no idea of the production at present; you are certainly mistaken in having seen a copy in a shop window; to our personal knowledge the work has not yet been finally revised by the author.

R. D. S.—You should apply to the Registrar of the Durham University School of Medicine, at Newcastle-on-Tyne.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, OCTOBER 24TH.

HUNTERIAN SOCIETY.—At 8 p.m. Specimens will be shown by Mr. Poland. Mr. M'Carthy: (1) On a Case of Aneurism of the Sciatic Artery; (2) On Cases of Imperforate Anus.—Mr. Charters J. Symonds, On the Reliable Signs of Fracture of the Neck of the Femur.

FRIDAY, OCTOBER 26TH.

MEDICAL SOCIETY OF LONDON.—At 8 p.m., Mr. James Cantlie, On Cholera.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Bastian: (1) On a Case of Rupture of a large Aneurism in the Left Corpus Striatum with Intra-ventricular Hæmorrhage, and extreme lowering of Rectal Temperature; (2) On a Case of Apoplexy in a Boy aged fifteen, with Intra-ventricular Hæmorrhage, Convulsions, and Death in four hours.—Dr. Althaus, On a Case of Syphilitic Tumours of the Cerebral Membranes.—Mr Golding Bird, On a Case of Dislocation of the Jaw, reduced after eighteen weeks.—Mr. G. R. Turner, On a Case of Wound of the Plantar Arch; Secondary Hæmorrhage on the thirteenth and sixteenth days following the Injury.—Living Specimens at 8 p.m.: A Case of Aphasia following a Head Injury, by Mr. G. R. Turner.

THURSDAY, NOVEMBER 1ST.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Dr. Phillips, On a Case of Diabetes Insipidus.—Dr. Stephen Mackenzie, On Anæmia.

Vacancies.

Birmingham Hospital for Infectious Diseases.—Medical Superintendent. Salary, £150, with board and residence. Must be unmarried. Endorsed applications to the Chairman, Council House, Birmingham, before November 8.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications to the Chairman before November 4.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary before November 10.

Wrexham Infirmary.—House Surgeon. Salary, £100. No board. Applications to the Secretary before November 9.

Appointments

GLENDINNING, J., M.D., F.R.C.S., Medical Superintendent to the Joint Counties Asylum, Abergavenny.

GRIFFITHS, G., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Workhouse, Pontardawe Union.

HAWKYARD, A., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Medical Officer to the Workhouse Infirmary, Leeds.

JONES W. M., M.R.C.S, Medical Officer of Health for the Swinton Urban Sanitary District.

LONDON, J. A., M.B., C.M. Ed., Medical Officer for the First District of the Coventry Union.

MURRAY, C. S., L.R.C.S.E., Resident House Surgeon to the Western General Dispensary, Marylebone.

NEALE, A. J., M.B., C.M. Ed., Honorary Surgeon to the Hulme Dispensary, Manchester.

NELIS, W. F., L.R.C.P. Ed., Senior Assistant Medical Officer to the Joint Counties Asylum, Abergavenny.

PATON, D. N., M.B., C.M., Resident Physician for a period of six months from and after 1st proximo to the Royal Edinburgh Hospital for Sick Children.

RICHARD, D. T., M.B., C.M. Ed., Medical Officer for the Western District of the Corwen Union.

STEIN, C. G., M.B., C M. Ed., M.R.C.S., Medical Officer for the Third District of the Mansfield Union, Notts.

THOMPSON, A., M.D. St. And., M.R.C.S., Medical Officer of Health for the Ulverstone Rural Sanitary District.

WHITGREAVE, V., L.R.C.P. Ed., M.R.C.S., Medical Officer of Health for the Sheffield Urban Sanitary District.

Births.

GREENWOOD.—October 17, at 178 Coldharbour Lane, Camberwell, the wife of A. Greenwood, L.R.C.P. Lond., of a daughter.

MACGEAGH.—October 21, at Kingston-on-Thames, the wife of T. F. Foster MacGeagh, M.D., of a son.

PLAYFAIR.—October 18, at 25 Rutland Street, Edinburgh, the wife of John Playfair, M.B., F.R.C.P.E., of a daughter.

Marriages.

BOWER—BARNES.—October 18, at Kensington parish church, Augustus E. Bower, M.R.C.S E., Shilton, Warwick, to Ann Eliza, younger daughter of the Rev. W. L. Barnes, M.A., *Rector of Knapton, Norfolk.*

BOYD—SUTCLIFF.—October 11, at St. Mary's Church, Donnybrook, Dublin, J C. Boyd, M.B., T.C.D., Strabane, to Phyllis, daughter of J. R. Sutcliff, Hibernian Bank, Strabane.

CREE—HAINS.—October 18, at Emmanuel Church, Mannamead, E. Russell Cree, Surgeon A.M.D., son of Dr. Cree, retired D.I.H.B.N., to Laura Isabel, daughter of Captain W. Furze Hains, R.N.

OWEN—LILLEY.—October 16, at the parish church, Irthlingboro', Chas. Richd. Owen, M.R.C.S. Lond., L.R.C.P. Ed., &c., Rushden, Norths., to Ellen, youngest daughter of Thos. Lilley, Irthlingboro', Norths.

Deaths.

HUGHES.—September 6, at Colombo, Ceylon, James *Sheridan Hughes*, M.D., H.M. Emigration Service.

OSBORN.—October 13, suddenly, James Osborn, M.D., F.R.C.S., of Longdown Lodge, Sandhurst, late of Bitterne, Southampton.

SHUTTLEWORTH.—October 19, at his residence, Kensal Green, *of consumption*, Robert Shuttleworth, M.R.C.S.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 31, 1883.

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Original Communications.

A NEW THEORY REGARDING THE ACQUIREMENT OF IMMUNITY AGAINST INFECTIOUS DISEASES.

By J. EARP BURTON, F.R.C.P.,
Physician-Accoucheur to the Liverpool Ladies' Charity and Lying-in Hospital.

DR. BUCHNER, of Munich, has, during the past year, propounded a new theory on the above subject, and has quickly followed this up by a treatise on the practical treatment of phthisis, in which the results of treatment based on the new theory are given to the world. Whatever may be said of the theory and practice—if any judgment is to be formed from the numbers of practitioners who have already put the theory into practice—it cannot be said that Dr. Buchner's has been a *vox clamantis in deserto*, for numerous writings on the subject in even this short space of time have made their appearance.

The main idea running through these treatises is this: all infectious diseases, scarlatina, measles, small-pox, typhoid, diphtheria, &c., depend upon the presence of a fungus. These fungi must not only be destroyed, but the whole organism must be put into a condition in which the entrance, settling down, and growth of them is impossible. How can this be brought about? In structures which are inflamed by fungi and by their chemical action the micro-organisms are destroyed and their growth is arrested by the very inflammation thus set up. If a body is immune against infectious diseases this immunity depends "in reality upon one and the same inflammatory reaction; in each individual case another organ, another physiologo-morphological structure being affected." Thus, in order to bring about a condition of immunity against any special infectious disease, the only needful thing is to set up an inflammatory irritation in the proper organ or structure. If, in the same way, one wishes to cure an infectious disease—tubercle of the lungs, for example—the only thing required is to bring about an inflammatory irritation in the lungs in order to set up at once a therapeutical and a prophylactic action.

There are substrnces that produce irritation even in such small quantities that it is certain they cannot be favourable indirectly to the growth of fungi. Such are arsenic, phosphorus, and antimony. The two latter are not suitable for employment. Then there remains arsenic with which to fulfil the postulate regarding infectious diseases. This drug has such an action upon tubercle of the lungs that it acts with certainty and precision against phthisical fever, against the deleterious effect of the diseased lungs upon the system, and against the actual disease of the lung itself.

To raise the power of resistance of the tissue cells is the object to be aimed at. A means must be sought that acts upon them dynamically, *i.e.*, that increases their power to attract and retain the nutrient material in their vicinity. This means, according to our author, is inflammatory irritation, and arsenic is the drug that, given in non-poisonous doses, produces, like phosphorus, a nutritive and formative irritation upon nearly all cells and structures, but if used carefully does not act injuriously. Our author claims that the well-known anti-pyretic action of arsenic in malarial diseases depends upon this property, and that it acts in precisely the same manner when employed in skin diseases.

Having put the above novel theory to a practical test in tubercular disease of the lungs, he has observed results that "must already be considered as decisive." Although he can report no case of cure, he does report six cases in which cessation of night sweats, moderation of fever, relief of difficult breathing and cough, diminution in quantity of sputa, and improved general condition, justify a belief that the local lung affection was favourably influenced by the treatment. He recommends that 10 mgrm. of arsenious acid be given daily in divided doses, and that the dose be increased by weekly increments if the patient is able to bear it.

Professor Binz, of Bonn, writing in the *Cbl. f. Klinische Medizin*, attacks the premises which form the basis of Buchner's theory, and argues that where so much has already been done in the discovery of anti-zymotics we are justified in expecting that more discoveries are at hand. He does not, however, appear to have put the theory to a practical test.

Stintzing, of Munich, however, reports sixteen cases from Ziemssen's clinic in which the arsenical treatment was employed. It was carried on for periods of from three to nine weeks. Of the sixteen cases three were were slight, eight medium, and five severe cases. Two cases ended fatally. The temperature in three cases was generally normal; in three others there was transient lowering of temperature during the time the drug was employed; in nine cases the temperature was unchanged, and in one it was raised. The pulse and respirations were in most cases unaltered. Weight increased in two cases in consequence of dropsy; in two cases it remained unaltered; in nine it diminished, often considerably. The vital capacity was increased in four patients; in one it remained the same; and in seven it was diminished; it was not tested in the remaining cases.

Kempner, of Berlin, reports (*Berliner Klinische Wochenschrift*) twelve cases of tolerably advanced phthisis treated according to Buchner's method, in which, after from eight to nine weeks' employment of the drug, no change was ascertainable in the local affection; the subjective feeling of health, on the other hand, was in almost all the cases rapidly and decidedly improved. Temperature was not lowered; sweats disappeared, generally speaking, in the first week of treatment, but not so rapidly as with atropia; the appetite was decidedly improved. Abdominal pain occasionally came on, sometimes gastric symptoms, and in two cases diarrhœa. Two patients lost weight (both died); in the remainder an increase was noted of from two to three kgrm. The increase in weight generally took place at the commencement of the treatment. He considers that as a tonic arsenic is of decided value in phthisis, and that so long as no means are at hand by which we can destroy the tubercle bacilli without at the same time doing damage to tissue cells, it is our duty to put Dr. Buchner's proposal to the test with earnestness and without prejudice in the greatest possible number of cases.

The practical physician will, however, be prone to confess that it does not appear likely that we shall find in the new theory a very hopeful means of combating with much success any of the numerous diseases that are at present classed as infectious.

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ON THE DIFFERENTIAL DIAGNOSIS OF THE VARIOUS FORMS OF FIBROID TUMOURS OF THE UTERUS.

By ALFRED MEADOWS, M.D., F.R.C.P. Lond.,
Physician-Accoucheur to, and Lecturer on, Midwifery and Diseases of Women and Children, at St. Mary's Hospital.

The increased and increasing experience which we are almost daily gaining of the surgical treatment of fibroid tumours of the uterus; the courage, tempered wisely, as I believe it is, with discretion, which is leading us on to attack these growth, that were, until comparatively recent times, regarded as lying outside the domain of legitimate surgery; these and similar considerations make it a matter of the utmost importance that our diagnosis of the several varieties of these growths should be carefully conducted, be based upon a true and correct estimate of the clinical phenomena which they present, and so lead to the avoidance of mistakes in our surgical interference, and to consequent diminution of the risks and dangers which such interference entails. I believe that our knowledge and experience of these growths is now sufficiently extensive to enable us to diagnose with tolerable certainty the class of cases in which operative interference is not only justifiable, but likely to lead to a successful issue, at least as regards the removal of the growth. As a general rule, I am persuaded that a correct diagnosis can be made of the exact situation of these tumours, and therefore of the treatment applicable to them. I confess I have not yet arrived at the conclusion that they ought all of them to be subjected to surgical interference, though I see indications that that is the rule towards which all experience seems to be tending. Undoubtedly, that experience has taught us that, with proper safeguards, and under favourable conditions, the peritoneal cavity may be opened with comparative impunity; so that, if then the growth be of a kind, in regard to its situation and relations, that its removal can be effected with but little difficulty, the risk will be in proportion; if, on the other hand, the difficulties and consequent dangers be very great, then we may resort to what I would term the physiologico-surgical method of treatment, which not only involves comparatively slight risk, but, in all probability, gives assurance of ultimate cure by physiological starvation, if I may coin such an expression. I am, of course, alluding to the operation for removing the ovaries for the arrest of menstruation, and the consequent stoppage of that blood-supply and functional activity which necessarily accompanies ovulation. The experience of careful observers has taught us that, with the decline of functional activity, arrest of these growths ensues; and the obvious conclusion to be drawn from this fact, which is of almost universal application, is, that surgical interference can anticipate that event; and, since experience has demonstrated the tolerance of the peritoneum in cases where it is opened, the removal of the ovaries for the arrest of these growths becomes as it were a necessary corollary to all that has gone before.

These latter remarks apply with almost equal force to all the varieties of uterine fibromata, whether growing in the substance of the uterus itself, or situate upon either its subserous or submucous coats. And this leads me to say a few words in regard to the classification of these growths. It has been recently suggested that we should discard the classification of these tumours hitherto generally accepted, and that their individual characters should be the basis of our classification, wholly irrespective of their situation and relation to the uterine walls. I confess I am unable to agree to this proposition; and my objection to it is based solely on the want of clinical precision, and the utterly negative value of the classification which Mr. Lawson Tait proposes should supplant the one now commonly received. In my opinion, the one is founded on clinical experience, while the other is only of post-mortem interest; the one enables us to diagnose with accuracy and precision, while the other fails apparently to recognise the clinical importance of characteristic symptoms. The study of the one leads to sound scientific treatment, from a correct appreciation of clinical phenomena, while the other leads to nothing, and only begins and ends with itself. In what I have to say, then, on the subject of the differential diagnosis of the various forms of uterine fibromata, I shall regard those forms simply or primarily in relation to the uterine walls, for it is to this relation, and this only, that the leading symptoms have reference.

I may remark, in passing, that microscopical examination of these growths has long since taught me that they are widely dissimilar in their minute structure. Sometimes they seem to be little more than simple hypertrophies of the ordinary uterine tissue, but they are never entirely so, for there is always a considerable proportion of cellular elements; and in some cases these abound to the almost entire exclusion of the fibrous character. I have noted also that the proportion of these cellular elements varies partly with the rate of growth of the tumour, being found much more abundant in those tumours which have grown rapidly; and partly also the proportion varies according to the situation of the growth, so that tumours which are subperitoneal are more fibrous and less cellular than those which are interstitial or submucous, and the converse equally obtains. It follows also that the latter, being more cellular, have a much more rapid growth than the former. This rate of growth, then, not only indicates a distinct peculiarity of microscopical structure, but it also points to a particular site as occupied by the growth, while this again affords information in regard to the treatment required for its removal.

I have said that there is an obvious advantage, from a practical point of view, in classifying these tumours according to their situation in relation to the uterine walls; because, when we come to study them at the bedside, we shall see that all their symptoms point distinctly to this one fact; and the practical value of this classification consists in this, that, according to the situation of the growth, so will the treatment be regulated. A tumour, for instance, which can be diagnosed as nearly intrauterine, will require a mode of treatment wholly different to that which one situate upon the peritoneal surface necessitates; and it is obviously important to be able to differentiate between these two, especially from a study of their clinical phenomena; this, to a very great extent, I am satisfied we are able to do. I adhere, then, to the old system of classification of these growths into the three varieties of submucous, subperitoneal, and those, lastly, which lie between these two, but which are neither the one nor the other, though they may incline at one time more to the one than to the other—I mean the interstitial variety, or those growing within the substance of the uterine wall, being surrounded on all sides with uterine tissue, to the assistance of which we look in our management of this variety by the process of enucleation.

A few words on each of these three varieties will fitly lead up to a description of their several symptoms, and to their consequent differential diagnosis. First, then, as regards the submucous group. These are originally developed immediately under the mucous membrane, and as they grow they project more and more towards the uterine cavity, which they invade and distort to a greater or less extent, according to the size of the tumour. When very minute, they are, of course, interstitial, but they become submucous as they develop. It has been thought, and I incline to the belief, that, by the active efforts of the muscular fibres behind or beneath them, they are gradually projected from the bed in which they were originally developed, and hence they grow in the direction where there is least resistance, which is in this case the uterine cavity; and some authorities have suggested that by a further development of this process, the growth is actually extruded, its point of attachment narrowed, and so ultimately it becomes polypoidal in character, with a more or less slender stalk, and covered all over with uterine mucous membrane. I have already alluded to the microscopical characters of this variety, to the fact that they generally possess more of the cellular and less of fibrous elements, and that they are also of more rapid growth.

The subperitoneal variety are the exact opposites of these submucous forms. They are believed to originate in the uterine wall, very near to the peritoneal surface, and to be gradually extruded in precisely the same way as the other variety, viz., by muscular action forcing them also in the same direction of least resistance; and, in some cases, leading the same process to the formation of a pedunculate or polypoidal form of growth, hanging in the peritoneal cavity instead of the uterine cavity. This variety grows much more slowly than the former, and is characterised by a much greater preponderance of the fibrous elements over the cellular forms of structure; they are accordingly much harder, and sometimes present almost a cartilaginous feel.

Both of these growths have, as I shall show presently, well marked and distinctive features, which separate them not only from each other as regards their clinical characteristics, but also from the remaining group, viz., the interstitial, or intramural. These, according to my observation, grow much more quickly than either of the other two, and are in consequence, largely composed of cellular elements. The greater freedom of blood-supply probably accounts for this fact. As they grow they may incline more to one or other of the uterine surfaces, and in proportion as this occurs, so will the uterine cavity be more or less influenced, distorted, or enlarged, a point which is obviously important from a diagnostic point of view, and one which is happily within our cognisance by means of the uterine sound.

Of all these growths, it may be remarked that they are much more frequently developed in the fundus and body of the uterus than in the cervix. Indeed, it is very rarely that we meet with them in the latter situation. Moreover, they are more often met with in the anterior than in the posterior wall—at least, according to my observation—and I may add that, for purposes of enucleation, there is more risk and greater liability of failure when they are situated in the anterior than in the posterior wall. I believe that the greater risk is due to the presence of more cellular tissue in the anterior than in the posterior *cul-de-sac*, and to consequent greater liability to the occurrence of cellulitis, abscess, &c.

As regards the symptoms of these several varieties and their differential diagnosis, these may all be classified under three heads, namely, disordered menstruation; irregular discharges, either of mucus or blood; and, lastly, pain. These all exist, but in very varying degrees, in all cases of uterine tumours of the kind we are considering; and, moreover, the differences in degree in which these appear afford us valuable indication as to the site and character of the growth; so that the more one or other of these three symptoms preponderates, the more easily can we assign to any given tumour its proper place in the classification I have adopted as regards the relations and attachments of these growths; and when such an assignment is strengthened by careful and complete local examination, both with and without the aid of an anæsthetic, then, in truth, we shall be able to arrive at a diagnosis as accurate as the nature of the case can possibly admit of.

Broadly speaking, I have observed that the two chief symptoms, pain and discharge, whether of mucus or of blood, are invariably proportioned the one to the other; so that if there be much pain there is very little discharge; and, *per contra*, hæmorrhage is seldom associated with severe pain. Again, I have observed, as a clinical fact, that the existence of great pain on the one hand, or of severe hæmorrhage on the other, may be taken as a tolerably sure indication of the position of the growth in its relation to the uterine walls. In the former case, the tumour will probably be near to the peritoneal surface, while in the latter it is near to the mucous surface. Pain thus associates the tumour with the peritoneal coat; while discharge, whether of mucus or of blood, refers the tumour to the mucous or discharging surface: and the more the tumour projects into the uterine cavity, the more polypoidal it becomes, and the larger the exposed surface of mucous membrane with its capillary circulation, the more full, as a rule, will be the discharge. In the submucous variety, therefore, this is the one characteristic feature. In the interstitial variety this also holds good, though to a much less extent.

The above remarks refer more especially to the menstrual discharge; but it is not only in this respect that there is so great an increase of the flow, for in the intermenstrual periods also there is often a very considerable discharge in the submucous variety of uterine fibroma. Here the discharge is of a watery mucous character, more or less tinged with blood. This symptom is altogether wanting in the subperitoneal variety, and is often absent, or but very slight, in the interstitial form of growth. Sometimes this intermenstrual discharge takes the form of a very free hæmorrhage, especially when the tumour is polypoidal. Such a thing seldom or never occurs in the subperitoneal variety, and is nearly as rare in the interstitial, while it is almost universal as a symptom of polypoidal tumour, and, when it exists, the amount of discharge bears a far nearer relation to the situation than to the size of the growth; a very small tumour which is wholy polypoidal will bleed or discharge far more than one which is much larger, but is situate in the substance of the uterine wall. Hence the diagnostic value of this symptom as differentiating the different varieties of uterine tumours; for an uterine fibroid which is not accompanied by any watery discharge, and does not give rise to excessive menstruation or to irregular discharge of mucus or blood, is not, as a general rule, so placed that it can be surgically treated *per vaginam*, but must be attacked, if at all, abdominally.

Sometimes intra-uterine tumours take on a sloughing process, and the discharge then becomes peculiarly offensive. This occurs more often when the tumour is projecting through the os into the vagina, and a casual examination might easily lead to such a growth being mistaken for cancer of the cervix. I have more than once known this to occur, but the differential diagnosis is easily made by carefully observing that in the one case the finger can be passed all round the mass, and feels a ring of healthy tissue—the cervix—through which the sloughing mass is protruding; while, in the case of carcinoma, the cervix being the part affected, no such ring of healthy tissue can be made out, for all is infiltrated with the cancer.

So much for the discharges which are present in, and characteristic of, these uterine fibromata; by noting the amount of this, very important conclusions may be drawn as to the situation of the growth, and as to the mode by which, according to its situation, it may best be treated by surgical interference.

There is yet one other system which affords very valuable aid in the differential diagnosis of the three varieties of uterine fibromata, I mean pain. I have already said that, as a general rule, pain and discharge are inversely proportioned the one to the other, and they indicate very plainly the situation of the growth in regard to the uterine walls. An uterine polypus, or a submucous fibroid, may grow to a very considerable size without occasioning any pain. An interstitial tumour may give rise to some pain; but a subperitoneal growth not only may, but will cause very considerable pain, and especially during the menstrual period, though it is by no means confined to that time; nor is the pain at all proportioned to the size of the growth, but it will have close relation to its situation. For instance, a subperitoneal fibroid will be much more painful on the anterior than the posterior wall of the uterus, and the nearer it is to the fundus, the greater will be the amount of pain, and the more constant will it be. Sometimes it will cause a flexion of the fundus on the body of the organ, and then mechanical difficulties in the escape of the menstrual fluid will occasion dysmenorrhœa. There is nothing peculiar or distinctive about the character of the pain in these uterine fibromata, except in this respect, that the situation of the tumour will determine the seat of pain. For instance, if the pain is felt in the lower dorsal or upper lumbar region, then probably the tumour is growing from the fundus uteri. If, on the other hand, the tumour is more limited to the body of the uterus, then the pain will be felt in the lumbar region alone; and, lastly, if the cervix be the seat of disease, then the pain ll be felt mostly over the sacral region. In all these spects there is nothing which specially characterises these tumours, for disease of any kind in the parts of the uterus thus indicated will give rise to pain in these several localities, and in all cases it is due to the anatomical arrangements and distribution of the nerves of the different parts of the uterus, the fundus, body, and cervix uteri being supplied by nerves derived from different parts of the sympathetic system, and being also in communion with different nerves of the spinal system. We may, however, differentiate between the merely mechanical pain produced by flexion in menstruation and that due to fibroid tumour by the fact that, in the former, the pain is felt chiefly, if not entirely, in connection with menstruation, while in the latter it is constant, being due to the ever present fibroid. Vaginal examination is, however, that upon which the diagnosis will chiefly turn; and then it will be found that though probably the cervix will maintain pretty much its normal size, shape, and position, both in the cases of flexion and of small subperitoneal fibroid, yet its tissue will be changed, so that in the former it will probably be softened, while in the latter it will most likely be hardened. In flexion there will generally be much tenderness or softness in the flexed part, while in fibroid tumour there will be little or none of either. Speaking generally, too, the fibroid will be more mobile than the flexed fundus, though this will depend, in the case of the former, upon the extent of attachment of the tumour to the uterus. The more pedunculate it is, the greater will be the mobility.

But it is in the employment of the uterine sound that we must look for greater accuracy in diagnosis; for in the case of flexion the sound will enter the flexed portion, while, in the case of fibroma, no such direction is observed. The sound in this latter case passes onwards, leaving the lump referred to wholly unaffected by it. When this is the case, flexion of course is excluded, and the lump is probably either an ovarian or a uterine tumour; if the former, we shall find that, while the sound is *in utero*, movement of the tumour has little or no effect upon it; but, if the latter, then the slightest movement of the tumour affects the handle of the sound, which thus becomes an index, pointing to the uterus, rather than the ovary, as the seat of the growth. No doubt there is often difficulty in the differential diagnosis of small ovarian and uterine fibroid tumours; but in the former the tumour and the pain are both unilateral, in the latter they are central; in the former there is no increase of menstrual discharge, nor any menorrhagia or other irregular discharge of mucus or blood, in the latter all these are present; in the former the tumour is elastic and tense, though firm, in the latter it is hard and solid; the former feels like an India-rubber bag tense with fluid, while the latter feels like a solid India-rubber ball.

Where the tumour is much larger, there is generally less difficulty in the differential diagnosis, not only of ovarian and uterine tumours, but also in the different varieties of the latter. In the case of the submucous form, the uterine cavity is necessarily elongated, and the measure of its length indicates not only the nature of the case, but the probable size of the tumour. In the subperitoneal variety, the cavity of the uterus is not necessarily, nor even commonly, enlarged, at least not to any degree corresponding to the size of the tumour. The sound, in these cases, affords no indication as to the size of the growth, which must be judged of by external palpation, but it gives almost conclusive evidence as to the uterine character of the growth; for, with the sound *in utero*, any movement of the tumour internally is communicated at once to the uterus, and may be seen by its effect on the handle of the instrument. This point is seen with even greater distinctness in the case of the two other varieties; for, with them, the very slightest movement of the tumour is at once transmitted to the handle of the sound. In the case of an ovarian tumour of large size, the evidence afforded by the use of the uterine sound is entirely negative in character; it is, in fact, a simple negation of all I have just described. Moreover, the clinical history is very dissimilar in the two cases. Fibroid tumours of large size are almost invariably associated with menorrhagia, metrorrhagia, or intercurrent uterine hæmorrhage, and more or less watery discharge. Ovarian tumours, on the other hand, have none of these things. Uterine fibroids have usually a very long history, extending over many years, and often producing comparatively slight constitutional disturbance. Ovarian tumours, on the other hand, grow much more rapidly, often produce great emaciation, and generally give rise to some constitutional disturbance. Then, as regards the tumour itself, this is central in the uterine variety, lateral in the ovarian; freely movable in the former, comparatively fixed in the latter; nodular or otherwise irregular in shape, hard, solid, and non-fluctuating in the case of uterine growths; exactly the opposite in the ovarian, their shape is generally uniform, very seldom nodular, always, or with very rare exceptions, fluctuating, seldom or never hard, and scarcely ever solid. Percussion is the same in both cases. Auscultation occasionally, but by no means frequently, gives, in the case of fibroid tumour, a distinct *bruit*. This is extremely rare in ovarian tumours; but I have met with it now and then, so that it cannot be relied upon for diagnosis. *Per vaginam*, the tumour is found much more closely related to the uterus in the uterine than in the ovarian tumour; especially in the submucous and interstitial rather than in the subperitoneal variety. So, again, hardness, solidity, and irregularity of surface are found in the one; whilst elasticity, rotundity, and a sense of fluctuation are met with in the other. As a general rule, it may be said that there is more deformity and more displacement of the uterus, as revealed by vaginal examination, in the case of uterine fibroma than in the case of ovarian tumour. In the above remarks will, I believe, be found a brief epitome of all the leading differential symptoms of the several varieties of uterine fibromata.

SYPHILIS OF THE LARYNX, REVIEWED IN CONNECTION WITH RECENT CLINICAL AND PATHOLOGICAL INVESTIGATIONS.

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History.—Ulcerations, cicatrices, and other lesions of the larynx were frequently noticed by Morgagni (*a*) and Valsalva in the latter half of the last century, but were never definitely connected by them with syphilis. Subsequent to their times destructive diseases of the larynx were diligently investigated by many excellent observers, notably by Sachse (*b*), and Albers (*c*), but, although the potency of syphilis in producing such effects was recognised, all cases of the kind were grouped indiscriminately under the title of "laryngeal phthisis." Nor was it till 1837, when the remarkable essay of Trousseau and Belloc (*d*), written in response to the proposal of a prize by the Academy of Medicine of Paris for the best treatise on "The History of Laryngeal Phthisis," that it became generally understood that ulceration of the larynx arose from several totally distinct sources, the chief of which were phthisis, cancer, and syphilis. After that date most practitioners held intelligent views respecting syphilis of the larynx, and the disease has been studied separately by many pathologists up to the present time. Since, however, the exhaustive observations of Virchow (*e*) in 1861 but little positive advance has been made in our pathological knowledge of the malady.

Semeiology.—The *subjective* phenomena of laryngeal syphilis are not distinctive from those attending on other lesions of the larynx of a parallel nature. As an exception to this statement, it may be said that constitutional enfeeblement is not often so much complained of as in cancer or phthisis. The usual symptoms of affections of the windpipe—*i.e.*, pain, dyspnœa, dysphagia, alteration of voice, cough, and expectoration may be particularised as regards syphilis of the larynx as follows:—

a. Spontaneous pain is a rare and unusual occurrence, but pain or pressure of the larynx from without, or from within, as in the acts of swallowing, coughing, &c., is invariable in the later stages of the disease in proportion to the extent and seat of the destruction of tissue.

b. Difficulty of breathing will, of course, be present if stenosis of the laryngeal canal should occur. As such stenosis can only arise from great mechanical alterations of the organ, dyspnœa must be considered as a sign of long-standing disease. In such cases, in the presence of ravages hereafter to be described, the narrowing may be so pronounced as to demand tracheotomy.

c. Difficulty of swallowing is also a late symptom, and generally arises in conjunction with pain during the same act. The conditions necessary for its production will be analysed later on.

d. Alteration of voice progresses from hoarseness of every degree in the earlier stages to complete extinction of the laryngeal tones in those instances in which the vocal bands are incapacitated from vibration or entirely destroyed.

e. Cough, as has been shown by Krishaber (*a*), depends much more on pulmonary lesions than on those of the larynx. We shall not, therefore, find this a prominent symptom in syphilis of the larynx, and when it is so we must examine carefully to ascertain whether some of the lower parts of the respiratory tract are affected.

f. Expectoration to a copious extent being likewise more allied to lung than to laryngeal lesions, will not be dwelt on in the complaints made by the patient.

The *objective* study of laryngeal syphilis includes the search for all general phenomena obviously indicative of venereal disease on the skin, genitals, and in the pharynx, as well as the laryngoscopic observation of the state of the larynx. The first part of this inquiry does not call for detailed consideration here, and no digression need, therefore, be made from our immediate subject.

The appearances of the syphilitic larynx vary much at different periods of the malady, and being thrown into groups in the broadest manner, may be regarded as (1) syphilitic catarrh, and undoubted (2) secondary and (3) tertiary lesions. But, in addition, there are conditions of the organ discriminated by some as "intermediate," of which an account is also demanded.

1. A catarrhal state is assumed to be the initial and simplest manifestation of syphilis in the larynx. This catarrh is generally allowed to possess no special characteristics, which would distinguish it as a catarrh *per se*, distinct from the ordinary catarrh of mucous membranes, although some authors think that its connection with syphilis is indicated by peculiarities of colour—viz., a brownish, dirty, or livid red hue. Should a catarrh of the larynx present itself in a subject showing indubitable signs of syphilis in other parts, or should it be succeeded by laryngeal syphilis of a pathognomonic nature, then, according to hypothesis, such catarrh may be set down as syphilitic. On the other hand, it would often, if not always, be as logical to conclude that simple catarrh of the larynx in a syphilitic person would be likely to determine a local outbreak of the disease to that organ as to a weakened point, whilst it would be absurd to suppose that a patient with syphilis could not suffer from an ordinary catarrh of the larynx, or any other part liable to catarrh, without a special significance as regards venereal maladies being attached to it. Such being the state of the question, it will be seen that the word "syphilitic" as applied to catarrh of the larynx has mainly a theoretical or presumptive meaning, and guides us to little or no practical result when dealing with disease.

(*a*) De Sedibus et Causis Morborum, Lugduni Bat., 1767, Epist. xv., 13; xxii., 26; xxviii., 10; xliv., 15, &c.

(*b*) Kehlkopf-und luftröhren-Swindsuchten, Hannover. 1821.

(*c*) Pathologie und Therapie der Kehlkopfkrankheiten, Leipzig, 1829. P. 182.

(*d*) "Traité Pratique de la Phthisie Laryngée," Paris, 1837. In this work the three kinds of ulceration are still included under the common name of *laryngeal phthisis*, but they are carefully described as distinct varieties.

(*e*) Vorlesungen über krankhaften Geschwülste, Berlin, 1861. Bd. ii., 2. P. 412.

(*a*) Dictionnaire des Sciences Médicales. Art. Larynx. 1868. P. 653.

2. The well-known condyloma or mucous patch is the next lesion to be noticed, as it occurs in laryngeal syphilis. It is, however, rare in this situation, so much so that some authorities, especially Waldenburg (*a*), Lewin (*b*), and Ferras (*c*), consider that this form of syphilis does not affect the mucous membrane of the larynx. But a far larger number of observers are in favour of its occurrence in this site, and I have myself, out of about 150 cases that have come under my observation in eight years, seen condylomata on the epiglottis in two or three instances, though not in other parts of the larynx. Türck (*d*), Gerhardt (*e*), and Tobold (*f*) have observed them on the vocal bands, ventricular bands, and the posterior wall of the larynx, having the physical appearance of those found in more commonly examined localities. There can be no doubt, therefore, that condylomata are developed within the larynx, but at the same time it is evident that they arise there but seldom, and that it does not fall to the lot of every laryngoscopist to meet with such cases.

3. In the tertiary or most advanced group of syphilitic phenomena in the larynx all the most severe and destructive morbid changes are observed. In this stage the gummata (syphilomata of Wagner) may sometimes be seen in a nascent condition, when they present the appearance of elevations of the mucous membrane from the size of a pin's head to that of a pea (*g*), or of rows of little hillocks in various situations (*h*). They generally occur above the vocal bands, but isolated tumours have been noticed below those ligaments by Türck (*i*), and Semon (*j*). Their colour varies much at different periods, and, as far as can be gathered from a number of separate observations, is at first an intense red fading gradually to a yellowish hue, after which the tumour soon ulcerates. According to Schech, the latest investigator, the syphiloma is excessively rare in the larynx, but, as the cases are seldom seen until ulcerative ravages have destroyed its identity, it appears likely that, could cases be examined at the outset, this tumour would be found more frequently than could be anticipated from contemplating the later pictures of disease. The existence of undoubted gummata in other parts of the body will give us good grounds for believing that they have been present in the larynx. What the laryngoscope shows us in the great mass of instances of laryngeal syphilis are thickening, roughening, and great hyperæmia of the mucous membrane; further on, deep and extensive ulcers discharging green and sanious pus, with ragged fragments of membrane projecting into the vestibule of the larynx, and moving to and fro with the acts of respiration. But the organ ever pnresents that smoothness of the surface, with the equable, pale, and almost translucent tumefaction so commonly noticed in laryngeal phthisis. Often, however, the condition of the larynx, especially in females, is one of well-marked anæmia, whilst an œdema may also supervene and interfere to a dangerous extent with respiration.

But the lesions of syphilis in this and similar localities do not terminate with the extinction of the active morbid process. Like burns and scalds, syphilis leaves cicatrices which are often more embarrassing to the patient and troublesome to be dealt with by the practitioner than the disease itself when in full swing. The subject of laryngeal stenosis in general cannot be reviewed in detail here, although from the frequency of its occurrence as one of the sequelæ of syphilis it might almost be regarded as a stage of that malady. The larynx is particularly liable to become narrowed after the healing of syphilitic ulcers, on account of the proximity of the vocal and ventricular bands as they converge to their attachment to the anterior wall. Ulceration in the angle between these ligaments and along their free edges produces a dense cicatrix which contracts with great force, and, by drawing concentrically on the surrounding tissues, forms a web that encroaches on the lumen of the larynx much in the same way that a running string closes the mouth of a bag.

The proposal to create an intermediate stage between the secondary and tertiary conditions emanates from Whistler (*a*), and Lefferts (*b*) assists in bringing forward the novel views. The phenomena are those of chronic inflammation, including "*diffuse redness, thickening*, and *ragged ulceration*, especially of the vocal cords," being in fact a milder type of what has been described as the usual tertiary form. The introduction of this intermediate stage is, of course, practically to give us a fourth period of syphilis, as, if true with respect to the larynx, why not as regards syphilis generally? Whether, therefore, such an innovation is to be accepted as permanent must be left to be determined by the professed syphilographers. As far as my own experience goes, I cannot deny that such cases as Whistler so well describes are often encountered; they are, in fact, a common enough feature in any throat clinique. I have, however, been accustomed to regard them as of the ordinary tertiary class, but not so pronounced, either from being seen at the commencement, or as arising in patients whose constitution, not presenting anything originally vitiated, withstood the most virulent ravages of the disease. To pursue this question further here would, however, be to enter on a wide inquiry in the whole pathogenetic field of syphilis.

Laryngoscopic inspection will generally reveal the cause of such subjective symptoms as arise directly from the larynx. Dysphagia may then be traced to swelling of the arytenoid cartilages and the epiglottis, impeding the closure of that valve, and also, probably, it is due to stiffening of the peri-laryngeal structures, by tumefaction or otherwise, hindering the necessary raising of the larynx by the elevators of that organ in the act of deglutition. On the other hand, *pain* in swallowing is indicated visibly by ulceration of the epiglottis, chiefly at the margins, and often by ulceration of the arytenoid cartilages so disposed as to be brushed by the bolus of food in its descent. Entry of food into the larynx can be explained by imperfect closure of the organ by the epiglottis and ventricular bands through hampered action or loss of substance of those parts. Interferences with phonation will be found to result from fixity of the vocal bands, caused by swelling of the adjacent tissues, by immobility of the crico-arytenoid joints, by actual paralysis of their motor nerves, or from mere muscular paresis. When the vocal bands are in great part or entirely eaten away, the voice may be quite aphonic, or gruff jerky tones may be produced by strained approximation of the sides of the larynx at any points that can be brought together.

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Clinical Records.

GENERAL INFIRMARY, SHEFFIELD.

A Case of Descending Lateral Sclerosis.

Under the care of H. FRENCH BANHAM, M.A., M.D.

The patient is forty-four years of age. When he was eighteen he contracted syphilis, and since then he has suffered from various secondary symptoms, and scattered about the legs and other parts of the body are mementoes of deep syphilitic ulcerations. About eighteen years ago, that is

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(*a*) Respiratorische Therapie. 1872, p, 366.
(*b*) Die Behandlung der Syphilis, &c., Berlin. 1869, p. 113.
(*c*) De la laryngite syphitique. Thèse de Paris, 1872.
(*d*) Klinik der Kehlkopfkrankheiten, Vienna, 1860. P. 377, *et seq.*
(*e*) Ueber breite Condylome im Kehlkopf (with Roth). Virchow's Archiv., 1861. Bd. xx., p. 402.
(*f*) Lehrbuch der Kehlkopfkrankheiten, iii. Aufl., Berlin, 1871, p. 283.
(*g*) Waldenburg, *loc. cit.*
(*h*) Türck, *op. cit.*, p. 380.
(*i*) *Ibid.*, p. 389.
(*j*) *Lancet*, 1882. Vol. i., p. 520.

(*a*) Lectures on Syphilis of the Larynx. London, 1878.
(*b*) Supplement to Ziemssen's Encyclopædia. New York, 1881, p. [illegible]

eight years after the initial sore, he was engaged in the fish and poultry business, and at this time he noticed some weakness in the hand and wrist in the various manipulations that he was required to perform. In the course of a few years this paresis gradually developed into more pronounced paralysis. The weakness in the leg began about sixteen years ago, that is two years after the arm was first affected. Twenty years ago he says that he suffered from fainting fits, which may possibly have been epileptic seizures, but I have not satisfied myself upon this point. Fourteen years ago a decided alteration in his voice was noticed, and he now speaks in a hoarse harsh tone. He has had no other laryngeal symptoms, but he says he is quite unable to shout. His larynx presents no morbid appearances. During the time that he has been more decidedly paralysed, it seems from his account that sensation has also been greatly impaired in the paralysed limbs. Flexion and rigidity of the hand and arm were first noticed five years ago, and have been progressive since that time.

I will now give a brief summary of his present condition. The right, it will be noticed at once, is the paralysed side, and although he is able to walk by the aid of a stick carried in the left hand, it will be noticed that he performs no active movement with the right leg. He leans towards the healthy side. Having advanced the left leg he throws his body round somewhat, so as to transfer the line of gravity from the left foot to a point apparently between the right foot and the end of the stick, the right foot performing only the same kind of work as the stick, *i.e.*, sharing with it only in bearing his weight. The forearm, which is strongly pronated, is flexed slightly upon the arm, the hand upon the forearm, and the hand is nearly closed, the fingers enclosing the thumb which is flexed upon the palm. This is the position in which the limb is rigidly maintained, and which is not relaxed he believes during sleep. He complains of the whole of the right side being not only absolutely powerless, but feeling constantly colder than the left. There is almost complete anæsthesia of the right hand and arm, and sensation is impaired in the right leg and foot. There is not at present much constant rigidity about the muscles of the leg, the extensor muscles, however, seem to prevail over the flexors, and on one of the two occasions on which I have examined him, there was decided rigidity of the hamstring muscles. He has noticed that the rigidity of the limbs is more marked when he is cold, and he is also able to relax the spasm a little by friction. The muscles of his body generally are poorly developed. The right thigh, six inches above the patella, measures half an inch less than the left, and the same difference is noticed in the most prominent part of the calf. The deep reflexes are exaggerated on both sides of the body, and the superficial are diminished. These conditions, however, are most conspicuously noticeable on the paralysed side. The patella tendon reflex is so great that the slightest tap produces a decided contraction in the quadriceps extensor femoris muscle, and the consequent foot jerk. The ankle clonus is easily elicited in the usual manner. By gradually making tense the Achilles tendon and gently tapping over the tibialis anticus muscle a single contraction of the gastrocnemius can be induced. Periosteal and fascial reflexes are also readily obtained, for example, a tap over the front of the tibia near the middle, induces contraction of the quad. ex. fem. Similarly, a tap with the edge of the stethoscope on the lower end of the radius induces contraction of the biceps, or upon the lower end of the ulna contraction of the triceps. In regard to the superficial reflexes, as I have already said, they are greatly diminished or abolished. I have not been able to detect any paralysis in the muscles of the face or tongue. Ophthalmic examination of the eyes reveals no morbid condition having any bearing on this disease. The history of the case is that of a progressive paralysis, affecting first the arms, and subsequently, and after some months, the leg of the same side of the body, and the rigidity which now characterises the paralysed members, has also developed gradually, being for a long time confined to the arm alone. In regard to the loss of sensation, the hemianæsthesia in fact, it exists, as I have said, on the same side of the body as the paralysis, is most pronounced in the member that is most paralysed, and has been gradual in its invasion. The rigidity which affects the flexors of the arm and the extensors of the leg is of nervous origin, and without much force may be overcome. Its character and mode of development must be due I think to a sclerosis advancing down the great motor tract of the right lateral column of the cord, and separating its component fibres from their trophic centres, viz., the multipolar nerve cells of the cerebral cortex.

There is some difficulty I think in this case with regard to the superficial reflexes which, as I have said, are diminished. Now it is generally supposed that in the brain there is an inhibitory reflex centre under the control of the higher motor centres, and that disease of one cerebral hemisphere lessens or abolishes these superficial reflexes on the opposite, that is paralysed side of the body, the inhibitory centre being unrestrained. These reflexes are increased if disease which lessens voluntary power is not situated in the brain, but is high up in the cord, so in fact as to intercept the course of the inhibitory fibres. In the case we have under consideration the disease should equally block the inhibitory fibres leaving the reflexes unrestrained, we have, however, the hypothesis left to us that in the sclerosis of the lateral columns the inhibitory superficial reflex fibres have escaped.

A comparison of the muscular development of the two sides of the body justifies the opinion that the disease has not extended to the anterior cornua. The energy, indeed, with which the deep reflexes manifest themselves makes this equally clear. There is another point to which I must refer. The conditions on the left, that is the unparalysed side, are not normal, the deep reflexes being excessive, and this same excess of the deep reflexes on the unparalysed side, is almost always to be observed in cases of hemiplegia. It is now, I think, generally believed that all the motor fibres of the brain do not decussate in the medulla oblongata, but that they pass down in what is known as the column of Türck, and thence through the anterior horn of grey matter to the anterior nerve roots on the same side. Since we may suppose that the direct pyramidal tract carries fibres of the same function as those in the lateral columns of the cord, this condition is explained. Most of the cases of descending lateral sclerosis that I have seen, have followed an attack of hemiplegia which has come on suddenly in association with an apoplectic fit, resulting from hæmorrhage or embolism of the brain. The original paralysis, however, in this case developed slowly, as slowly indeed as did the subsequent rigidity, and is due I think to a tumour, or some focus of inflammation, of a syphilitic character, and situated not improbably in the posterior part of the internal capsule.

In regard to the prognosis there is one favourable feature in the case, viz., that the mischief seems not to have invaded the anterior cornua, and there is, therefore, no destruction of the trophic centre of the muscles, and of course no cirrhotic change in the muscles themselves. It is, however, very uncertain whether the volitional impulses from the brain being prevented from pursuing their normal and accustomed path, will ever, by means of the commissural fibres, pass by some side or collateral channel so as to act upon the now paralysed muscles.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, October 26th.

Sir Andrew Clark, Bart., M.D., President, in the Chair.

Dr. Charlton Bastian on

A CASE OF APOPLEXY IN A BOY AGED 15; INTRA-VENTRICULAR HÆMORRHAGE, CONVULSIONS, AND DEATH IN FOUR HOURS.

Wm. N., a healthy-looking boy, aged 15, was admitted under my care into University College Hospital at 7 p.m. on June 14, 1883. Three years ago, according to his parents' account, after a "school treat," he, on the same night, became violently convulsed, and afterwards screamed for two or three hours. This attack was attributed to "sunstroke," probably with no sufficient reason. The boy is said to have speedily resumed his ordinary healthy condition. Three weeks before his death he complained of pain in his head, which soon passed off after taking a mild aperient. At 1.30 p.m. on the day of his death he ate a good dinner, and seemed in perfect health. About 5 p.m., after some slight exertion (he was on horseback at the time), he complained of pain in his head, and almost at once lost consciousness. He then became rigid, blue in the face, and from the accounts that were given, apparently convulsed.

He remained insensible, vomited two or three times, and was brought to the hospital about 7 p.m. There was no history of a blow or fall upon the head. A bruit was heard at the apex of the heart, though there was no history of rheumatic or scarlet fever. On admission the patient was in a condition of stupor, though he put out his tongue and opened his eyes when told to do so in a loud voice. The tongue deviated slightly to the left side. The pupils were equal, of medium size, and sluggish. He moved the right arm and leg, the left scarcely at all. Face somewhat flushed. Pulse 84, regular. Respirations, 18 per minute. Temperature in rectum, 98·4°. About fifteen minutes after admission the boy vomited some undigested food. A little later he became rigid, and the face and extremities on both sides were clonically convulsed for one to two minutes. During the brief remainder of his life (1¾ hours) he continued unconscious, and became convulsed at short intervals. His pupils were now, and remained till the end, small and quite insensitive to light. Breathing at this time irregular and sighing. Pulse at the same time about 40, very slow, irregular, and intermittent. At first the convulsions just referred to recurred about every five minutes. During these attacks there was rigidity of both legs and arms, as well as slight opisthotonos. The intervals between the paroxysms gradually diminished from five to two minutes. About 15 minutes after the injection of a solution containing 30 grains of chloral into the rectum the convulsive paroxysms diminished, and eventually ceased. The breathing, however, still continued of the same irregular character, though the pulse became frequent and regular. Mucous râles soon became audible all over the front of the chest, but up to the few moments immediately preceding his death, the patient's lips were of good colour, his pulse was frequent, 120, but of fair quality. Suddenly he became livid, and large râles were audible in the trachea. Death occurred in the course of a few minutes more. The rectal temperature had been taken on three occasions. Soon after admission it was 98·4°, but before death it had risen to 99°. At the *autopsy*, 17 hours after death, nothing unnatural was presented by the dura mater or arachnoid, though the convolutions over the vertex were somewhat flattened. A sub-arachnoid extravasation of blood was found at the base, extending from the optic commissure backwards over and on each side of the pons and medulla, and thence upwards over the posterior border of the cerebellum. The upper parts of both cerebral hemispheres presented nothing unnatural, but about one ounce of blood was found in each lateral ventricle. The third and fourth ventricles were also full of blood-clot, and from the latter blood had evidently found its way out so as to produce the basal extravasation above referred to. In the nucleus lenticularis of the right corpus striatum another quite recent clot (about ½ oz.) was found, from which a small laceration of brain tissue opened a way for blood into the lateral ventricle. The brain tissue immediately around the clot was broken up and macerated. No other lesions were found. No aneurisms large or small were discovered after careful search. The great vessels at the base of the brain were healthy. The *heart* was of natural size. The free edge of the mitral valve was thickened, opaque, and distinctly nodular. Aortic valves healthy. Both *lungs* were large, and semi-solid throughout, the increased consistence being apparently due to extreme congestion and œdema. This condition was most marked in the upper two-thirds of the left lung. Other organs healthy.

The occurrence, Dr. Bastian said, of a rapidly fatal apoplexy from intra-ventricular hæmorrhage was a very rare event in one so young as the boy in question. No distinct exciting cause seems to have existed, nor could any immediately determining cause be discovered. No aneurism was found, there was no vascular infiltrating new growth, nor was there any appreciable disease of the great vessels at the base of the brain. There was no evidence to show that embolism had occurred as the first event leading on to hæmorrhage. The thickening of the edge of the mitral valve was chronic, and there were no vegetations from which embolic masses could have been derived, as in a case recorded in the *Lancet* of June 16, 1883, p. 1042, where embolism, an adjacent hæmorrhage, and subsequently fatal intra-ventricular hæmorrhage occurred in rapid succession in a girl, also aged 15 years. It seems highly probable that at the time of his admission into the hospital the patient was suffering from hæmorrhage into the right corpus striatum, that soon after admission (possibly as a consequence of the act of vomiting) a further bleeding began to take place into the ventricles, with ultimate distension of the fourth ventricle and extravasation of blood over the base of the brain. This latter occurrence may have corresponded with the sudden failure of pulse and respiration immediately preceding death. The amount of blood extravasated was here much smaller than in the case of intra-ventricular hæmorrhage previously detailed. The rate at which the blood was poured out was probably also much slower. Hence in the boy there were more signs of irritation of the ventricles, whilst those of shock were far less marked. Tonic convulsions were frequent in this case and absent in the former. The rectal temperature in the boy had probably never been reduced to a very low point, seeing that at the expiration of two hours from the onset of the attack it stood at 98·4°. Subsequently the tendency to lowering of temperature from a continuance of the cerebral hæmorrhage was probably rather more than antagonised by the tendency to elevation of temperature due to the frequently recurring convulsions, seeing that just before death it stood at 99°.

A CASE OF RUPTURE OF A LARGE ANEURISM IN THE RIGHT CORPUS STRIATUM, WITH INTRA-VENTRICULAR HÆMORRHAGE, AND EXTREME LOWERING OF RECTAL TEMPERATURE.

Thomas R., æt. 67, a man of intemperate habits, was intoxicated on the night of October 18th, 1881, The following morning he left his house sober at 7 a.m., and one hour afterwards was brought to University College Hospital in an insensible condition, and admitted under my care. He had been seen to stagger and fall sideways in the street, but did not strike his head in falling. On admission he was profoundly comatose. Breathing slightly stertorous, slow and regular. Pulse 65, soft, irregular, and slow. Head and extremities cold; skin pale and clammy. Left eye completely closed; right eye partially so. Pupils equal, insensitive, very small. Slight rigidity of extremities on right side. Left arm quite flaccid, and the left leg more so than the right. This was the patient's condition when he was seen by me at 10 a.m. After the application of a hot flannel to his cardiac region the pulse improved, becoming 72 and regular, and it did not vary perceptibly till just before the patient's death, five hours after admission, when it again began to fail. At 10.15 the temperature in the rectum was taken, and found to be 94·5; at 11 a.m. it was 94·5; at 11.30, 94·4; at 12, 94·4; at 12.30, 94·6; and at 1.15 (just after death) 95·0. The coldness and pallor of the skin continued throughout. The pupils enlarged slightly one hour after admission (remaining still, however, distinctly smaller than natural), and continued so till death. Stertor increased slightly about forty minutes before death, at 1.10. Some urine drawn off after death was found to contain no albumen. At the *autopsy* the calvaria was found to be extremely adherent to the dura mater. After efforts to separate them, they were both removed together, when some clots and semi-fluid blood welled up from the base over the frontal lobes. During the removal of the brain itself also semi-fluid blood escaped through small rents in the right temporo-sphenoidal and the right orbital convolutions. After the removal of the brain a quantity of blood was found covering the anterior and middle fossæ of the skull, and thence extending into the vertebral canal. Over the base of the brain there was a large effusion of blood beneath the arachnoid extending from the optic commissure over the pons, medulla, and hinder part of the cerebellum. The lateral ventricles were both very greatly distended, and full of blood clot. When this blood had been removed the superficial portion of the right corpus striatum was found to be much torn and shreddy. At the bottom of the space thus formed a large aneurism was found about the size and shape of a small chestnut, ¾" in diameter. In the thin wall of this aneurism a hole about one line in diameter was found. The third and fourth ventricles and the passage between them were all distended with blood. The great arteries at the base of the brain were not notably diseased, nor after careful search by my then assistant, Mr. William Pasteur, were miliary aneurisms found in any part of the brain. The kidneys were slightly granular on the surface; their capsules were thickened, and the cortex was wasted in each, but to a slight extent. Other organs presented no noteworthy changes. Dr. Bastian said he did not know of any recorded case of apoplexy in which the rectal temperature had fallen so low as 94·4°, and in which it remained so near to this point for a period of three hours. In only two of the cases recorded by Bournville did it ever sink as low as 96° F. (35·4° C.). It rarely, indeed, sinks lower than 96·5°. The prognostic value of such a sign is great, and, therefore, he has been induced to place this case on record. It is, however, an interesting one in other respects. He has also been unable to discover the record of any case in which so large an aneurism has been found imbedded within the substance of the brain, and formed upon one of its smaller vessels. It is rare even to find one so large situated upon the basilar or middle cerebral artery. Yet this large aneurism was evidently formed upon one of the small arteries that come off directly from the first part of the middle cerebral and enter the nucleus lenticularis. The rupture of such an aneurism so situated led to the extravasation of an extremely large quantity of blood. In this connection it is remarkable that the pulse and respiration should not have been more disturbed. Probably some distinct increase of the extravasation already existing caused their ultimate sudden failure. The absence of convulsions in this case is worthy of note; and it is also well to bear in mind that if ventricular hæmorrhage be associated with a basal meningeal extravasation of blood the pupils will be rather contracted than dilated.

Sir **Andrew Clark** asked whether any structural changes had been detected in the heart or arteries of the patient; and remarked on the discovery, *post mortem*, of granular kidneys, a fact on which he thought it well to dwell, as bearing out the application of the observations he had made previously on catheter fever. It served to show that urine passed from a disorganised kidney, and flooded with uric acid, might still be exalbuminous.

Dr. **Angel Money** inquired if any marked degree of cyanosis had been noted in Case 1, and stated that Brown Séquard had shown that certain lesions of the floor of the fourth ventricle were accompanied by reduction of body heat, a consequence possibly of arrest of tissue metabolism.

Dr. **Charlewood Turner** considered that paraplegic symptoms would have been exhibited if the aneurism was buried in the substance of the corpus striatum, such a condition being likely to result from the apoplexy thus created. It was of the first importance to know what was the state of the vessels. He had examined six cases of cerebral hæmorrhage, in which he found the arterial walls increased by an epithelial thickening; and suggested, as a result of primary bleeding and subsequent coagulation of the exuded blood, that coagulation would ensue and a sort of cyst would be formed, which, under distension set up by later hæmorrhage, might give way, and so originate the damage attendant, on a burst aneurism in the corpus.

Mr. **Pasteur** explained that the thermometer with which the temperatures mentioned in Dr. Bastian's papers had been registered, was a special instrument, previously tested, and used by himself with the utmost care to secure accuracy.

Dr. **Althaus** had known as low a temperature as 95·5° F. in cases of cerebral hæmorrhage. He regarded it as a curious fact that no *ante mortem* rise had been noted in Dr. Bastian's cases, such being a usual occurrence. Low temperatures imported grave conditions.

Dr. **Green** said the second case was one of especial interest, and he would be glad to learn if Dr. Bastian had experience of any other instance of a similar kind, in which no obvious cause could be found to explain the symptoms. Contraction of the pupils commonly followed hæmorrhage at the base of the brain.

The **President** remarked that several authorities, Sir. Jas. Paget among others, had described microscopic changes of vessels in the young subjects of hæmorrhage.

Dr. **Beever** asked if the convulsions which were mentioned in the paper took an epileptiform character.

Dr. **Bastian**, in reply to the President, said that in the first case there was no abnormal condition of the heart, and the vessels at the base of the brain and elsewhere presented no marked pathological changes. In reference to the thermometer employed, he believed its accuracy had been verified, but on that point Mr. Pasteur, who was present, had spoken. Dr. Bastian further said that the clots found within the cranium were of the ordinary dark colour in the first case. There was no history of previous cerebral symptoms; certainly the man was not previously hemiplegic, and he thought that even an aneurism of the size found might slowly enlarge within the corpus striatum without giving rise to very definite brain symptoms. That it was a ventricular aneurism he had no doubt, both from his own examination and because sections of it had been examined microscopically by Mr. Horsley and others. No rise of temperature such as was referred to by Dr. Althaus could, he thought, be expected in this case, seeing that the cerebral bleeding probably continued up to the time of death. In reference to the second case, the kidneys were carefully examined, and were found to be free from disease. Some congestion only existed, which could easily be accounted for by the mode of death. The initial convulsions in this case were probably caused by the mere extravasation into the corpus striatum. Though by no means invariable, it was an occasional consequence of such lesions, especially in young subjects. The subsequent frequently recurring tonic convulsions were, he thought, due to irritation of the lateral ventricles.

Dr. **Althaus** read the particulars of a

CASE OF SYPHILITIC TUMOURS OF THE CEREBRAL MEMBRANES.

The patient was a girl, æt. 14, in highly respectable circumstances, without any history of congenital or acquired syphilis. Her illness began with gradual loss of power in the left side of the body, and cessation of the catamenia, and was diagnosed as a form of hysteria, and treated with iron and electricity. The patient, however, gradually got worse, and eventually sank into a comatose condition. Dr. Althaus only saw her once in consultation, about a week before her death, and then made the diagnosis of tumour of the brain, and advised treatment by perchloride of mercury and iodide of potassium. The principal symptom which led him to reject the idea of hysteria was the exaggeration of tendon reflexes in the paretic side of the body, which is indicative of structural disease of the nervous centres, while in hysteria these reflexes may be normal, increased or diminished, but are equal in symmetrical parts of the body. In addition to this there had been headache and vomiting; the paralytic symptoms had come on gradually, and pointed to a lesion in the motor area of the right side of the brain, while a marked degree of hyperæsthesia which was likewise present in the affected side rendered it evident that the lesion was of an irritative character, and also affected sensory areas. There had been no convulsive seizures which are common in some forms of tumour of the brain, but are not a necessary sequel of the disease. There was no choked disc, from which it was concluded that the intra-cranial space was not materially reduced, and that the tumour was therefore not of a large size. The post-mortem examination revealed a multitude of small nodular growths of a yellowish-grey colour permeating the pia mater and arachnoid, which latter were opaque, thickened, and adherent to the subjacent cortex. Many of these small tumours were disposed in confluent clusters, forming larger nodulated masses, and they were occasionally traced into the cortex and subjacent medulla. The lumen of the blood-vessels was much reduced by thickening of their inner coat, and accumulation of round cells, occasionally to occlusion; and the blood-vessels of the cortex were unnaturally engorged. Dr. Althaus discovered various points in connection with the pathology of the case, and remarked amongst others upon a peculiarly fœtid smell exhaled by the skin of the patient, which is often found in syphilis, and which in doubtful cases may be of diagnostic importance.

Dr. **Angel Money** took exception to the view that a choked disc must necessarily accompany tumour in the intracranial nerve space.

Dr. **Bastian** took up the question of the earliest recorded time in which such well-marked pachymeningitis and tumour formations could be produced as the result of syphilitic infection. According to his own observations, at least five, and oftener ten, years were necessary to this end, and, if generally supported, this opinion would impugn the theory of syphilis erected by Dr. Althaus, a theory it was by no means desirable to accept as the only one capable of explaining this class of lesions. About two weeks since Dr. Ringer had discovered in the post-mortem room of University College Hospital ulcerations exactly resembling those of syphilis in the head of a young girl who was the subject of tubercular meningitis, and in whose case no suspicion of syphilis existed. It was necessary to believe that other causes than syphilis might suffice to initiate the characteristic lesions in question.

Dr. **Green** agreed that it was often a difficult matter to distinguish between syphilitic ulcerations and those caused by tuberculosis.

Dr. **Glover** had lately seen a case of tubercular meningitis in which the temperature never exceeded 100°.

He thought it would be very satisfactory if proof of the syphilitic origin of such injuries as had been observed could be adduced, for then good hopes of cure might be entertained in regard to them. He strongly deprecated the pursuit of inquiries calculated to inflict a moral injury on respectable families.

Mr. Barker said he had recently read papers in periodical publications supporting the theory that lesions like those under discussion might be discovered in other diseases besides syphilis.

Mr. Parker suggested that Dr. Althaus' case might be one of inherited syphilis.

Dr. Wilberforce Smith quoted Mr. Hutchinson's observations in support of the view that the symptoms of congenital syphilis might be late in developing.

The President thought it would be very desirable for Dr. Althaus to state the facts on which his diagnosis of syphilis was based. He himself (the President) did not regard anatomical structure alone as affording a sufficient ground on which to express opinions in this connection.

Dr. Althaus explained that his diagnosis was based on post-mortem evidence obtained from examination of the brain alone. He was not aware of any other disease in which similar signs were obvious. The subject of his paper had been physically quite well prior to the attack described, and exhibited no cachexia of any kind, nor had primary or secondary syphilis been developed in her; neither could anything suggestive of congenital syphilis be discovered after careful investigation of the family history. Regarding the time taken for development of specific symptoms, he had seen lesions like those described two years after primary invasion. Respecting the reference made to optic neuritis, he had been misunderstood by Dr. Money. His intention had been only to insist on the greater frequency of this condition attendant on the presence of large tumours.

Sir Andrew Clark pointed out that no examination of thoracic or other viscera save the brain had been made in this case, whereby the doubts respecting the existence of tuberculosis had not been dissipated; and, in reply,

Dr. Althaus observed that the slowly advancing symptoms of this disease were absent.

Mr. C. Hilton Golding-Bird on a

CASE OF DISLOCATION OF JAW, REDUCED AFTER EIGHTEEN WEEKS.

The patient, a sailor, æt. 22, sustained a double dislocation of the jaw whilst gaping on May 2, 1883. Unable to obtain any relief where he was he eventually returned to England, the dribbling of the saliva having now ceased and the jaws being closed to about ⅜-inch. On August 31st the first attempts were made at reduction under chloroform by manipulation with the thumbs in the mouth by pressing up the chin forcibly, the wedges being placed between the molars, and by Nelaton's method of pressure directly upon the coronoid processes. The position of the jaw was not improved, but adhesions were broken and the jaw rendered more movable though still in the vicious position. A week later, September 2nd, Nelaton's plan was tried again, and after two attempts the right side was reduced; the left was now easily replaced, and direct pressure on the chin backwards brought the lower front teeth into their normal position behind the upper. In a few days the patient was discharged from hospital, well. The author expressed his opinion that whilst the coronoid processes were in contact with the malar bones, yet the main obstruction to reduction lay in the eminentiæ corticulares, in spite of the high opinions that were expressed to the contrary. He believed the case of eighteen weeks standing to be, with Pollock's of four months. the longest after injury in which reduction has been quite successful.

Mr. Pick asked if the patient had been seen subsequently to the operation; the dislocation might possibly return. Mr. Pollock treated a similar case some time ago. Patient in this instance was a woman, æt. 40; dislocation on both sides existed four months. It was reduced by a tourniquet. No recurrence took place.

Mr. Bird said he saw his patient fourteen days after operation, and he was then well.

THE INTER-COLONIAL MEDICAL CONGRESS AT AMSTERDAM.

We have been favoured with the following Report of the Delegates of the Royal College of Physicians of London on the Inter-Colonial Medical Congress, held at Amsterdam, on the 6th, 7th, and 8th of September, 1883:—

THE COLONISATION OF TROPICAL COUNTRIES.

The Congress was opened on the 6th by Professor Stokvis, the President, who delivered an able address. In the afternoon the following papers were read:—(1) "Hygiène des professions, cultures et métiers insalubres dans les colonies," du Dr. J. J. Da Silva Amado, Professeur d'Hygiène à l'Ecole Médicale de Lisbonne; (2) "Sur la colonisation Européene dans les pays chauds," du Dr. G. Van Overbeek de Meijer, Professeur à l'Université d'Utrecht; (3) "Acclimatement et Acclimatation," du Dr. H. Rey, Médicin Principal de la Marine Française à Toulon. In the discussion which followed, Sir Joseph Fayrer expressed his concurrence with the authors of the papers, as regards the impossibility of colonising the plains of tropical countries by Europeans. Surgeon-Major Lewis, of Netley, expressed similar views, and remarked that Europeans degenerate in a tropical climate, even when advantage is largely taken of the hills. During something like twenty years, the orphan children of soldiers in India have been most carefully brought up in special asylums, at elevations varying from 3,000 to 6,000 feet, and yet the mortality, even under these favourable circumstances, has been just double what it is in England amongst children of the same ages.

On the 7th, in the forenoon, papers were read in the sections of

CLIMATOLOGY, MEDICAL GEOGRAPHY, GENERAL PATHOLOGY, AND HYGIENE.

(1.) "De la Phthisie dans les colonies et climats tropicaux," du Dr. B. Carsten; (2.) "Sur le mode de drainage du sol par l'Eucalyptus," du Dr. Bonnafont, Paris; (3.) "Sur le transport des malades et des blessés pas les voies ferrées dans les climats tropicaux," du Dr. M. W. C. Gori, Professeur agrégé à l'Université d'Amsterdam; (4.) "Sur la contagion de la Lèpre," du Dr. Chs. Landre, à Bruxelles; (2.) Sur le rôle des microbes dans le formation des organismes vivants," du Dr. Van Der Heyde, Chef de l'Hôpital et de l'ecole médicale à Kobé (Japan).

In the section of

PATHOLOGY AND SPECIAL THERAPEUTICS

papers were read. (1.) *a.* "On the management of malarial poisoning and prolonged exposure to tropical heat;" *b.* Congestion of the liver; *c.* "Abscess of the liver;" *d.* "Malarious or tropical anæmia; *e.* "Pernicious anæmia;" *f.* "The consequences of *coup de soleil* and thermic fevers in persons who have returned to Europe after a protracted residence in India or other hot climates," by Sir Joseph Fayrer, K.C.S.I., and Dr. Joseph Ewart; (2) "On the treatment of chronic dysentery and diarrhœa in those who have returned to Europe after a sojourn in hot countries," by Dr. A. Le Roy de Mericourt, of Paris, and Dr. A. Corre, of Brest; (3) "The treatment of malarious fevers by subcutaneous injection of quinine," by Brigade-Surgeon Scriven.

In the discussion, Professor Stokvis stated that he preferred a solution of quinine prepared with hydrobromic acid, and Dr. Dyce Duckworth said that he had recommended such a preparation for use to the medical officers of an Indian Railway with which he is officially connected. Bismuth often failed to yield good results in chronic diarrhœa because given in too small doses. He recommended doses of thirty grains. Professor Stokvis believed that bismuth exerted but a topical soothing action, and, in view of its costliness, thought that some cheaper and equally efficient substitute might be found. With regard to enlargement of the liver from malaria and congestion, Dr. Duckworth had obtained excellent results from the administration of large doses of muriate of ammonia. Sir Joseph Fayrer recommended, for the treatment of chronic diarrhœa, a pure milk diet, with or without lime water, and repeated, as to quantity and strength, according to the digestive and assimilating power of the patient.

In the afternoon, papers were read in the General Section, on the subject of

QUARANTINE.

(1) By Professor de Chaumont; (2) Dr. F. J. Van Leent, chief medical officer of Netherlands Marine; (3.) Mons. M. J. A. Kruyt, of Djeddah.

On these papers a very lively and somewhat excited discussion ensued. The authors of the two last papers, Professor Amado, of Lisbon, and Mons. de Mericourt, of Paris, spoke warmly in favour of quarantine as a protective measure, whilst M. Boissevain characterised the system as a "tyranny tempered by backsheesh." The author of the first paper, Surgeon-Major Timothy Lewis, Dr. Joseph Ewart, and, on the following day, Sir Joseph Fayrer, were equally emphatic in their condemnation of it. The collective experience of the three last-named speakers of cholera in India, both in its endemic and epidemic forms, went to show that the malady was not contagious, and that, therefore, quarantine was not only useless, but vexatious, cruel and injurious.

CHOLERA.

Surgeon-Major T. R. Lewis, Assistant Professor of Pathology, Army Medical School, Netley, spoke as follows:—It is now just fifteen years since the British and Indian Governments honoured Dr. Douglas Cunningham and myself by sending us to India for the purpose of inquiring into certain views regarding the causation of cholera, which were then widely entertained. The results of these investigations were published from time to time in the Annual Reports of the Sanitary Commissioner with the Government of India. Whilst listening to the remarks which have been made during this discussion, I have been struck with the unqualified character of some of the assertions regarding the contagious character of cholera. It has been assumed that it is readily communicable from one man to another, and that the arrival of a cholera-affected person in any district, or of a person who has recently been in contact with the disease, is sufficient to give rise to a widespread outbreak. I do not for a moment find fault with these speakers for entertaining such an opinion—they were but giving expression to a very generally accepted doctrine; but I beg leave to be permitted to record my dissent from any such view. My former colleague, Dr. Cunningham, and myself have had considerable experience in investigating localised outbreaks of the disease, but in no single instance have we been able to satisfy ourselves that it was spread from man to man. Until very recently all the most important data regarding cholera which were collected in British India passed through my hands; and I recollect that, every now and then, instances were recorded which, at first sight, seemed to support such a conclusion. The evidence in these instances was carefully sifted, and I have often endeavoured to find the missing links which were required to complete the chain, but always in vain. I am well aware that some of the instances which have been recorded in Europe are exceedingly puzzling. These instances are few and are known to you all; but even of these it can scarcely be said that they have stood the critical analysis of the renowned professor of hygiene at Munich, Prof. Max von Pettenkofer. Before accepting, therefore, even these, so to speak, classical illustrations, I would urge upon you to study Von Pettenkofer's most able papers. As already remarked, instances of the supposed communicability of the disease have been referred to in this debate, but no notice has been taken of persons or places which have escaped. When a question has to be decided on evidence alone, both sides have to be considered. Time will not admit of my entering at any length into this phase of the subject; but I should like to be allowed to refer to one or two instances of exemption from attack under circumstances exceptionally favourably so far as contagium is concerned. There are in Calcutta two very large medical institutions—the College Hospital and the General Hospital—and for many years it was the custom to treat the numerous cholera patients in each of these hospitals in the same building as the other patients. Sir Joseph Fayrer and Dr. Ewart, who are now present, will bear me out when I say that during all the years in which they were officially connected with those institutions, no evil results could be referred to this custom. As regards the General Hospital, I may mention that it consists of three buildings, and that although until recently it was the custom to admit all cholera cases into the central block, there was not the slightest suspicion that any evil resulted to the other patients in it. It so happened that all three blocks had for many years been remarkably exempt from outbreaks of cholera. A few years ago, however, several cases occurred in two out of the three buildings, but, strange to say, it was the central block which escaped. Again, as an instance of places which have escaped outbreaks of the disease, nothwithstanding frequent and early intercourse with affected localities, the history of the convict settlement at the Andaman Islands, in the Bay of Bengal, may be cited. This settlement is about three or four days by steamer from Calcutta, a city from which cholera is never absent, and during the last twenty-five years the convicts for transportation have been collected in Calcutta from all parts of India, and at intervals of a few weeks taken on to the Andamans. Nearly all the food of the convicts, numbering about 10,000, is likewise taken from Calcutta, consequently there must have been very free intercourse between the two places; yet, notwithstanding all this, there has not been a single outbreak of cholera in the settlement. Had the Government adopted a strict system of quarantine during this long period, the instance might, with some show of reason, have been cited as an illustration of the efficacy of quarantine in the protection of a colony; but the history having been what I have narrated, I can hardly imagine that the most ardent advocate of the measure will find fault with the authorities for not having adopted it. Indeed, I can hardly imagine—seeing that for the last quarter of a century this great, so to speak, unplanned experiment has proved almost beyond dispute that, at least for all practical purposes, cholera may be looked upon as a non-transportable disease —I can hardly imagine that as regards the future they would advocate that these convicts—many of them in fetters—should be kept in a crowded ship outside the harbour in the fierce heat of a tropical sun, and this in order that they should undergo the "regulation" number of days before landing, because they come from an affected place. As regards this question of quarantine and cholera, the experience which has been gained in India is strongly corroborative of the conclusion which Professor de Chaumont has arrived at, and which he has so ably defended in the important paper just read at this meeting. I warmly second his recommendation that this Congress should not lend its support to the introduction of any restrictions which would so seriously interfere with personal liberty, and be liable to be so carried into effect as to inflict the greatest hardship, and even cruelty, on wholly innocent persons. It has frequently been declared that the British Government objects to quarantine solely on mercenary grounds. I venture to think, however, that I have shown that it has at least some other reason for the attitude which it has assumed in this matter. The fact that cholera quarantine is not only discountenanced, but actually forbidden in British India, shows that the Government of that country has no faith in its usefulness, and no one will accuse it of being unmindful of the lives of its own people, whatever may be said of its avarice. The practice in India is not to establish quarantine cordons, but just the reverse. Immediately on the appearance of cholera the troops are dispersed and encamped on carefully selected sites away from the locality where the disease prevails, and if necessary, these camps are shifted again and again until the disease disappears. This practice has been followed by the most marked success, and it has never been found that these camping grounds acted as foci for the dissemination of the disease. The history of the recent outbreak in Egypt coincides in a remarkable manner with what is ordinarily observed in India, though it was at first very generally and very dogmatically asserted that the disease had been brought by ships from that country. But what, so far as is known, was the history of this outbreak? Instead of breaking out at Suez, the place in Egypt most generally frequented by Europeans from India, or along the course of the Suez Canal, where our troops, both European and Native, had been congregated, it broke out at Damietta, a port at which neither the Peninsular and Oriental nor any other of the ordinary steamers from India ever call. If the disease had been carried into Egypt, why was it that it did not start at Suez, Ismalia, or Port Said, seeing that, as was demonstrated by after events, there was nothing in any of these places inimical to the occurrence of the disease among their inhabitants? Bearing all these great facts in mind, I would strongly urge upon the members of this Congress the absolute necessity of studying the question afresh, each one for himself, and not remaining content to accept any doctrine as regards the cause of cholera merely because it may be advocated by this authority or by that. I would not for a moment have you think that I undervalue the labours of the acknowledged leaders of thought in this matter, and I am quite sure that were the great sanitary authority of modern times, my revered teacher, the late Dr. Parkes, amongst us, he, notwithstanding his well-known extreme consideration for his co-workers and his predilection for the opinions which are at present the most popular, even he would be amongst the warmest advocates of renewed independent research and of further observation in this matter. I would not for a moment suggest that the search for a poison or germ of cholera should cease. On the contrary, I would have it carried to its utmost limit; but, so far as my own observations have gone, I feel bound, on an occasion like this, to state that I have not been able to collect any series of facts in support of the existence of a transportable cholera poison of any kind, nor have I been able to satisfy myself that anyone else has done so; consequently, it is in my opinion wholly illogical to frame stringent quarantine regulations for the purpose of keeping out an entity which as yet has not been proved to exist. What the essential cause of cholera may be does not fall within the scope of the present discussion. Were it so, I venture to predict that the sum and substance of the remarks of every speaker who had honestly studied the subject for himself would be: "I do not know."

Dr. JOSEPH EWART said that a few months after his arrival in Bengal, in 1854, he was called upon to deal with an outbreak of cholera at Barrackpore, and later on, in the same year, at Dinapore. Relying on the teaching of the schools, and the standard works of the day, he was imbued with the view that it was highly contagious. He was, however, soon undeceived. The hospital attendants and the fellow-countrymen of the patients laboured under no such delusion. They nursed and waited upon the sick with perfect impunity. He next saw the disease at Ajmeer, Rajputana, in 1856. This outbreak was an offshoot of a widespread and virulent epidemic which affected most of the important towns of the North-Western provinces. Being still somewhat under the dominion of the precepts inculcated in the London schools, he recommended the adoption of quarantine. The advice was promptly acted upon; but it soon became apparent that the measure so intensified the scourge that cases were admitted into hospital from all parts of the prison, with the exception of that set apart for female convicts. On the realisation of this state of affairs, no time was lost in having the prisoners removed to a series of well-ventilated temporary huts, situated two or three miles to windward of the gaol, on a ridge admitting of perfect drainage, and possessing every facility for all needful sanitary and hygienic precautions. The result was most satisfactory. No fresh cases occurred in camp, and as the deserted cells were cleansed and lime-washed, the epidemic did not extend to the female department. Here, again, there was no evidence to show that the disease was propagated by contagion or infection. Further experience of cholera was gained at the Medical College and general hospitals at Calcutta between 1863 and 1876, where it was constantly to be observed in the mildest and severest forms. At these institutions, where a great number of students, a full professional staff of physicians and their assistants, nurses, and other attendants, were almost daily brought into direct association with cholera, it was never found to prevail among them disproportionately, or more frequently than among a corresponding group of the general population. A noteworthy fact was also observed, viz., that a similar immunity was enjoyed by the sweepers whose duty it was to remove the discharges, and by those persons who washed the bed linen and personal clothing of the patients. Such facts as these have convinced most experienced physicians practising in India that the malady is not infectious, contagious, or catching from person to person. Quarantine is therefore unnecessary, and may prove very disastrous to the individuals included within the cordon, as it did in the case of the Ajmeer gaol already cited. Those who advocate quarantine would do well to note the extreme difficulty experienced in completely isolating even a single person prostrated by disease. Indeed, when the matter is carefully weighed in all its bearings, or threshed out, it will be found to be all but, if not altogether, impossible. If this be so, how much more impracticable must it be to quarantine, with anything approaching perfection, ships belonging to the navy or the mercantile marine, or a community on land? It has been stated that the practice of removing troops in India from an affected to an unaffected locality is only a modification of quarantine. But a little consideration will suffice to show that such a notion is quite erroneous. This method of dealing with cholera is simply the substitution of a non-epidemic for an epidemic area—of a healthy for an unhealthy locality—where the principles of hygienic and sanitary science can be promoted and developed to the utmost extent, with the happy result of almost invariably stopping the dissemination of disease. What is done is to place the sick and as many of the unaffected as possible in the most favourable condition for recovery or escape from attack, and to carry out all measures necessary for the maintenance of the strictest cleanliness, in all things. Quarantine, which at the best is only a poor apology for bad sanitation, is in no way attempted, because experience in India, as recently in Egypt, has proved it to be as useless and unnecessary as it is injurious, cruel, and impossible. Epidemic cholera spreads somewhat like dengue or influenza. Dengue is endemic in Calcutta, but occasionally it prevails as an epidemic. When this happens, as in 1872, it invades in a few weeks almost three-fourths of the population. What the factor may be, the absence of which at one time tends to minimise the disease into an insignificant endemic, and the presence of which, at another period, exaggerates it into a widespread and disabling epidemic, we, it must be candidly confessed, do not know. Neither do we know anything very definite about the influence which, at certain seasons, may with fatal effect lay prostrate with influenza, many members of the community. So it is with cholera. We may infer from its behaviour that its diffusion is favoured by some powerful factor or influence, of the nature of which we are in complete ignorance, often operating, at particular seasons, with great and mortal rapidity, upon persons inhabiting certain areas of country. It would therefore be about as reasonable to attempt to quarantine cholera, dengue, or influenza, as it would be to quarantine the east wind. As regards the uselessness of quarantine, Dr. Ewart was in full accord with the views enunciated by Professor de Chaumont and Dr. Lewis. He had, when at the head of the Calcutta General Hospital, supplied Drs. Lewis and Cunningham with the material for their inquiry into the causes of cholera. He had watched the progress of investigation with intense interest. These gentlemen were in direct contact with the cholera discharges in their workroom—often in their private apartments—in all stages of metamorphosis and decay; and that they did all this with complete impunity is, as far as it goes, and it must be admitted to go a long way, in favour of the non-contagiousness of the malady. He had restricted his remarks to a plain statement of facts derived from long acquaintance with endemic and epidemic cholera. His experience, he has good reason to believe, is that of most physicians in India, who have seen the malady and formed an independent judgment on the question. It has been confirmed by what has happened in Egypt. He would, in conclusion, beg the meeting, constituted as it was of many distinguished men from different parts of Europe, to pause before it gave its sanction to quarantine, or opposed the enlightened views of Dr. de Chaumont, who, in his able, learhed, and thoughtful pater has produced abundant evidence to convince the most sceptical that this is certainly not the way to prevent or mitigate the diffusion of cholera with the desired amount of success.

SIR JOSEPH FAYRER said—in continuing the discussion after the reading of Mons. E. M. Van Lier's paper, "Sur la genèse du Choléra"—that he spoke with much hesitation on this subject, but he felt that it would not be right of any medical officer who had some twenty-four years' experience in dealing with cholera to withhold communicating it on an occasion like the present. Notwithstanding this long experience he felt that he was totally and absolutely ignorant of the cause of the disease. He fully endorsed all that had been said yesterday by Drs. Lewis and Ewart in connection with this subject. He had himself seen hundreds of cases of sporadic and of epidemic cholera, but had seen nothing to make him think that there was anything whatever of a contagious character in connection with the disease. He was well aware that many of his countrymen thought otherwise, but still he felt bound to make his own confession of faith. A great deal had been heard of a cholera germ, or of a cholera poison; but neither had as yet been discovered, though he did not for a moment deny that it may exist. Thus far it is matter of evidence. The question of quarantine is one of great importance, and in Europe it practically resolves itself into framing regulations for dealing with cholera. As regards the hygienic measures which should be adopted in dealing with the drinking water and so forth, he would advocate their adoption as strongly as the strictest believer in germs or in special water poison could do, but he did not do this because he believed that a specific cholera germ exists, but because he felt sure that, during a season, when cholera influences were abroad, any dietetic irregularity, such as partaking of unripe fruit, or the indiscreet administration of a dose of sulphate of magnesia might suffice to determine the active development of the disease. As regards the theory propounded by E. M. Van Lier that cholera was due to some subterranean volcanic disturbances, he would point out that, as regards the parts of Bengal where the disease was endemic, no evidence of such influences had ever been recorded, and that consequently he could not accept the view that had been put forth. He had, however, embraced the opportunity which this paper had furnished of enabling him to continue yesterday's debate on quarantine, of which, owing to the lateness of the hour, he could not then avail himself.

MODIFICATIONS OF INFECTIOUS DISEASES IN TROPICAL CLIMATES.

On the 8th, in the section of Climatology, &c., Professor Norman Chever's, C.I.E., learned paper was read, *in absentia*, by Professor Stokvis. It dealt with the modifications of infectious and other diseases in tropical climates; embracing a consideration of scarlatina, typhus, enteric fever, and relapsing fever, filaria sanguinis hominis, erysipelas, acute rheumatism, gout, cancer, struma, rickets, scorbutus, bronchocele, phthisis pulmonalis, urinary calculus, lathyrism, leprosy, Delhi boil, Aden ulcer, lichen tropicus, furunculus of the rainy season, Malabar and Burmah itch. Communications to the section were made: (1.) "Pourquoi les fièvres dites pernicieuses offrent plus de danger dans un climat tropical que dans un climat moderé," du Dr. Bonnafont, Paris; (2.) "Sur modifications apportées á la syphilis par les pays chauds," du Dr. Catrin, d'Alger; (3.) "Sur l'influence physiologique et thérapeutique du climat," du Dr. Jac. Baart de la Faille, à Leeuwarden; and (4.) "Sur la genèze du Choléra," du Dr. E. M. Van Lient. In the section on Pathology, &c., papers were read: (1.) "Sur le Beri-beri," du Professor B. Scheube, of Leipsic; (2.) "Sur diabète sucré," du Dr. F. A. Eklund, of Stockholm; (3.) Sur quelques médicaments indigènes des pays tropicaux," by Dr. E. Waring, London; (4.) "Sur l'élimination du mercure, introduit dans le corps par la peau," du Dr. Schuster, à Aix-la-Chapelle.

In the afternoon the proceedings were concluded by the reading of the following papers:—(1.) "Sur éducation spéciale des médecins des Colonies," du Dr. Becking; (2.) another on the same subject by Dr. Dyce Duckworth, London, and one by Dr. Catrin, of Algiers.

In drawing up this imperfect report we have enumerated all the papers in the order in which they were presented and read, for the purpose of showing the nature and kind of work done. We have only referred briefly to some of the discussions which have ensued. The papers and the discussions will, doubtless, be published in full in the forthcoming Transactions of the Congress, the first of its kind that has been held—and the forerunner of others, let us hope, by the medical profession of other colonial powers.

Our mission was warmly welcomed on account of the distinguished body who had deputed us to attend the Congress, and also because no other British College or scientific institution had seized the opportunity of being similarly represented. This fact was frequently alluded to at the meetings, and in the complimentary speeches and toasts at the banquets and other social gatherings, and conspicuously at the banquet given to the leading members by Sir Joseph Fayrer, Drs. Lewis Cutts, Jones, Scriven, and ourselves.

On taking leave of the President and his colleagues, we most cordially thanked them, on behalf of the President and Fellows of this College, for the attention and assistance which they had rendered us, and assured them that we should not fail to bring to notice how highly and sincerely the action and sympathy of the Royal College of Physicians had been appreciated by the President, the Committee of Organisation of the Congress, and the civic authorities of Amsterdam.

Dyce Duckworth,
Joseph Ewart, M.D., F.R.C.P.,
Representatives of the Royal College of Physicians at the Inter-Colonial Medical Congress, Amsterdam.

LIVERPOOL MEDICAL INSTITUTION.

The second ordinary meeting of the session was held on Thursday, October 25th.

Dr. Wiglesworth showed

A UTERINE FIBROMA,

removed from a coloured woman, æt. 49, who died in the Rainhill Lunatic Asylum of chronic renal disease. The specimen was peculiar, inasmuch as the uterine cervical canal was entirely obliterated, so that the cavity of the body formed a cyst containing fluid. It was elicited that the fibroma must have preceded the insanity in point of time, thus in some measure strengthening the suspicion given utterance to by Dr. Matthews Duncan that uterine fibromata may be a cause of mental disease.

Dr. Davidson showed

A SPLEEN, WITH SPLENIC ARTERY,

the latter exhibiting a series of small aneurisms. In every instance the aneurism had its site at a point of bifurcation of the artery. This particular situation Dr. Davidson thought was a strong ground for believing that the aneurisms originated from embola becoming blocked at the points of bifurcation of the artery, and producing mischief in the arterial wall, so that after the embolon broke up and was swept away in the blood current, a weakness was left that resulted in dilatation of the vessel.

Mr. Paul showed a patient the subject of recurrent myeloid tumour of upper jaw; and Mr. G. E. Walker two patients who had recovered from sympathetic ophthalmia.

Dr. Carter then read a paper on

OBSERVATIONS ON THE NORMAL TEMPERATURE OF THE HUMAN BODY.

The paper was based on a series of original observations made on the staff of night nurses in the Royal Southern Hospital. Two sets of observations were made at an interval of some years, and the results obtained in both were nearly identical. They showed (1) that the normal temperature of the human body during the hours of night and early morning is lower than has been generally believed; (2) that the daily range of normal temperature is consequently greater than is usually accepted, amounting sometimes to 3 deg. Fah.; (3) that this great periodic change is not affected by change of habit, but is as great in those who are well seasoned to night work as in those who are unaccustomed to it; and, finally (4), that it is but little affected by food.

Erratum.—In the proceedings of the Sheffield Medico-Chirurgical Society, reported in our last, the case of "Removal of a Piece of Steel from the Vitreous by the Electro-Magnet" was erroneously ascribed to Mr. S. Smith, instead of to Mr. S. Sell.

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The annual rates of mortality last week in the principal large towns of the United Kingdom averaged 19·6 per 1,000 of their aggregate population. Individually the Norwich 11; Halifax 13; Oldham 14; Bristol 15; rates were:—Edinburgh, Portsmouth, Derby 16; Huddersfield, Plymouth, Sheffield, Nottingham 17; Sunderland, Wolverhampton, Bolton, Preston, London, Birkenhead, Bradford 18; Birmingham, Leicester, Hull 19; Brighton 21; Glasgow, Liverpool 22; Dublin, Cardiff 23; Salford 24; Manchester, 25; Blackburn, Leeds 26; Newcastle-on-Tyne 29.

A telegram from Brazil states that the government Commission have decided on two alternative methods of of inoculation against yellow fever. One is with the attenuated virus, *à la Pasteur;* the other is with a distinct virus, which has been found to be antagonistic to the virus of the fever.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 31, 1883.

THE SUSPENSION OF DR. JOSEPH ROGERS.

Earnest sympathy with Dr. Joseph Rogers under the circumstances surrounding his dismissal by the Westminster guardians is being exhibited in the most emphatic manner throughout the profession; and the extensive support that is being offered cannot fail to be most gratifying to him amid the trials his rigid and conscientious sense of duty has imposed upon him. In another way, too, this spontaneous expression of almost universal disapproval of the action taken by parochial authorities against their medical officer is eminently satisfactory, for it indicates a determination to defend the just rights of a member of the profession who, above all things else, is a representative of one of the most important branches of medical practice. For many years past Dr. Rogers has chiefly devoted himself to the foundation and perfection of that system of medical supervision in towns and parishes, to which we mainly owe the immunity now enjoyed from epidemic outbreaks of disease by all large collections of population, which formerly endured the frequent ravages of such visitations. In many ways, directly and indirectly, he has been instrumental in effecting such changes and improvements as have very materially conduced to the hygienic welfare of this country; and throughout, his unselfish labours have been persistently directed with a view to securing general benefits at the expense, not unfrequently, of his own personal convenience and comfort. The cessation of intra-mural burials; the establishment of public mortuaries; relief of medical Poor-law officers from the burden of supplying medicines at their own expense; and the Superannuation Act—these are some of the gifts secured to the profession and the public by the ceaseless efforts of Dr. Rogers in the direction of reform. As the friend and adviser of medical officers throughout the Kingdom, moreover, he has long been regarded and appealed to, never unavailingly, as the legitimate defender of the oppressed, and an ever-ready source of help and suggestion. It is not surprising, therefore, that the occasion of his own tribulation should be willingly hailed by innumerable admirers of his brave and useful career as a public servant, as affording the most appropriate opportunity for demonstrating the real nature of the feelings with which he is regarded.

The history of Dr. Rogers' grievance need be but shortly discussed. In discharge of his imperative duty, he deemed it necessary to make complaint of the manner in which the Master of the Westminster Union carried out the functions he had to perform; and, as is so frequently observed in such cases, the sympathies of the guardians were aroused in favour of the erring master, and in opposition to the medical officer, who subsequently was called upon to resign his post for reasons that were obviously and entirely trivial. Fortunately, the issues involved in this instance possess too overwhelming a degree of importance, from the character of the person chiefly concerned, for the issue to be a matter of merely private consideration; and a minute inquiry at the hands of a Commission from the Local Government Board may be anticipated with certainty. Inasmuch as this must influence the whole body of medical Poor-law officers in their relation to boards of guardians, it will, of course, be of the highest importance; but, so far as regards Dr. Rogers himself, it cannot in any way affect the result by increasing the esteem in which he is personally held by all who are cognisant of his invaluable services. That the presumptuous proceedings so arrogantly indulged in at his expense, will be fittingly rebuked in official quarters, may be taken for granted; and that a healthy feeling of respect for the position enjoyed by medical officers will be generated in the minds of guardians will eventuate from it is more than probable; so that even in temporary adversity Dr. Rogers, though involuntarily, is still pursuing that course of beneficence which for the last fourteen years it has been habitual for him to follow.

The ethical aspect of this controversy is an instructive one. At the risk of every possible personal inconvenience, and presumably with full knowledge of probable consequences to himself, Dr. Rogers has yet preserved the courage of his convictions, and unsparingly pointed out whatever his sense of right has condemned. We cannot help but admire the lofty standard he has erected as the aim of his practical life; and the response that has been made to the suggestion that now is the time to show in what appreciation Dr. Rogers is held by his professional brethren sufficiently indicates the generous feeling of respect for himself engendered in the minds of medical men.

The idea of a testimonial has been broached, and has met with very considerable favour; and already numerous supporters have signified their desire to aid the movement, so that it may assume appropriately representative dimensions. In various places, too, meetings have been held to consider how best expression can be given to the feeling aroused by the persecution to which Dr. Rogers is submitted; and resolutions have been passed sympathising with him and condemning his oppressors. The following has been forwarded from the Dorset and West Hants Branch of the British Medical Association:—

> "That this Branch, having read in the public journals that Dr. Joseph Rogers has been suspended from his office as medical officer to the Westminster Workhouse, ostensibly on frivolous and vexatious charges, but really for giving honest evidence in an inquiry into the conduct of the master, and his resignation demanded, whilst the master, against whom most serious charges have been established, has been continued in office—desires to enter a strong protest against the manner in which Dr. Rogers has been treated, and which materially affects the position of every Poor-law medical officer. This Branch trusts that the action of the Committee of Council and of this Branch will be supported, not only by every Branch of the Association, but also by the medical profession throughout the United Kingdom."

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TITULAR DISTINCTIONS FOR MEDICAL MEN.

Within the past week the baronetcy granted to Sir Dominic Corrigan, in recognition of his great eminence as a physician, became extinct by the death, at an early age, of his grandson, Sir John Corrigan, who has been residing in Manitoba. By this lapse of the title, the number of baronetcies granted to Irish physicians and surgeons in times past is reduced to one, that held by Sir John Crampton, to which it is probable that there will be no successor.

It appears from a return issued at the instance of Mr. Gibson, M.P., that the baronetcies conferred on "physicians and surgeons," since 1850, were as follows:—In 1853, Sir Henry Holland; 1857, Sir Charles Locock, Her Majesty's Accoucheur; 1859, Sir Charles Nicholson, New South Wales; 1866, Sir William Fergusson; 1866, Sir James Young Simpson; 1866, Sir Dominic John Corrigan; 1866, Sir Thomas Watson; 1867, Sir William Lawrence; 1868, Sir William Jenner; 1871, Sir James Paget; 1871, Sir Robert Christison; 1872, Sir William Withey Gull; 1874, Sir George Burrows; 1883, Sir Thomas Spencer Wells; Sir Andrew Clark; and Sir Prescott Gardiner Hewett. Since 1852 the honour of Knighthood has been conferred on 32 "physicians and surgeons," and between 1863 and 1876 four received the honour of Knighthood from the Lord Lieutenant of Ireland: including Sir William O'Shaughnessy, Sir William Carroll, Sir William M'Cormack, and Sir George Porter; Sir John Gray, Sir William Wilde, Sir George Owens, Lord Mayor of Dublin, and Sir William Miller, Mayor of Derry.

We take the occasion to renew, on the part of the profession in Ireland, our most earnest protest against the imputation of inferiority which is suggested by their being persistently overlooked in the granting of titular honours worthy of their acceptance. We do not believe that such imputation is in any way justified by the facts. We do not acknowledge that the profession in Ireland is incapable of offering to Her Majesty's notice a gentleman worthy, by scientific repute, and skill, and social rank, to receive a baronetcy, and we do not believe that the refusal of these distinctions to Ireland is animated by any belief in the existence of such inferiority on the part of Her Majesty's advisers.

Furthermore, we resent and repudiate the sneers of certain London journals, who express the opinion that these titular distinctions are not things to be sought for, and that the omission to grant them is not a good reason for complaint on the part of the Irish profession. It is and has always been a pure fiction that baronetcies are given to doctors as marks of Her Majesty's personal feeling. On the contrary, they have been given—and very properly given—to men of science who were personally unknown to the Queen, and they have been regarded by the profession as much as evidences of special eminence as Presidencies and other such distinctions.

Her Majesty's advisers have deliberately intimated to the Irish profession that they are not deserving of equal consideration with their *confrères* in England and Scotland, and, as we believe that the verdict of the world would not endorse this opinion, we are not surprised that Irish medical men should feel angry at being so slighted.

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ROYAL COMMISSION ON PRISONS IN IRELAND.

The members of the Commission have, within the last ten days, been taking evidence at their office, 77 Merrion Square, Dublin. Previous to sitting they visited the gaols in Belfast, Omagh, Derry, Lifford, and Galway, beside some of the minor prisons. Four or five of the medical officers have been examined and speak highly of the courteous manner in which they were received by the Commissioners. We have reason to believe that the evidence offered by them and supported by the various minutes issued by the General Prisons' Board, have determined the Commissioners to go much more fully into the treatment received by the medical officers than was primarily intended.

Those in Ireland who have watched the growth of public opinion since the establishment of the Prisons' Board have not failed to perceive that there was a general feeling of discontent pervading all classes of officers in the Prison Service. This is especially true of the medical officers, and on many occasions we have received communications and commented on the scant treatment and general want of courtesy to which these officers have been subjected. We need only refer to the notorious circular of May 2nd, issued by the chairman of the Board, relying on his own legal interpretation of a clause in the Prisons' (Ireland) Act, in which the medical officers were informed that their offices were vacant, to remind our readers how harshly these officers were treated from the beginning. We are glad to hear that there is every reason to believe that the Commissioners will recommend the appointment of medical member on the Prisons' Board. This step alone will be a guarantee that the friction which has hitherto existed shall cease, and that the Government are anxious to extend to Ireland the success which has already attended on the administration of a similar Act in England. We have every confidence in the members of the Royal Commission now sitting being able to find out the weak points and suggesting suitable remedies, but we think they have a right to expect that the acts of the Prisons' Board, of which complaint is made, should be candidly before them. Have they full information of the underhand, illegal, and discreditabe attempt by the Board to drive Drs. Minchin and Burns from office.

METROPOLITAN SANITARY ADMINISTRATION.

DR. ORME DUDFIELD, in his opening address as President of the Society of Medical Officers, recently, dealt with the question of the sanitary administration of the metropolis, which under present arrangements is a frequent and glaring source of unqualified mischief. As it is, no less than 43 different authorities are concerned in this matter, and to such a state of things is it due that action is never taken with a view to general purification or prevention of epidemic visitations until some more than usually grave danger threatens the general welfare, when Government steps in to accomplish what would never be undertaken by the various devided interests of vestries. Dr. Dudfield considered the question under three heads, viz.—1. The need of unity in sanitary administration; 2. How such unity may be brought about; and 3. The probable benefits of such unity. On the first and last of these three heads of discussion none who have any, the slightest, acquaintance with the existing mode of things will venture to disagree with the emphatic terms in which need of unity was demonstrated, and the certain benefits it would secure defended. The principal point for consideration is that contained in the second division of the address—how to bring about united action. Two modes present themselves, one the creation of an entirely new central sanitary authority, first sweeping away all existing boards and vestries; the other, to retain the present local machinery, but also to erect a central board to which should be committed the charge of London as a whole. Dr. Dudfield gives preference to the second plan as being more likely to be successfully adopted, and presenting facilities for smoothily transforming the chaos of the present into some degree of order in the immediate future. The address then proceeded to consider in detail the manner in which such central authority might best be constituted, the nature and extent of the responsibilities which ought naturally to devolve upon it, and the benefits which would assuredly accrue from the existance of a board which would exercise complete control over the whole of London undivided. In Dr. Dudfield's opinion, however, there was no necessity for material alteration in the constitution, or in the work, of the vestries and district boards. On the contrary, it might be affirmed that they, or some practically identical, well organised, authorities, would be found necessary for local administrative purposes, whatever the constitution of the new central authority. London was not merely the greatest of cities, it was a province of houses, half a million in number, its population of four millions was greater than that of some kingdoms, the mere yearly increase being 60,000 souls; its annual rateable value, twenty-eight millions, was immense, whilst its area, exceeding 120 square miles, was so vast, that any attempt to govern it from one centre, without local aid, was but too likely to end in costly and disastrous failure.

Notes on Current Topics.

The Dangers of General Practice.

MR. CHANCE, the Lambeth district magistrate, has before him a case in which two suburban practitioners, Dr. Bower and Mr. Keats, of Peckham, are being sued for manslaughter, on the application of a man whose child died after tracheotomy performed by Dr. Bower. At a previous trial, in a claim for damages brought by the father in a civil action, the jury failed to agree, and hence this later proceeding. The case is one which demands the full sympathy of the profession, the details being of a nature that might easily be familiar to any general practitioner. Seen first by Mr. Keats, who diagnosed croup, the child grew rapidly worse, and Dr. Bower being called to see it in consultation with his partner, promptly performed tracheotomy, instant relief to urgent symptoms ensuing. Soon after the operation was completed, however, an obstruction in the tube threatened suffocation of the patient, and the father thereupon sucked out the occluding membrane, at once ejecting it from his mouth. The child succumbed on the Monday—two days after—and on the Thursday following the father showed symptoms of diphtheria; but after going through an attack of this disease he recovered without secondary complications. It was then, in September last, that he brought the first action against medical attendants, and with the results stated above. It is almost needless to insist on the grave responsibility the whole profession is under of rallying to the assistance of a brother who is thus subjected to prosecution for causes against which self-protection is impossible. The charge that has been incurred is no more than must be risked by innumerable surgeons who elect to do their duty in circumstances of pressing emergency, ratherthan run no risk with the view of saving life. As matters are now, we may not, of course, express any opinion on the merits of the case; but it is open to us to call upon every member of the profession to show how keenly alive he is to the danger with which his calling is threatened in the face of so grave a charge as that preferred against one of his brethren.

The Sanitary Institute of Great Britain.

A MOVEMENT has been started in Dublin to invite the Sanitary Institute to hold its meeting in that city in the year 1884. The Institute is now in its eighth year of existence, and has held most successful and valuable meetings in Glasgow, Exeter, and elsewhere, and it was originally proposed that it should go to Cheltenham in the coming year. Visiting Dublin subsequently in 1885. This programme is, however, likely to be reversed, and the present movement is to organise an influential invitation to the Institute, and a successful entertainment for its members, at their visit to Dublin. A meeting with this object was held last week, in the College of Physicians, in Ireland, which was attended by the President of the College, the Registrar-General, the Lord

Mayor elect, the Medical Officer of Health for the city, the Vice-president of the Sanitary Association, the President of the Irish Medical Association, and other representative officers. A numerously signed invitation was laid before the meeting, and the gentlemen present, having constituted themselves a provisional committee, agreed to convene a further general meeting of those interested, and, meanwhile, to seek for as many signatures to the invitation, as might be obtainable. It is suggested that the meeting shall be held immediately after the closing of the British Medical Association's meeting in Belfast, in 1884, so that an opportunity may be afforded to members of the Association, who are interested in sanitary questions to attend. Dr. Alfred Carpenter is the chairman of the council of the Institute.

The Belfast Professorship of Anatomy.

The vacancy in the Professorship of Anatomy in the Queen's College, Belfast has been suddenly extinguished by the return to duty of Professor Redfern who has withdrawn his resignation, it is stated, at the special request of the Lord Lieutenant. This means, we assume, that the question of eventual pension, which was the cause of Professor Redfern's retirement from duty, has been adjusted, and that a special arrangement has been made with the Treasury to allow of Professor Redfern receiving ultimately the amount of pension which he considers reasonable, notwithstanding any past or future falling off from the income of the Anatomical Chair. The Belfast College is, we think, to be congratulated on retaining the services of the Professor who did so much to make its medical school prosperous. If anything can stop the decadence which has followed upon the disestablishment of the Queen's Colleges no doubt the Professor's thorough knowledge of how to manage the North of Ireland student will do so, but we nevertheless regret that the question of occupancy of one of the first anatomical professorships in Ireland should resolve itself into a huxtering process between the Government and the Professor. It does not seem as if the advancement of science or the educational interest of the public had much influence in Belfast as long as the "bawbees" are in the other pan of the scale, and we must admit that we have not much confidence in the future of a school in which the chief professoriate is a matter of money and not of scientific enthusiasm. The Belfast College will, we doubt not, be a successful feeder to the Glasgow and Edinburgh Colleges, but, beyond this, we do not expect that it will in the future go.

The highest annual death-rates from diseases of the zymotic class in the large towns last week were—From scarlet fever, 1·8 in Manchester, and 2·4 in Leeds; from measles, 0·9 in Brighton and in Liverpool, and 1·6 in Salford; from whooping-cough, 1·0 in Newcastle-upon-Tyne; from "fever," 1·4 in Newcastle-upon-Tyne, and 2·0 in Portsmouth; and from diarrhœa, 3·2 in Preston. The 49 deaths from diphtheria included 28 in London, 10 in Glasgow, and 2 in Nottingham. Small-pox caused 4 deaths in Birmingham, and one in Sunderland.

Suicide of Dr. Haffenden.

One of the most distressing cases of suicide which has been recorded since that of Mr. Edwards at Hounslow, has resulted from the charge of criminal operation brought against Mr. Haffenden, of South Kensington, and a midwife. Overcome with horror at the fearful nature of the charge, and reduced to despair by a misfortune which he felt to be wholly unmerited, Mr. Haffenden was unable to face the terrible ordeal that confronted him, and though with his dying breath he declared his absolute innocence, he rashly hurried himself into eternity rather than live under temporary disgrace. So sad a termination to a life of usefulness has the nature of a reproach to circumstances which could render it possible. The evidence at hand to show Mr. Haffenden's purity of motive in performing the examination which formed the basis of the charge, is sufficiently conclusive; for no effort at concealment was made, nor was there any attempt to hide the fact that uterine exploration was resorted to, the idea governing this action being that a tumour was present in the womb. Into the full details preceding the unhappy tragedy, however, it is not permissible yet to enter, the inquiry being not yet completed; but the following letter, written to his wife by Mr. Haffenden, has been widely published:—"My own darling Wife,—The fearful disgrace that has come upon us is more than I can endure; it drives me mad. I must be utterly ruined, and can be of no help to you in any way. You will be far better without me, my own darling, whom I have loved so fondly. Oh, this suspense is most awful! How can I ever live under the suspicion of this foul charge, of which I am perfectly innocent?"

The Telephone for Medical Use.

This useful, or, to speak more correctly, indispensable, appliance is slowly but surely making its way among the medical profession in Dublin. In addition to the College of Physicians and to the College of Surgeons, no less than nine hospitals have joined the Exchange, viz., Cork Street Fever Hospital, Jervis Street Hospital, the Mater Misericordiæ Hospital, the Meath Hospital, Mercer's Hospital, the Richmond Hospital, St. Vincent's Hospital, Steevens's Hospital, and the Orthopædic Hospital. It is to be regretted that the Coombe Lying-in Hospital, where the Master is non-resident, as well as Sir Patrick Dun's and the City of Dublin Hospitals, still adhere to the ancient ways. Sixteen physicians and surgeons, mostly hospital medical officers, have telephones; and, speaking personally, we can confidently affirm that we are thus enabled to do our hospital work twice as well as before, and at less than half the personal labour. Six medical halls and several wholesale pharmaceutists are on the Exchange, and can thus receive prescriptions, or refer to medical men when necessary regarding prescriptions which have been sent in in the ordinary way. If the prescriber takes the precaution of getting the apothecary, after taking down the prescription in writing, to read it over for him before the telephone receiver while he is listening at the other end, all possibility of error is avoided. Lastly, the old and well-known establishment of Fannin and Co. in Grafton Street has a telephone, which is an unmixed convenience when instruments or other appliances are wanted in a hurry. The Exchange is now open without intermission day and night; and we gladly bear testimony to the uniform smartness of the operators in connecting us with those with whom we wish to speak. In thus advocating the telephone, we would impress on the Company the necessity of attending carefully to their lines, and of securing their medical clients from all interruption, or even from their wires touching other lines, as much of the medical work is of a delicate and confidential nature. Over a month ago a storm blew down many of the wires, and as a consequence some of the medical subscribers were left "telephoneless" for a week or ten days. This did much to interfere with the movement; but we have reason to believe that the Company will take care that such a disaster does not occur again.

The Hutchinson Testimonial.

The amount subscribed to the fund for presenting a testimonial to Mr. Jonathan Hutchinson, F.R.S., and which has been collected among past and present students of the London Hospital only, now reaches £400. The list of subscribers will be closed this day, Wednesday, October 31st, and doubtless at the last a considerable accession to the fund will be made. The limitation of subscriptions to a maximum sum of two guineas was adopted when the committee first met to decide on what should be done, and a general meeting of contributors will shortly be held to decide what form the testimonial shall take. The presentation dinner is fixed to take place at the Holborn Restaurant on Thursday, November 29, at 7 p.m., when the chair will be occupied by Sir Andrew Clark, Bart., senior physician to the London Hospital, and Mr. Walter Rivington, F.R.C.S., will act as vice-chairman on the occasion.

The Dalrymple Home for Inebriates.

On Monday afternoon a large number of ladies and gentlemen accepted the invitation of the President and Committee of the Dalrymple Home to be present at the opening ceremony, which took place at the Cedars, Rickmansworth, Herts. The guests proceeded in special saloon carriages from Euston Station at two o'clock, and were taken through to Rickmansworth *viâ* Watford. The Home is a charmingly situated house standing in about five acres of ground, by which the river Colne flows, and from the beautiful cedar trees growing in which the house takes its name. Important improvements have been carried out under the direction of Mr. H. H. Collins, F.R.I.B.A., these including special sanitary alterations and the addition of a large dining-hall and kitchen. After luncheon, served in the dining-hall, the visitors proceeded to view the house and grounds, and at four o'clock a meeting was held in the billiard-room, Canon Duckworth presiding. Dr. Norman Kerr, as Honorary Secretary of the institution delivered a brief address explanatory of the aim and history of the movement, which owes its success to his indefatigable efforts in its behalf; and a fitting and graceful tribute to his devotion in the cause of Temperance was paid by more than one of the speakers who succeeded him, among these being Sir Spencer Wells, Dr. Hare, Lord Claud Hamilton, Sir Charles Tupper, &c.

There is accommodation for sixteen patients under the Act, and others may also be received privately, and we are informed that several applicants have been waiting the completion of the alterations in the house for some time. The drawing-room and reading-room are light and airy, the latter being well supplied with newspapers, periodicals, and books. The billiard-room is a large and lofty apartment, and on the grounds outside are lawn tennis, quoits, a bowling alley, and gymnasium, with several buildings intended for workshops or places where the patients can find congenial employment. Though the Committee and others have subscribed liberally, there is still a sum of £2,500 wanted to place the property free of debt, there being a mortgage to that amount remaining. For the removal of this a strong appeal has been made, one member of the Committee offering £500 if the remainder is contributed in similar or even smaller amounts.

The rules of the institution are based on the total exclusion of all intoxicating drinks except for medicinal purposes; the medical superintendent is Dr. Joseph Smith; the honorary consulting physicians are Dr. Benjamin Richardson, Dr. Alfred Carpenter, and Dr. Norman Kerr.

Registration.

The Medical Council has issued an advertisement in which it warns all practitioners of the necessity of registration, and of giving notice to the Registrar when they change their residence lest their names may be removed from the official list in consequence of their being supposed to have died. Nothwithstanding the fact that the Medical Council has been in existence for over a quarter of a century it is the fact that many men—even those who occupy public appointments—are totally neglectful of registration, and that many others allow their names to be struck out and their registration privileges lost because they are too careless to notify their existence when they have altered their address. Such omissions interfere with the usefulness of the Medical Register, and throw enormous unnecessary labour on the registrars, and we trust that the repetition of the warning will have the effect of preventing such carelessness in future.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 23, Bombay 26, Madras 53, Paris 22, Geneva 11, Brussels 21, Amsterdam 27, Rotterdam 18, The Hague 22, Copenhagen 20, Stockholm 14, Christiana 17, St. Petersburg 27, Berlin 26, Hamburg 23, Dresden 22, Breslau 25, Munich 28, Vienna 22, Prague 31, Buda-Pesth 25, Rome 29, Venice 19, Lisbon 26, New York 25, Brooklyn 20, Philadelphia 18, and Baltimore 19.

The Convalescent Home, which has been erected at the cost for land, buildings, and furniture of about £48,000, was formally opened by Lord Derby and the other governors of the fund, yesterday.

The Academy of Medicine of Ireland.

The first annual general meeting of the Academy took place on Friday last in the College of Physicians, the chair being occupied by the President, Dr. Banks, Physician to the Queen in Ireland. Nearly 100 Fellows of the Academy were present. The report of the General Council recorded that during the past year twenty-four sectional and four sub-sectional meetings were held, and that the attendance at all reached a very high average. The number of Fellows is 201; of Members 21; and of Student Associates 22. The Treasurer's report showed that £512 had been received, £434 of which was derived from Fellows' subscriptions, and £25 from each of the two Colleges. Against this income there was an outlay of £283, of which £102 was for printing the volume of Transactions, and £53 for reporting. A balance of £228 thus remained in hand, out of which it was moved that an honorarium of £100 should be voted to the General Secretary. This proposition gave rise to a very animated debate, during which, while the services of Mr. Thomson in the organisation and subsequent management of the Academy were universally acknowledged, objections were raised to the grant both upon its principle and its amount. Eventually it was carried on a division, and Mr. Thomson having spoken in acknowledgment of the compliment, the Academy then discussed and adopted a resolution, proposed by Mr. Wheeler, President of the Royal College of Surgeons :—

> "That an earlier and more complete and more extended publication of the communications submitted to Sectional Meetings of the Academy is desirable, and that it be therefore remitted to the General Council to consider what arrangements can be made by which the full report of proceedings at Sections, as soon as possible after each meeting, can be placed simultaneously at the disposal of those editors of medical journals who may desire to receive them."

For seats on the Sectional Councils there were contests in all the Sections, and eventually the following Presidents and Councils were elected to serve for the ensuing year :—

President.—John T. Banks, Physician to the Queen. General Treasurer.—Robert MacDonnell, F.R.S. General Secretary, William Thomson.

Medical Section.—President.—William Moore, M.D., President of the King and Queen's College of Physicians. J. Magee Finny, Samuel Gordon, T. W. Grimshaw, Richard A. Hayes, Henry Kennedy, A. N. Montgomery (Secretary), J. W. Moore, Christopher A. Nixon, George F. Duffey, Walter G. Smith.

Surgical Section.—President—W. I. Wheeler, President of the Royal College of Surgeons in Ireland. William Colles, Henry Gray Croly, Archibald H. Jacob, Edward Dillon Mapother, Edward Stamer O'Grady, W. Thornley Stoker, William Stokes (Secretary), John K. Barton, P. J. Hayes, H. R. Swanzy.

Obstetrical Section.—President — George H. Kidd. Lombe Atthill, Fleetwood Churchill, George Johnston, J. Rutherford Kirkpatrick, Arthur V. Macan, Thomas More Madden, W. Cox Neville (Secretary), William J. Smyly, John A. Byrne, John Denham.

Pathological Section.—President—Anthony H. Corley. Phineas S. Abraham, Edward H. Bennett (Secretary), Charles Coppinger, A. W. Foot, T. E. Little, J. B. Story, J. V. Lentaigne, J. M. Purser, F. B. Quinlan, William Stoker.

The Allgemeine Poliklinik, Vienna.

The lectures at the above Institution will commence shortly, at No. 12 Schwarzspanierstrasse. They are for the purpose of giving advanced and practical instruction in the various branches of medicine, and cannot fail to be of great service to those who frequent them. English students, about to visit Vienna, will do well to take out at least some of the courses, as facilities are given in them for the practical employment of almost all the numerous mechanical aids to diagnosis and treatment, that are the distinguishing mark of the present era in medicine. Any information required can be obtained by application to the Direction der Allgemeinen Poliklinik in Wien, Schwarzspanierstrasse No. 12.

Testis in Perineo.

At the August meeting of the Montreal Medico-Chirurgical Society, Dr. R. Z. Macdonnell gave notes of a case of this nature. The proceedings are given in the *Canada Medical Record*, August, 1883, p. 245. The patient is 15 years old. The left testicle has rested in the perinæum since the time of his birth. It is situated slightly to the left of the ano-scrotal raphes, rather nearer the anus than the scrotum. The organ is well developed and freely moveable. It can be put into its proper place, but cannot be retained there. The scrotum is not so well developed on the left as on the right side. There is left injuinal congenital hernia. The boy has been under observation for the last five years. He is said to have been born prematurely at the sixth month, and up to the present time has been very delicate, but the deformity has, as yet, caused him no inconvenience.

Puerperal Eclampsia.

An interesting paper upon this subject was read by Dr. Armstrong before the Medico-Chirurgical Society of Montreal, at its meeting, April 27th, 1883, and published in the *Canada Medical Record*. A case is noted in which gestation went on for twenty-two days after the occurrence of two well-marked convulsions. "Labour then came on, and she was delivered of a living, healthy child, without any recurrence of eclampsia." During the three weeks' interval between the eclamptic seizure and delivery, ʒj. doses of chloral were given per rectum "as soon as any twitching of the muscles of the arms, or disorder of vision, with headache and gastric pain, appeared." The urine never contained less than thirty per cent. of albumen. The following remedies and modes of treatment were favourably commented upon by the author, and by various speakers in the discussion that ensued :—Venesection and free depletion in the case of a distended right heart; also in cases of high arterial tension, with a hard, incompressible pulse, though the surface may be pale. Large doses of morphia from grs. j. to iij. given hypodermically; grs. ij. have frequently been given with the best effect. Chloral and bromide of potassium have been found most useful. Chloroform was approved by some, and condemned by others, its tendency to promote post-partum hæmorrhage being noted. The question of hastening delivery was also discussed, those who spoke being in favour of early delivery, when the convulsions were caused by the uterine contractions, the os being soft and dilatable; but they advocated delay when the latter was undilated and rigid, the convulsions being kept as much as possible under control by the measures noted, until the conditions for delivery were more favourable. A Dr. Cambell related a case where convulsions came on between the seventh and eighth month; he bled, and the spasms ceased until the end of the ninth month, when they returned; he then applied the forceps, and delivered safely. Since then he has confined the woman several times without trouble.

The Conferring of Degrees in the Royal University.

On Thursday last the ceremony of conferring the degrees in Arts, Medicine, and Engineering took place in the great Hall of the University building, in the presence of a numerous and most influential gathering of citizens of Dublin and others. His Grace the Duke of Abercorn, Chancellor of the University, presided, and was assisted by a large body of the Senators, Fellows, and Examiners, who, in their Academic robes, occupied the daïs. The proceedings commenced by an address of a descriptive and statistical character, in which he gave an account of the progress of the University since the last similar occasion. This being over the Secretary read the list of the successful candidates, who were called up to receive their degrees, the honour men coming up singly, and the pass men in batches of four. The noble president read to each from a card the formula of degree-conferring, "by virtue of my authority as Chancellor of this University," &c., &c., but he had to repeat it so many times that we expect it is now stereotyped upon the ducal memory. This process of individual degree conferring was rather tedious, and we would suggest that in future the candidates, both honour and pass, should be called up in sections of twelve, which would abbreviate the proceeding by one-half, and confer an unmixed benefit on all parties. The Duke now called upon the Chief Secretary, the Right Hon. G. O. Trevelyan, M.P., to address the meeting, gracefully remarking that Mr. Trevelyan, in addition to being the literary heir of Macaulay, had much distinguished himself personally in the world of letters. The right hon. gentleman promptly complied; and we have seldom experienced greater pleasure that we did in listening to an address faultless alike in delivery and in matter, and in perfect harmony with the occasion. Avoiding all disputed points of the religious or political aspects of the education question, the Chief Secretary pointed out to his young audience the advantages of these University contests, where the best and most strenuous qualities of our nature are put forth, and where defeat leaves no sting of bitterness behind. He said:—

"I have been told by a gentleman who knew the University of Cambridge for perhaps a period of forty years, that in all that time, amidst the hundreds and hundreds of young men who engaged in desperate struggles against each other for the University prizes, he only knew one instance of a distinguished man who in after-life bore a grudge against another distinguished man for having beaten him at the University. And I am quite certain when I heard the generous cheering with which their fellow-students greeted those among them who had borne off the bell to-day, I felt that those sentiments had deeply their root in the Royal University of Ireland (applause). Now perhaps you will allow me to say one word about a competition of this nature. I often think that the successes of the University, valuable as they are, are not as really valuable as University defeats. A man never goes into the world knowing his own true value so well as when he has been through the University. He is very apt to come up to the University with a good deal more self-esteem than self-knowledge. He may be the head boy of his school, or the idol of his home circle. He goes to the University believing he can carry everything before him, and at the University he finds, in spite of all his exertions, he is beaten at every turn by someone who is, perhaps, awkward and shy in society, and whom, if he had not met in the University arena, he would be inclined to look down upon; and then he goes home, having learned a good deal of Latin and Greek, but having learned something a good deal more valuable, and that is a habit of not thinking himself ill-used when, having done his very utmost, he sees the prize for which he is contending carried off by someone whom he generously allows to be a better man than himself."

The Chief Secretary concluded by a graceful tribute to the abilities of those young Irishmen who had been his own fellow-students at Cambridge. At the commencement of the right hon. gentleman's address there had been some hissing from students of advanced national opinions; but the ringing and universal cheers which greeted its conclusion showed how deeply it had touched the hearts of the youthful auditory in the students' benches.

The Professorship of Anatomy in the Irish College of Surgeons.

On to-morrow, Thursday, the Council of the Royal College of Surgeons in Ireland will elect to the Professorship of Anatomy in the College a successor to Professor Cunningham, who has taken the Chair of Anatomy and Chirurgery in the Dublin University School. The emoluments of the vacant chair now exceed £600 a year, and are expected to increase largely within a few years. The candidates for the appointment are—Dr. Knott, Senior Anatomical Demonstrator in the College School; Dr. Barton, Demonstrator in the School of the Dublin University; Dr. Collingwood, who occupies the same position in University College, London; Dr. Frazer, Senior Demonstrator in Owens College, Manchester; Dr. Reid, Senior Demonstrator in the School of St. Thomas's Hospital; and Dr. Arthur Thomson, who, since Dr. Cunningham left Edinburgh, has been Senior Demonstrator in the University. It is expected that the election will take place, for the first time, by the entire Council, instead of by seven Councillors chosen by lot, a supplemental charter to enable this to be done having been recently obtained from Her Majesty.

Considerable public sympathy has been aroused by the circumstances which caused Dr. Haffenden last week to commit suicide; and on Saturday last, when his remains were interred in Brompton Cemetery, a large number of friends and of the general public were present at the grave.

The office of Secretary of the Council of the Irish College of Surgeons has been vacated by Dr. James Stannus Hughes, who has occupied the position continuously for over twenty years, since the death of Dr. Henry Maunsell, having served the College during the long period with most conscientious zeal. The duties of the office have so greatly increased of late years that Dr. Hughes finds himself unable to devote himself to them as heretofore. If the Council accept the resignation of Dr. Hughes, it is understood that Dr. Jacob will offer himself as Dr. Hughes's successor, and, if he should be elected, a vacancy in the Council must necessarily occur.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Opening of the Edinburgh Medical Schools.—At the commencement of the winter session, last week, all the class-rooms were well filled, some of them uncomfortably so, notwithstanding the new and magnificent buildings which the University of Edinburgh has now a command. Eloquent tributes were paid by the various professors in their introductory addresses to the beauty and excellences of the new rooms and laboratories, and to the munificent benevolence and self-denying labours of their original founders, and of those who had followed in their footsteps. "Here," said Professor Crum Brown, "the original founders' intention was, that medicine and the sciences upon which medicine depended, should be studied in the most thorough, the most practical, the most successful manner. They naturally looked back on the old site which they had left, and thought of the memories associated with it and with the class-rooms which one after the other were erected. Here lectured Cullen, the wise and scientific physician; Black, the genius to whom in great part they owed the revolution which made chemistry what it now was; Hope, the clear and elegant lecturer; the learned Gregory; and Playfair, who, by his practical ability and remarkable organising power, created a good teaching laboratory under the most unfavourable conditions. When the University buildings which they had just left began to be occupied there was then, as now, a crowd of medical students gathered from all parts of the world. That was a busy time in the medical schools. All Europe was in arms, and pestilence followed in the footsteps of war. Army and navy surgeons fell fast, and the supply scarcely kept pace with the demand. Let them hope that it might be long before such a cause of prosperity recurred."

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 20th inst., was 73, and the death-rate 16 per 1,000. Diseases of the chest accounted for 34 deaths, and zymotic causes for 9, of which 1 was due to fever, 1 to diptheria, 1 to scarlatina, and 1 to measles. The intimations of these diseases were 16, 4, 49, and 26 respectively.

Gilson Hospital, St. Andrews.—At a meeting of the Gilson Trustees, recently held, it was unanimously resolved to appoint Dr. Bell Pettigrew, F.R.S., Professor of Medicine in the University, as medical officer to that new and important institution.

Opening of the Medical Classes at the University of Aberdeen.—The winter medical session at Marischal College was opened on Wednesday, the 24th inst., all the professors, with the exception of Dr. Hay, the newly-appointed Professor of Medical Jurisprudence, having then begun their curriculum of study. Several of the professors gave addresses of an interesting chararacter.

Mauchline—Death of Dr. Faulds.—Dr. Mathew Faulds died at Mauchline on Monday, the 24th inst. The deceased gentleman was a native of Stewarton, and went to Mauchline thirty-six years ago. He was sixty-five years of age, and leaves a grown-up family.

Coombe Health Lectures.—Dr. Andrew Wilson, F.R.S.Ed., on the 22nd inst. commenced a series of lectures in the Assembly Rooms, Leith, under the auspices of the Coombe Trustees, and by arrangement with the Committee of the Leith Public Institute and Library. The subject of the first lecture was "The Conditions of Health, and the Common Causes of its Disturbance."

Epidemic of Measles in Ecclefechan.—Measles have broken out in epidemic form in Ecclefechan and district. The public school has been closed for a time. Fortunately the measles are of a mild type.

Outbreak of Typhoid Fever from Milk.—An outbreak of typhoid fever, which has speedily assumed epidemic proportions, has just taken place in Dundee. From the 1st of October up to Sunday no fewer than 85 cases of this form of fever have been reported to the sanitary authorities, and the inquiries which were at once instituted, resulted in the discovery that of these as many as 36 were among the customers of one dairyman, James Henderson, of Craigie, the remaining 27 of the 63 which had occurred since the 11th of October being supplied from eleven different dairies. Last week three of Henderson's children were certified to be suffering from typhoid fever, and Henderson then agreed to have the children removed to the Infirmary, and to stop the sale of milk from his premises until they were thoroughly disinfected. Subsequently, when sent for by the authorities, Henderson refused to allow his children to be removed, and a magisterial order had to be issued prohibiting him from selling milk within the burgh of Dundee for a period of seven weeks. The epidemic, nothwithstanding, continues to spread, and about 120 cases had been reported up to the time of our going to press. A special meeting of the Police Commission has been held to consider the circumstances of the outbreak, and it was resolved that the sanitary inspector should get additional assistance to enable the staff to deal at once and promptly, so as to stamp out the fever; an examination of all shops and dairies where milk is sold was ordered; and the Sanitary Committee were specially instructed to consider further the whole matter, and act as they considered necessary.

Correspondence.

THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I accept categorically the numbered charges brought against me by Mr. G. L. Johnson; they are admirably expressed, and perfectly true in my intent. There are two ways of producing voice—(1) falsely, and (2) artistically. These have their physiological equivalents, and I am writing to physiologists on a neglected point of physiology not known to Müller, or Ellis, or Kirke. I have as much right to expose the errors of these gentlemen as I had to expose the error of Helmholtz in his physical basis of hearing.

Mr. Johnson should measure the strength of a man before he attempts to rise to the position of a critic. My hydrostatical equations have been worked out by my brother, Rev. J. R. Lunn, B.D., a fourth wrangler, and by two other pupils of Cambridge's best hydrostatician—Mr. Besant—one a first wrangler, the other a fourth. No one but an irritated partisan would have omitted the words, "Now let it (the elastic bottle) be stretched by any means."

I know photographs of the vocal cords producing voice falsely have been taken, just as I know the difference between a howl and a musical tone, and I write in defence of the latter. It was not the celebrated Dr. Johnson who defined a crab as "a small red fish that walks backwards;" it was the French lexicographers, and they justly met with Cuvier's reproof. If Mr. Johnson will refer to Mr. Behnke's "Mechanism of Voice" he will see how maliciously I am attacked, so much so that a paper in review—*Nature*, or *The Academy*, I think—raised a protest against it. In the reprint of my paper from this journal (1873) I wrote of Herr Behnke thus: "The lecture at University College was but an echo second-hand of Madame Seiler's errors, so her printed words are responsible." In subsequent editions I in kindness excised all reference to him, and a kind action is never forgiven by some. I was challenged by my pupil, Mr. Maccabe, the ventriloquist, in 1878, to write down the laryngoscopists as injurious to art. I was again challenged to meet Herr Behnke's book last Christmas, and the Editor of this paper knows that I left the decision of the insertion of the collated passages to him.

May I call attention to the extract from Prof. Ellis in Mr. Johnson's letter? "The use of the false vocal cords are (is) unknown." This is strictly a physiological point which Dr. Illingworth, of Clayton-le-Moors, and I have succeeded in proving to demonstration.

I am, Sir, yours, &c.,
CHARLES LUNN.

Edgbaston, Birmingham.

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LOCAL BOARD JOBBERY AND THE ELECTION OF MEDICAL OFFICERS OF HEALTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me, through the medium of your valuable columns, to expose as clear a case of local jobbery as could well be perpetrated. Last week the election of a medical officer of health in one of the lake counties took place under the following circumstances:—A well-known medical Baronet in London obtained for the late medical officer of the district a most lucrative post in London, and as a return the medical officer was to obtain the vacated post for a nephew who had for some time been on the hands of the Baronet in question. To work the matter more successfully, the post, though vacant for three months, was not advertised till a fortnight ago. During the three months the nephew has been tinkering about with a medical officer of health so as to get a testimonial for a practical (?) knowledge of sanitary matters. Among the other candidates were men who had been for four or five years medical officers of health, and several also held sanitary science diplomas. Now, Sir, may I ask what advantage is to be gained by making oneself a master of a subject when at any moment a mushroom candidate may start up with no other qualifications for the post than his uncle's name. In four or five years the young gentleman will doubtless by the same agency be landed in a rich Government appointment. It appears, also, that the young gentleman's practical knowledge of water analysis is somewhat defective. I may state that three other candidates were summoned at the expense of the ratepayers to witness the farce of the election.

I am, Sir, yours, &c.,
JUSTICE.

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"NEALE'S MEDICAL DIGEST."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is no disguising the fact that Dr. Richard Neale mistook the reprint of my *Lancet* article in the *Philadelphia Medical and Surgical Reporter* for an original communication, and that he attributed it to a non-existent Dr. Quinlan of Philadelphia, whom he admits he evolved out of his own imagination. No amount of sophistry or of special pleading can obscure this plain issue. Dr. Neale states that he did not overlook my article in the *Lancet*, and that he has it noted in the MS. of his future Appendix. I at once accept this statement; but it makes me wonder the more at his mistaking for an original American communication the reprint of an article which he had so recently read and noted. He fastens upon the typographical error of "83" for "94" in a page reference, and to this he is welcome.

Most persons having made a mistake of this kind would simply acknowledge it; but Dr. Neale apparently prefers to go off on the side issue that my method of curing abscesses of the neck without deformity has been already described by writers on both sides of the Atlantic. I am familiar with the authorities which he quotes, and with some other similar ones; but they all describe the old methods of using setons, metallic and otherwise. As long as setons were thus employed the distiguring cicatricial marks were of constant occurrence.

Dr. Neale objects to the expression "my 'Medical Digest,'" saying that it belongs to the profession, and is a labour of love on his part. On the labour of love question I pronounce no opinion; but the belonging of the work to the profession must be strictly limited to those medical men who are willing to acquire it in the ordinary way by paying their guinea or more. In regard to this book, I venture to express my opinion that it is not a "medical digest" at all, but simply a continuous *index* of current medical literature. This would be a much more suitable title for it; and in this humble but useful capacity there is nobody who has a higher opinion of its value, or perhaps oftener refers to it, than

Yours, &c.,
F. J. B. QUINLAN, M.D., M.R.I.A.

29 Lower Fitzwilliam Street, Dublin,
October 24, 1883.

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Literature.

LECTURES ON THE LOCALISATION OF CEREBRAL AND SPINAL DISEASES. (a)

[FIRST NOTICE.]

IT is scarcely necessary for us to introduce the name of Charcot to our readers. It is possibly the best known and widest spread of any physician. All the works which he has published, and the doctrines he has advanced, tend to make the name of Charcot better and better known to us. They have all, we believe, been translated into other languages, and very soon after their appearance in the French; and this we take it is as good proof of their value as any which could be given. Nor do we think the present work will be any exception to the preceding remarks. It relates, as our readers may observe, to the tracing of certain diseases to injuries or diseases of the brain or spinal marrow; and yet though this work is one of which we can scarcely speak too highly, we must say the reading of it has left some misgivings on our minds, as to how far the pathological facts can be accepted as absolute truth. Not that for one moment we would question the veracity of our author, but that the subject is one of extreme difficulty, and our knowledge of the functions of the various parts of the nervous system, cannot, we believe, be even yet considered as approaching to certainty. Nor is this feeling at all lessened when we observe that the Translator himself, in his preface, states that the author's views about the functions of vision "are in accordance with many clinical facts: Nevertheless, he goes on to say some researches of Professors Ferrier and Yeo must be taken into careful consideration." The Translator then goes on to give the results of their experiments, which we need not give here, but which do not accord with those of Charcot. But again, the Translator states that he has called attention to "another focus situated in front of the pyramidal tracts." That is, as we understand it, there is another source from which certain functions may arise, and which had not previously been recognised. But further still, the Translator, states "that recent researches into the nature of the so-called tendon reflexes have led to conclusions at variance with the generally accepted views," which views, be it observed, are those held by Charcot. With such statements meeting us in the preface it is not possible to read this work without its leaving on our minds a degree of uncertainty which prevents us accepting its teachings as fully as we otherwise would. Still, with these drawbacks, there is quite enough to demand the attention of the reader. To a few of the points which the author calls special attention to we would now direct notice.

(a) "Lectures on the Localisation of Cerebral and Spinal Diseases." Delivered in the Faculty of Medicine of Paris by J. M. Charcot. Translated and Edited by W. B. Hadden, M.D. London: The New Sydenham Society. Pp, 341.

In Chapter I. the author introduces the subject by insisting on the need which exists for having clear ideas of the several parts of which the brain proper is composed, and also that a distinct nomenclature should exist. In these remarks we entirely concur, they are but another way of saying that a knowledge of anatomy, and in this particular instance in its minutest details, is essential to the study of disease; all disease, be it observed, and not the brain in particular. The author further states that the study of the human brain is greatly simplified by studying the brain of the ape which is very much a less complex organ in this animal than in man. There are good engravings given of both the human brain and that of the ape, without which, indeed it would not be possible to follow the details the author gives. At the end of this chapter special attention is drawn to the differences which obtain between the grey or cortical portion in the several regions, and this important question is continued at much greater length in Lectures II. and III. But we are not going to give any of the particulars, and have only to say that these two lectures are mainly taken up with the histology of the brain, and this, again, is followed by an account of the vascular system of the organ, the diseases of which are known to have such an important relation to all the forms of apoplexy and paralysis. It would seem as if each artery had its own special region to supply, and that, though there existed an anastomosis like other arteries, still it is not of that free character which other regions of the body exhibit, and in some parts of the brain, as for example between the peripheral and internal portions, no vascular communication seems to exist. Hence, embolism and hæmorrhage may be wonderfully localised, and disease resulting from these states may present itself in every possible degree. In perusing these lectures too we conclude that it is through morbid states of the blood vessels, and these alone, that disease of the nervous system proper occurs. This we think an important point to keep in mind, as by so doing it must give a directly practical turn to all our therapeutic efforts.

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Pass Lists.

Royal College of Physicians of London.—The following candidates having passed the necessary examinations, were admitted Members of the College on October 25 :—

Chadwick, Chas. M., M.B.Oxon.
Chapman, Paul M., M.D. Lond.
Dutt, Money L., L.M. Bombay.
Duncan, W. A., M.D.Brussels.
Jones, Charles M. H., L.R.C.P.
Money, Angel, M.D. Lond.
Savill, Thomas D., M.D.Lond.
Suckling, C. W., M.D. Lond.

The following candidates were admitted Licentiates on October 25th :—

Backus, Lorenzo, M.B. Toronto
Bell, John
Bolton, Alfred
Boswell, John Irvine
Bowser, James Chas., M.D. McGill
Cahill, John
Carruthers, George, M.D. McGill
Cock, Morris Fisher
Cook, Jonathan Nield
Cox, John Henry
Dacre, John
Dolsen, Francis Jacob, M.B. Tor.
Doyle, Edward Angel Gaynes
Edwards, George Frederick
Evans, William George
Fraser, James Alexander
Greenwood, George
Harries, Henry Jones
Hooper, Henry Walpole
Hoople, Edwin Manley, M.B. Tor.
Irving, Duncan Bell
Jalland, Robert Wallace
Jenner, John Earl, M.B. Toronto
Knaggs, Robert Lawford
Lawrence, Sidney Cameron
Leaver, Charles Basil
Merces, James
Miller, Thomas Hugh
Nunnerley, Philip Jebb
Oliver, Vere Langford
Paley, Frederick John
Robinson, Henry Betham
Rook, Albert Edward
Stewart, Edward
Stokes, Francis Alexander
Webster, William Frederick
Wigg, Henry Higham
Wood, Neville Thorold

Royal College of Surgeons of England.—The following candidates, have passed the required examination, received the diploma in Dental Surgery on Wednesday, Oct. 24 :—

Burton, Harry Sandford, Wellington. Dorey, Richard St. John, Brighton. King, Arthur, York. Latchmore, Edward, Tunbridge Wells. M'Stay, John, Belfast. Petherbridge, James, Buckfastleigh. Pillin, Harry Linsell, Conduit Street. Thomson, George, Melbourne. Woodhouse, A. E. Clayton, M.R.C.S.

University of Durham.—The following is the pass list for the examinations during October for the degrees in Medicine and Surgery. Subjects :—Anatomy, Physiology, Chemistry, and Botany.

Second Class Honours.—Hendricks, Cecil Morgan.

Pass List.

Aubrey, Alfred Reuben.
Awdrey, Walter Robert.
Barber, Frederick Samuel.
Barker, John.
Caley, Guthrie Neville.
Crosby, Robert.
Carr, Thomas.
Davis, Ifor.
Hodges, Charles Robert.
Hindle, James.
Iliewicz, Henry Frederick.
Jennings, Charles Egerton.
Moore, Walter Francis.
Malden, Frank James.
Nance, Arthur Stanley.
Packman, Alfred Charles A.
Panton, John Edward.
Platt, Henry Thomas.
Rowe, Arthur Walton.
Ruddock, William James.
Spoor, William Joseph.
Simpson, Basil Claude.
Stevens, James Jesse Wm.
Street, Ashton.
Straughan, John.
Wilding, James.
Wightwick, Fallon Percy.

The following satisfied theExaminers in Anatomy, Physiology, and Botany :—

Coad, John Edwin.
Harling, Thomas.
Plummer, Henry B. W.

The following satisfied the Examiners in Anatomy, Physiology, and Chemistry :—

Cross, Henry William.

University of Oxford.—At a Congregation holden on Thursday last, October 25, the degree of Doctor in Medicine was conferred on Ernest W. Cottle, of Merton College.

University of Cambridge.—At a Congregation holden on Thursday last, October 25, it was agreed that the complete Degree of Master of Arts, *honoris causa*, be conferred upon Michael Foster, Professor of Physiology, and Alexander Macalister, Professor of Anatomy.—At the same meeting, Reginald Edward Thompson, M.D., was appointed Assessor to the Regius Professor of Physic during the current academical year.

Royal College of Surgeons in Ireland.—The following gentlemen have been elected Examiners in Dental Surgery for the ensuing year :—Henry Gray Croly, Edward Stamer O'Grady, E. A. Stoker, Arthur W. Baker, J. Daniel Corbett, and Henry G. Sherlock.

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Notices to Correspondents.

Dr. Christian.—The certificate is a valuable indication of attainments in sanitary science; it can, however, only be obtained by those who have already graduated in medicine at the University.

THE CONTAGIOUS DISEASES ACT IN ABEYANCE.

It is evident by the hospital returns which have been received at head-quarters from the principal military stations, that something must soon be done to check the ravages of the disease which was kept within bounds for many years by the operations of the Contagious Diseases Act, now in abeyance. A most alarming state of things is disclosed. The efficients of our weak regiments are becoming fewer, while the hospitals are crowded. In fact, should the number of sick from this cause go on increasing as hitherto, large additions will have to be made to the hospital accommodation and medical staff at all stations. Nor is this all. The number of men in hospital with the disease is no measure of the extent to which it may really exist, and it is feared that many men, to their great injury, persistently conceal their disease from the medical officers. The extent to which the efficiency of the army is impaired by recent legislation in these matters is shown by the fact that at least seven per cent. of the 84th York and Lancaster Regiment have been left behind in hospital at Aldershot, suffering from disease, on the departure of the regiment for Bermuda.—*Army and Navy Gazette.*

Mr. A. G.—Nothing is gained in discussion by calling your opponent names, and stigmatising his problems (which he calls facts) as preposterous and evidence of psychological deterioration. You should remember that Mr. Lunn has many names of scientific eminence on his side, and that—if only on this account—he is entitled to consideration. He propounds under his own name a theory he honestly believes in, which has considerable interest for the medical as well as the musical profession: if you can prove such theory to be groundless, by all means meet it with facts; but we cannot allow our columns to be made the vehicle of anonymous abuse of another correspondent. On this subject we commend Mr. Lindsey Johnson's letter to you in our last issue.

Dr. Carvell.—The Local Government Board is the only authority in all questions of the kind you mention. Regulations are framed for the guidance of its officers, and according to them there is no alternative course.

A. A. T.—The matter is one for the consideration of the Council, and accordingly as it decides must the arrangement be made. Any assistance we can lend will be gladly given.

Mr. F. E. R. (Edinburgh) will see the subject referred to under our Scotch correspondence.

Dr. Ryan (Gloucester) is thanked for his communication.

POOR-LAW MEDICAL OFFICERS' DUTIES UNDER THE LABOURERS' ACT.

SANITAS writes: Having read with much satisfaction your article on the above in the issue for October 10, I shall feel thankful by your enlightening me on the following, viz.:—1. Whether I am not bound by the sanitary Act to inspect a labourer's dwelling on receipt of an order from the sanitary authority accompanied by a statement that the house was supposed to be in a defective sanitary condition? 2. Would I not also be bound to act on receipt of the usual official notification from the sub-sanitary officer? 3. Admitting that many such cases may not come under the category of *bonâ fide* sanitary work, is there any redress under the above circumstances? It occurs to me that if we refuse to inspect under the recent Labourers' Act, unless paid for it, our sanitary boards may compel us, by transforming such cases into sanitary ones, and thus manufacturing for us a species of work that in the first instance we did not bargain for.

[We by no means advise our readers to refuse to do the duty, although we do not believe that they are legally liable for it. If the guardians avow their determination not to pay for the inspection, an appeal should at once be made to the Local Government Board, who, we hope, will take steps to secure a reasonable remuneration for the medical officer, as they are—under the Act—empowered to do. The duty of the medical officer of health is defined by the 11th section of the Public Health Act, which says, that the said Board shall assign to the medical officers of health their respective duties and functions *in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains*, or in generally aiding the administration of the sanitary laws within the district. In accordance with the power here given, the Board issued a general order, which declares that every medical officer of health shall inform himself, as far as practicable, respecting all influences affecting or threatening to affect injuriously the public health within the district in his charge, and shall from time to time, as occasion may require, report on the subject to the sanitary authority, and recommend the measures which, in his opinion, should be adopted for the protection or improvement of the public health in such district. And again, every medical officer of health shall attend meetings of the sanitary authority, whenever required to do so, and shall assist in all proceedings in which his assistance may be required. Every medical officer of health, shall, in matters not specially provided for in this Order, observe and execute the instructions of the Local Government Board, and all the lawful orders and directions of the sanitary authority applicable to his office. As to the legal aspect of the matter, it seems plain that the Act does not contemplate the inspection of dwellings which are healthy and not the subject of nuisances, but the words "aiding the administration of the sanitary laws within the district" is sufficiently general to leave doubts as to this particular duty. We contend that the Labourers' Dwellings Act is not a "sanitary" law, and is, therefore, not included within this phrase. As to the orders of the Local Government Board and of the guardians, they are binding as long as they are in conformity with the Act, and no longer. They are purposely vague, and would cover any or every duty conceivable. On the whole, we advise medical officers of health not to object to perform the duty, pending an expected n declaratio on the subject of fees by the Local Government Board.—ED.]

DR. HUGH AUCHINLECK.—Your papers on the "Brandis Treatment of Syphilis" shall appear as soon as space permits.

DR. JOSEPH ROGERS AND POOR-LAW SERVICE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me to draw the attention of your readers to a movement which has been set on foot with the view of presenting to Dr. Joseph Rogers, the President of the Poor-law Medical Officers' Association, a testimonial, as a mark of the esteem in which he is held by Poor-law medical officers, and as a recognition of his unwearied advocacy of their claims, his fearless exposure of injustice done to them, and the able assistance and advice which he has freely given to such of them as have been unfortunate enough to be at variance with their boards.

The unjust treatment Dr. Rogers has received at the hands of the Westminster guardians will, I hope, shortly be brought before the Local Government Board; but I venture to suggest that no better time than the present could be chosen for his fellow-officers to express their sympathy with him, and that such an expression from a large number would show that they have appreciated his labours on their behalf, that in a good cause they are capable of acting in concert, and that they respect themselves and their office in manifesting respect for one who has fearlessly done his duty, although, for doing it, he has received the usual punishment accorded by guardians to parochial medical officers.

The following gentlemen have kindly promised to receive subscriptions, viz., Ernest Hart, Esq., Editor of the *British Medical Journal*; C. Frost, Esq. (Treasurer, Poor-law Medical Officers' Association), 47 Ladbrook Square, Notting Hill, London; J. Wickham Barnes, Esq. (Secretary, Poor-law Medical Officers' Association), 3 Bolt Court, Fleet Street, London.

Yours &c.,

Shrewsbury, Oct. 23, 1883. FRANCIS WHITWELL.

DR. T. W. E.—We are quite at one with your views; you have our authority to convey them to your opponent, who, we think, has acted thoughtlessly, not from malicious motives.

DR. G. H. (Finsbury).—We cannot promise without first seeing the MS. It shall be returned if found unsuitable.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Centra London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Roya Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St Thomas's, 1.30 p.m.

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Vacancies.

Birmingham Hospital for Infectious Diseases.—Medical Superintendent. Salary, £150, with board and residence. Must be unmarried. Endorsed applications to the Chairman, Council House, Birmingham, before November 3.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications to the Chairman before November 4.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary before November 10.

Great Yarmouth Hospital.—Resident House Surgeon and Dispenser. Salary, £90, with board. Applications to the Hon. Sec., Dr. C. A. Ducket.

Middlesex County Lunatic Asylum.—Resident Medical Assistant for the Male Department for six months. Honorarium, £21, with board, &c. Applications on printed forms before November 4.

St. George's-in-the-East.—Medical Officer to the Infirmary. Salary, £300, with unfurnished residence, coals, gas, &c. Applications by November 2, to J. B. Brown, Esq., Clerk's Offices, Old Gravel Lane, E.

Wrexham Infirmary.—House Surgeon. Salary, £100. No board. Applications to the Secretary before November 9.

Appointments

BENSON, P. L., M.A., M.S., M.Ch. Q.U.I., Medical Officer for the Third District of the Buckingham Union.

DRYDEN, D. D., Assistant House Surgeon to the South Devon and East Cornwall Hospital.

HILL, H. G., M.R.C.S., Assistant Medical Officer to the Cane Hill Asylum.

HOSEGOOD, W., M.B., C.M. Ed., Medical Officer of Health for the Amersham Rural Sanitary District.

JONES, W. R., M.B., C.M. Ed., Medical Officer of Health for the Brecon Urban Sanitary District.

M'CLURE, T., M.D. Brux., L.R.C.P. Ed., F.R.C.S.I., Medical Officer for the Second District of the Woodstock Union.

MAIR, A. H., M.B., C.M. Aber., Medical Officer to the Workhouse, Woodstock Union.

Marriages.

KING—GREEN.—October 23, at St. Mary's, Norwich, Arthur King, M.B., C.M., of Thorpe Hamlet, Norwich, to Lucy Selby, only daughter of Isaac Green, of Norwich.

Deaths.

CLARKE.—October 25, at Yeovil, Somerset, William Clarke, M.D., aged 75.

GILLIES.—October 15, in London, suddenly, Walter Gillies, Surgeon, 20th Punjaub, N.I., aged 29.

HAFFENDEN.—October 23, at 7 Bath Place, Kensington, Dalton Adolphus Haffenden, M.R.C.S., aged 50.

HIGGINS.—October 27, at Weston House, Southwark, Andrew H. Higgins, L.R.C.P., aged 61.

LAWSON.—October 23, at Vevey, Switzerland, Caroline Susanna, widow of J. A. Lawson, M.D., Deputy Inspector-General of Hospitals, aged 63.

LITTLER.—October 22, Surgeon-Major John Harry Littler, M.D. (Retired), H.M.B.S., aged 74.

O'REILL.—October 22, at 15 Brunswick Road, Brighton, late of Ware, Herts, John O'Reilly, M.D., aged 68.

WARWICK.—October 17, at Teignmouth, Richard Archer Warwick, M.D., formerly of Richmond, Surrey, aged 51.

LOCUM TENENS.—WANTED, by a Gentleman doubly qualified (L.R.C.S.I. & L.K.Q.C.P.I.), an engagement as above. Has had considerable experience. Unexceptionable references.—Address, X.Y.Z., MEDICUS, Medical Hall, Portarlington.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 7, 1883.

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SYPHILIS OF THE LARYNX, REVIEWED IN CONNECTION WITH RECENT CLINICAL AND PATHOLOGICAL INVESTIGATIONS.

By GORDON HOLMES, M.D.,
Physician to the Municipal Throat and Ear Infirmary, London.

(*Continued from page* 372.)

Pathogenesis.—The causes which determine an isolated outbreak of syphilis in the larynx can only be sought for in some prior condition which renders the organ a veritable *locus minoris resistentiæ.* Thus Mackenzie (*a*) calls attention to the fact that a majority of cases occur in the inclement months of winter when simple acute affections of the air-passages are always most common. When pharyngeal syphilis exists at the same time the effects of continuity or contiguity of structures must not be lost sight of; and Ziemssen (*b*) notices that in such instances the disease most frequently attacks the epiglottis, first to which it travels by the way of the pharyngo-epiglottic ligament. The latter author also justly considers the "mechanical irritation and atmospheric injuries to which the larynx is exposed in some occupations" are very effective exciting causes.

Statistics relative to the comparative frequency of laryngeal and syphilis in other localities are in a very incomplete state, and so contradictory that little reliance can be placed on them. Thus Willig (*c*) amongst 218 post-mortem cases found the larynx affected in 15·1 per cent. Engelstedt (*d*) saw 25 cases in 521 syphilitic persons, or 4·8 per cent. Gerhardt and Roth (*e*) amongst 56 instances of syphilis found 18 patients suffering in the larynx, or 32·1 per cent; and Lewin (*a*) met with 44 laryngeal cases in 1,000 syphilitic persons, or 4·4 per cent. The wide discrepancies of these observations render them quite useless taken separately, but if we combine them we get 14·1 per cent., which must satisfy us as an average until better material is afforded.

As regards the chances of the larynx being attacked in the secondary or tertiary stages, Gerhardt and Roth's cases showed that in the early forms only one-fourth of the patients were affected in the larynx; but of those suffering from tertiary syphilis over one-half. Indeed, the laryngoscopist sees a great many more instances of the severe or advanced types of laryngeal syphilis than of the milder lesions; but of course it must not be forgotten that persons affected in a slight degree are not likely to resort so numerously for special medical treatment.

The distance of time from primary infection after which syphilis may attack the larynx varies so much that no rule can be established, but most cases, as noted by Sommerbrodt (*b*), appear to occur in from two and a-half to five months. A great number of years, however, often elapse between the primary sore and the first laryngeal symptoms; and, as far as patients' statements can be relied on, I have found one or two years mentioned in the greater proportion of my own cases. Türck records one not manifesting itself till thirty years after; and Mackenzie, though without exemplification, extends the time to fifty years.

Syphilis of the larynx may be met with at any age, but nearly all instances occur between 17 and 40. Sex also predisposes to it, and the majority of those who suffer are males. The following table gives the details as regards age, sex, and form of disease in 147 cases that have come under my own treatment:—

(*a*) "Diseases of the Throat," 1880, p. 352.
(*b*) "Cyclopædia of Medicine," vol. vii, 1877, p. 871.
(*c*) "Prager Vierteljahrschrift," 1856. Bd. xiii, 2, 6, 20.
(*d*) "Virchow and Hirsch's Jahresbricht," 1868. Bd. ii, p. 585.
(*e*) "Ueber Syphilitische Krankheiten der Kehlkopfes, Ebendas," 1861. Bd. x, p. 7.

(*a*) *Op cit.*
(*b*) *Wiener medizinische Presse,* 1870; No. 20.

Age.	MALES.	Per cent.	Sec'dary.	Per cent.	Tertiary.	Per cent.	FEMALES.	Per cent.	Sec'dary.	Per cent.	Tertiary.	Per cent.	TOTAL.	Per cent.
17 to 25	7	4.8	1	·7	6	4·1	8	2·0	0	—	8	2·0	10	6·8
25 to 35	51	34·7	6	4·1	45	36·1	27	18·4	5	3·4	22	15·0	78	53·1
35 to 45	38	25·8	4	2·7	34	23·1	8	5·4	2	1·4	6	4·1	46	31·3
45 to 55	11	7·5	0	—	11	7·5	0	—	0	—	0	—	11	7·5
55 to 60	2	1·8	0	—	2	1·4	0	—	0	—	0	—	2	1·4
	109	74·2	11	7·5	98	72·2	38	25·8	7	4·8	31	21·1	147	100·1

All cases included in this list as secondary had condylomata in the pharynx, except one case of condyloma on the epiglottis. They were, in fact, cases of chronic catarrh of the larynx, sometimes with shallow ulceration or pink spots on the vocal bands, presumably syphilitic on account of the pharyngeal lesion.

In infancy the larynx is sometimes affected as a consequence of hereditary syphilis. A few such instances have been put on record, notably that by Isidor Frankl, (*a*) in which a child aged ten weeks showed signs of syphilis and died after ten days with extensive perichondritis of the cricoid and arytænoid cartilages and abscess opening into the cavity of the larynx. Other cases have since been observed, the most remarkable being two by Semon (*a*) in infants under two months, the same being brothers.

Pathological Anatomy.—Under this heading we have to describe the features of the disease as ascertained when the larynx can be detached from the body, dissected, and viewed by fragments under the microscope. The processes recognised as thus observed are catarrh, condylomata, follicular hyperplasiæ, gummata, and ulceration, including perichondritis and the ultimate cicatrisation.

a. The catarrh here presents nothing more characteristic than it does to the laryngoscopist; we can only observe the usual proliferation and shedding of the epithelium, laying bare the basement membrane when the action is sufficiently intense.

b. In the mucous patches we find the ordinary hypertrophy of the papillary body with deposit of exudation cells in the *rete Malpighii*, &c. As elsewhere, the molecular disintegration is confined mostly to the cells of the epidermis, giving rise to a slimy, greyish secretion, but if it extends to the papillary body, then rapidly extending, though not deep, ulcers are formed.

c. The follicular hyperplasia consists in a cell proliferation attacking the lymphatic follicles. As this new material has a very low vitality it is likely to break down and ulcerate, and to this condition Virchow, (*b*) comparing it to the well known external buboes, has given the name of "follicular bubo." They appear in the larynx when seen early as small ragged openings, but they soon coalesce into larger ulcers which retain no certain trace of their origin.

d. The gumma of the larynx is like that of other parts, and when old presents a yellowish surface. As Gabriel Fallopius (*c*) described them three centuries ago, so they appear to modern pathologists, viz., "Isti tumores cum contineant materiam crassam, quæ est veluti gummi eliquatum, ideo gummata Gallica vocantur a medicis." Virchow's (*d*) description of laryngeal gummata is still most relied on. "Their beginning," says he, "consists of little roundish elevations, like the follicles at the root of the tongue, but of a softer, more narrow-like consistency. They are often plentifully supplied with blood vessels, and especially encircled by varicose veins." Proceeding with his observations he remarks that the gumma in the larynx has not the glutinous or firm character that it shows in the periosteum or skin, but possesses a well-marked medullary, whitish or yellow appearance, arising from a copious proliferation of cell-elements.

e. Virchow goes on to show that the ulcers produced by the gummata are at first superficial, and gradually penetrate to a great depth. When they become profound they provoke a purulent perichondritis; hence portions of the cartilages become necrosed and are subsequently discharged, thus forming extensive sinuses. From the cicatrisation of such deep ulcers stenosis commonly results. This process of cicatrisation is found by Virchow to be unusually productive of material at the periphery, whilst being almost barren at the central parts. And it has been further observed that around syphilitic cicatrics papillary hyperplasiæ are very apt to form, so as to weaken greatly the resistance of the mucous membrane in this vicinity. *Unsupported* thus on both sides the thick and dense cicatri is in the most favourable position for strong and progressive contraction.

(To be continued.)

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THE Countess von Bose has bequeathed 700,000 marks (about £35,000) to the University of Marburg, and a like sum to the University of Jena.

(*a*) *Wiener Medizinische Wochenschrift.* 1868. Nos. 69 and 70.

(*a*) Quoted by Lefferts, *loc. cit.*
(*b*) *Op. cit.*, Bd. II, 2, p. 412.
(*c*) "Tractatus de Morbo Gallico, Patavii, 1564, cap. xxv, p. 58.
(*d*) *Loc. cit.*

THE RELATION OF PHYSIOLOGY, ANATOMY, AND PATHOLOGY TO THE STUDY OF MEDICINE.

By JOHN S. McARDLE,
Surgeon to St. Vincent's Hospital, Dublin.

In the course of the address delivered by him at the opening of the medical session, Mr. McArdle referred to the study of Physiology as follows :—All will see at once the advantage of a thorough knowledge of this subject, for if we know not the proper mode of action of an apparatus, how can we detect the cause of failure if it ceases to act, or if it acts irregularly ? Take for instance the circulation of the blood, and let us picture to ourselves the haziness of the information which variation in the pulse would give to one who knew not the cause of its production. Again, what information will derangements of motion and sensation give to one unacquainted with the functions of brain and spinal cord ? Who but a person possessing a knowledge of physiology can comprehend how defects of breathing can be brought about by various forms of heart disease. And so it is in innumerable other cases.

In reference to this subject we have the following from the pen of Sir A. Cooper : "Physiological knowledge is of the greatest importance to the study of surgery. This gives you a knowledge of the healthy functions, and thus enables you to understand the nature of diseased action. This was the rock on which Hunter stood admired by the wise and abused by the ignorant."

Having touched upon the value of physiological study, let us now consider the best means of pursuing it. Should we wish to become acquainted with the working of the simplest mechanism, we must first examine the individual parts of which it is composed. Such being the case with simple machines, how much more necessary is the study of the various parts of that complex structure now under consideration, the individual elements of which, as fibres, cells, &c., are studied under the name of Histology, while the groups of these elements, as muscles, bones, &c., form the subject-matter of general anatomy. But Anatomy has another bearing. Apart from the necessity of knowing it as a step towards physiological study, it is of the greatest importance to the practical surgeon.

For the proper treatment of fractures and dislocations we must know the position and relations of bones and the attachments and actions of muscles. When employing ligature or dealing with aneurism we must be acquainted with the course and relations of arteries ; while in this age of nerve stretching and nerve section, if we wish to bring these operative measures to our aid in combating disease, we must know the exact position of important nerve trunks, and be aware of their vascular and other connections.

Sir A. Cooper, speaking of the subject, says : "Let it be always remembered that operations cannot be safely undertaken by a man unless he possess a thorough knowledge of anatomy. Half-anatomists make bungling surgeons. Anatomy teaches us to discriminate disease, in which lies more than half the cure." And Billroth, no less an authority on this point, speaks just as strongly on the subject when he says that the surgery of the 19th century in Germany owes its greatest rise to the circumstance that it has endeavoured to unite all medical knowledge in itself on the basis of a sound anatomical and physiological foundation.

The importance of pathological study may not appear at first sight, but when we come to consider the changes which disease can produce in the relations of the affected structures to those adjoining them we must see how necessary a knowledge of morbid anatomy becomes. Take, for instance, aneurism, and study the influence it exerts on neighbouring parts, see veins obstructed and distended, cellular tissue the seat of dropsical effusion, nervous cords pressed into abnormal positions, bones displaced, and perhaps eroded, and shall we wonder that in treating aneurism Dupuytren ligatured the 4th cervical nerve, and that Lister in a similar case, after a considerable time, performed a like operation on the lower cord of the brachial plexus.

Students should avoid as much as possible pretending to become specialists, since without a thorough knowledge of the entire complex apparatus of the human system, each part of which influences and is influenced by the whole, we are as likely to derange as to repair a faulty part. What, for instance, is the use in our efforts to restore sight when the cause of blindness is in the brain, if we know not the diagnosis of disease of that organ. Again, what would be the result of our efforts to relieve a congested liver or œdematous extremities depending, for instance, on heart disease, if we knew not the diagnosis and treatment of cardiac affections. Beware, too, of looking upon yourselves as specially gifted, or you will claim emancipation from the means of acquiring knowledge prescribed for minds of moderate calibre, and launching forth on your own way, you will become entangled in a labyrinth of error from the windings of which you will endeavour to extirpate yourselves in vain when Time, that merciless destroyer of pet theories, has taught you that the patient observer, he who goes from the study to the bedside, and thence to his study again, is the one to which disease will yield, if yield it must.

THE PHILOSOPHY OF VOICE.

By CHARLES LUNN.

(*Concluded from page 326.*)

We have now to show another step in advance, supplied by a medical man. Dr. Illingworth has explained, and to all scientific intents satisfactorily explained, the process by which "falsetto" is produced. He writes: "The theory of the *falsetto* voice I wish to lay before your readers, and which, I may mention, was propounded by me in the *Edinburgh Medical Journal* for 1876, and in the *Lancet* for 1879, is, that the cavity and its upper opening are used for its production, in the same way as the mouth and lips are used in whistling, the cavity corresponding to the cavity of the mouth, and the opening between the false vocal cords to that between the approximated lips."—*The Voice.*

Much of the vagueness respecting this debated point arises from debators, untrained in voice, confusing two modes of production. An artist may sing a top A in three ways : 1st. Full, as in "Yes, let me like a Soldier fall." 2nd. Light, but clear and bright, as in "Then you'll remember *Me.*" 3rd. Flute-like, or "falsetto," as in the last A flat but one in "Salve, Demora ?" Here, then, is a distinction.

Writers seem to think that *any* note that is high and soft or dead is "falsetto." But I will give a public example of what I mean by it : By "falsetto" *I* mean the production in which the ventriloquist, Mr. Frederick Maccabe sings the part of "Miss May."

Some time ago, I opposed Dr. Illingworth's theory because I said I could make an "elongated hiss" through the false cords. I had neglected to observe that the letter F, as well as a whistle, can be made by varying degrees of contraction of the lips, and this "elongated hiss" by similar contraction can be squeezed into falsetto. The proof of the accuracy of Dr. Illingworth's view is this: the falsetto can be combined with the light production as the letter F can be combined and fused in V. (*a*) In going from falsetto to the light clear production, this latter sound is discerned to be made by volition acting lower down in the larynx, therefore falsetto itself must be made by parts acting higher up. (*b*) Again, by diagnosing with a stetho-

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(*a*) My brother, the Rev. J. R. Lunn, B.D., whose accomplishments as a musician are well known, has the exceptional faculty of dividing attention and simultaneously whistling a scale one way and humming a scale another. Concord and discord alternate. So in the voice: the different localities synchronise and, blending, produce quality; not blending, produce ugliness.

(*b*) Most opportunely appears in the *British Medical Journal*, Oct. 27, a photograph of larynx singing in "falsetto" high E of bass clef. If this photograph be true then the acoustical law that a fissure must be symmetrical for moving air to produce beautiful sound is false, for the pictured fissure is not symmetrical and is out of the median line. Probably it represents sound produced by redundant waste of air, producing a bad harmonic on the edge of cords.

scope this distinction is heard to be true. (I will diagnose "Miss May" when I can catch hold of Mr. Maccabe). The book sketches of the small orifice producing voice (as by a node) are probably a grotesque approximation of the second or light production (Mr. Lloyd's, for example).

Professor Plumptre, the lecturer on oratory at King's College, has done much to advance art from his point of view—approximating language to music; but his authority is greatly weakened by his attempted patronage of all other writers; and when it comes to the basis, root, and source of where oratory and song meet, namely, voice production, his vacillating allegiance to conflicting statements in others considerably imperils his assumed position of authority; an approval of two opposite definitions implies imperfect perception in a judge.

Having briefly passed in review the writings of others, I am now going farther. It would appear that voice on its physical side, under conditions of right production, is more strictly mechanical than reflex action, for reflex action is a force directed back by a centre—an involuntary recoil, whereas, in this case, we have an elastic substance acted upon by a fluid, and reacting by its intrinsic form and nature upon that fluid—a subjective manifestation in our bodies of known objective laws. Let me reason by analogy. Mr. Ruskin writes:—"It is only recent science which has completely shown the perfection of this minute symbol of the power of Athena, proving that the insect's flight and breath are co-ordinated; that its wings are actually forcing pumps, of which the stroke compels the thoracic respiration; and that it thus breathes and flies simultaneously by the action of the same muscles, so that respiration is carried on most vigorously during flight, while the air-vessels, supplied by many pairs of lungs instead of one, traverse the organs of flight in far greater numbers than the capillary blood-vessels of our own system, and give enormous and untiring muscular power, a rapidity of action measured by thousands of strokes in the minute, and an endurance by miles and hours of flight" (Queen of the Air, p. 46). I may even take an illustration from inanimate nature. The whiffle of a leaf before a breeze is not reflex action; it is the mutual conflict of two opposing material forces alternating between resistance and submission. Again, sight is not reflex on its material side; it is the reception of images from without, as a looking-glass receives. The influence of light produces reflex action and opens the eyes, the absence of light lets the eyelids droop and closes them; eyes being open, we *must* receive impressions from without, but we are free to select of such what impressions we will. And true voice is like that; under certain material conditions voice *must* ensue, but the altitude, and intensity, and duration are volitional. True artistic vocal emission—the voice of Grisi, or Mario, or Reeves—is then an "automatic action," falsely so called, for the mechanical materialism possessed by life is the prototype of which an automaton is but an imperfect copy. (*a*) An automaton is a mechanical construction, made by a creature, imperfectly, and sometimes grotesquely, imitating, with feebler action, and less accurate result, the operations of animated possessed mechanics.

In reviewing the "Philosophy of Voice" we have to remember that Physiology does not end it, but begins it. Physiology supplies the parts premised from which conclusions through other sciences can be drawn. Now, if there were no difference between right and wrong production, all training would be a fraud, but, being a difference, it is to those other sciences we look for explanations of the phenomena discerned. The members of the medical profession, have to define our first premisses.

The questions before physiologists are these: 1. Do the false cords approach in true artistic production? 2. Do the ventricles inflate? We have Galen, Wyllie, and myself in the affirmative. Next, from amongst the conflict of private interests, self-conceit, and personal ignorance, we have, in building a philosophy, to see what thoughts are constructive, what destructive, what beneficial, what injurious. If all were summed, we should find the aggregate of information beneficial to art has come from the members of the medical profession. On the physical side we are building up a musical instrument to its original laws, setting parts co-ordinate equal to their capacity of resistance, for, through all organic being, "external oneness is a necessary condition to participation in internal life."

Now I step on to the metaphysical side—namely, the subordination of the Body to the Will. An elastic substance, to show its intrinsic nature, must have unimpeded swing; if anything be added to it, acoustical corruption takes place. If we scratch a loaded piano wire down its length a "harsh" sound is evolved; if, on the other hand, we release the distended wire its intrinsic symmetry of vibration is shown in the acoustical equivalent—namely, beautiful sound. Here, then, we get a fatal objection to this novel photographic school. The voice sounds "harsh" under laryngoscopic observance, not because the laryngoscope is introduced, but because volition is infused into the sound-producing parts, just as a person might squint to see—the Will trying to hold the cords together, the breath trying to blow them apart, the spiritual or higher nature is in conflict with the material or lower nature, and there is an *internal war*.

I am now going to make a startling assertion. Song has hitherto been considered a branch of music, and so musicians arrogate to themselves a power to teach it, but it is no more a branch of music than it is a branch of oratory; music and oratory are each branches of it, as Euclid says, "the greater includes the less." Song is a combinational resultant in which the two inferior and isolated arts of oratory and music mutually unite in associated strength, each reflecting its individual lustre in the other. It has an objective and a material side; it has a subjective and a spiritual side, and it is the only fine art having symbols and material realities in one; it is as though the poetic description of a scene were infused into its pictorial reproduction. And in song the material and immaterial sides meet in human tone. This is easily shown: A listener to song passively receives, and being stimulated his mind actively operates to fill in all ellipses. Take the two songs quoted: If in the first song a singer produces a top A in light production, the listener at once fills in "he'll run away;" if, on the other hand, he produce a full A in "remember me," the listener at once fills in "Yes, I shall remember you, but not with affection." The expression in the *thought* has its corollary in vocal *tone* (a fact unseen by our untrained modern writers), and so sure is it that tone is the test of a singer that England's greatest art critic, and, as the late Count Cavour called him, "the most analytical mind in Europe," Mr. Ruskin, wrote me: "I am especially glad to see the use you make of what I have been trying to teach about colour, and the extent to which you show that the same truths hold as to sound."

Summary.—The first question before the scientific world is not how the instrument of voice looks when one bellows, shrieks, howls, yells, screams, or what not, of utterly opposed sounds to beautifulness; but the question is this: What is the physical difference between the production of a true musical note and all the hundred and one discordant, blatant noises that can be produced by man? All hypotheses, therefore, from seen larynges producing ugly tone are in an art sense *useless*. But hypotheses from known scientific laws may be equally useless unless directed to substantiate a recognised existing art truth. We have also to consider the value of conflicting testimony. The difference between a practical vocalist and a theoretical scientist is this: one seeks science to account for what he does, and to corroborate his theories of it; the other seeks science to discover what may or may not be true—one has his *facts* before him,

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(*a*) Compare with the arm the action of the "picker" throwing the shuttle in a weaver's loom.

and knows what scientific principles will fit them; the other may infuse principles of science not applicable to the special question before him.

On the objective side we have an unwritten page of Physiology now in a state of confusion, conflict, and flux; on the subjective side we have to consider who shall own this page when printed. I dedicated my "Philosophy of Voice" to "the members of the medical profession" with the hope of enlisting co-operation, but I never dreamed of one man usurping a position as the mouthpiece of both the medical and vocal professions. Infallibility is not so easily arrived at as that!

The second question is a pathological one. Physicians have for ages advocated the study of song as corrective of lung weakness, but they have never decided what is right study of it, what wrong—what practice is beneficial, what injurious, and work is either one or other. This, then, they are now invited to do.

In conclusion, I beg to express my thanks to the Editor for permitting me to bring these neglected points of physiology before physiologists, and allowing me to try and defend a school of training that should need no defence.

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Clinical Records.

SHEFFIELD GENERAL INFIRMARY.

Case of Obscure Pott's Disease in an Adult. (a)

Under the care of DR. LAW.

Reported by Mr. CHAS. ATKIN, House Surgeon.

A WELL-MADE, healthy-looking labourer, æt. 39, was admitted into the Infirmary under Dr. Law, suffering from pain in the lower part of the back. No family history of phthisis. There was no history of blow, strain, syphilis, or undue exposure to cold and damp. He had drunk freely, but not to excess. His symptoms had existed for twelve months, and he had been under several medical men, who had given him but slight and temporary relief. Careful examination as to the existence of Pott's disease, sacro-iliac disease, morbus coxæ, loco-motor ataxia, abdominal aneurism, and renal calculus yielded no results. There was no tumour in the abdomen, no psoas abscess, no one particular point that gave rise to great pain on pressure. Hot and cold sponges, jolting the spine, standing on either leg, hopping and stooping, were all tried, and yielded nothing diagnostic. The electrical reaction of the muscles and the state of the superficial and deep reflexes were negative.

After he had been in the infirmary some months he was suddenly seized with pyrexia, paraplegia, and retention of urine, paralysis of the rectal sphincters, muttering delirium, and double optic neuritis, and died in four days.

At the post-mortem examination the liver, heart, aorta, spleen, bladder, and ureters were found healthy. The kidneys showed small tubercles in the cortex. The apices of the lungs were studded with recent tubercles. Nothing abnormal was found in the abdominal cavity till the aorta being removed, the knife-point was repeatedly dug through the anterior common ligament when, between the 1st and 2nd lumbar vertebræ, about a drachm and a half of pus was found. A portion of the spine being removed, it was found that there was disease of the inter-vertebral disc between the 1st and 2nd lumbar vertebræ, the bodies of the vertebræ being secondarily affected. The membranes of the cord were inflamed, the dura mater being adherent to the canal. On examining the brain no tubercular meningitis was found, but the pia mater was very congested.

Remarks.—The diagnosis of the case was at first extremely difficult, and up to some short time before his death it was impossible to say that an aneurism of the abdominal aorta was not present. It is not usual to have an opportunity of examining specimens of Pott's disease at so early a stage. The lesion here had evidently commenced at the point most likely to be injured by a strain, *i.e.*, the junction of the inter-vertebral disc with the body of the vertebra. Here the process had been very slow, for though the symptoms had lasted a year and a-half the disc only was softened and destroyed, the cancellous tissue of the vertebræ being infiltrated with yellow tuberculous matter, but not carious. There cannot be much doubt but that the spinal disease had acted as an "infective focus," the tubercles in the lungs and kidneys being secondary. If by "tubercle of bone" is meant a "lowly organised product," then there is no doubt but that that condition existed in the vertebral bodies. The eyes were repeatedly examined when the man was first admitted, but no lesion detected; but when the symptoms of spinal irritation came on then also the eyes began to be affected—photophobia, asthenopia, and congested optic discs were noted. An interesting question, but one difficult to decide, is whether the eye troubles were due to an ascending meningitis, or whether the congestion of the pia mater was not due to the general tuberculosis; but certainly no tubercles were to be seen by the unaided eye.

(a) Read before the Sheffield Medico-Chirurgical Society.

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Department of Lunacy.

CRIME OR CRAZE?

WALTER SIMMONS, who was found guilty at the Central Criminal Court, on the 16th ult., of stabbing a warder in the Coldbath Fields Prison, seems to have a mind so singularly constituted as to deserve further investigation, with the view of determining whether it is diseased or only hopelessly depraved. He wounded the warder with a knife because he had expressed his intention of reporting him to the Governor for some breach of the prison rules, and he also inflicted a serious injury on a prisoner who came to the warder's assistance. He subsequently, without the slightest provocation, assaulted the doctor who visited him in his cell, and it came out at his trial that he had once stabbed a policeman who had arrested him on a charge of burglary, and that, when before the magistrate at Bow Street, he had jumped out of the dock and attempted to bite another member of the force. He conducted himself in a most extraordinary manner during the hearing of the present case, protesting in a loud voice that the accusation had been trumped up against him, and falling upon his knees and calling on Heaven to witness his innocence. The surgeon of the prison testified that he could find no symptoms of insanity about the prisoner, but the Recorder seems still to have had doubts on the subject, for he deferred passing sentence. The blind, senseless violence which Walter Simmons manifested on so many occasions, and his inability to appreciate the force of the most conclusive evidence, are certainly suggestive of a mind reduced to a state of mere animal ferocity. It is, at any rate, of great importance that his real condition should be accurately settled, for, if he be insane, punishment will have no deterrent effect upon him, and we shall hear of him again one of these days having committed perhaps some more serious assault on a prison officer, for which opportunities must, of course, occur to him from time to time if he be serving as a convict. Only in an asylum, if he is actually insane, will it be out of his power to prove dangerous to those around him. The case gives point to the recommendation which Dr. Orange, the President of the Medico-Psychological Association, offered in such clear and forcible terms at the meeting of that body in July last, that all prison surgeons should have some practical acquaintance with insanity.

TODDY TRIUMPHANT.

DR. URQUHART, of Murray's Royal Asylum at Perth, has happily escaped that anti-alcoholic monomania which is epidemic in lunatic hospitals in this country at present. He has too much good sense to think that because a man is mad north-north-west, he is to be reduced to a state of slavery at every point of the compass, and have the burden of tea-totalism added to that of mental disease. Madness is not a crime, and no good reason can be adduced why those who are afflicted by it should be deprived of any stimulant which they may have been in the habit of taking in moderation unless it can be shown that it is positively injurious to them. We prefer personal option to a hard and fast Maine law in the case of these huge establishments, in which so large a number of our countrymen and countrywomen are secluded from so many of the enjoyments of life. On this subject Dr. Urquhart says: "While no one can be more alive to the value of an abundance of nourishing and easily assimilated food in the treatment of insanity—a malady which is so often accompanied by impaired nutrition—I am not of those who decry the use of alcohol in every case of mental disease. I do not refuse a patient a glass of beer if he has been in the habit of using it, and not to his detriment. Moreover, I am satisfied that several elderly patients, mostly suffering from recurrent mania, have been much the better of a carefully regulated allowance of whisky or other stimulant with a little bread and butter at bed-time. This, like every other point of management, must be decided by the individual result, an universally applicable theory being guarded against lest—by treatment *en bloc*—individuals should suffer." Sound sentiments these, which do credit alike to Dr. Urquhart's head and heart!

THE ROXBURGH, BERWICK, AND SELKIRK DISTRICT ASYLUM.

THE Roxburgh, Berwick, and Selkirk District Asylum continues to flourish, if, indeed, a receptacle for lunatics can ever be said to flourish, under the careful and kindly management of Dr. Grierson. It efficiently discharges the purposes for which it was called into existence, affording skilful treatment to all acute cases of mental disease occurring in the district to which it belongs, and a comfortable home to those that are of a chronic and hopeless description. On the 15th of May last—the close of its year, it contained 240 patients in all, of whom 210 were of the pauper and 30 of the private class. The recoveries of the year were at the rate of 34·4 per cent. of the admissions, and the deaths at the rate of 8·7 per cent. of the average number resident. Post-mortem examinations were performed in 18 cases out of a total of 21 deaths. There was no death from general paralysis during the year, and of the 240 patients remaining at its close only 3 suffered from that disease. The enormous relative prevalence of this disease in English asylums, apart from other marked differences in the characters of their population, would of itself render any comparison between them and Scotch asylums as regards results of treatment or system of management altogether misleading.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE LATE COMTE DE CHAMBORD.—M. Valpian continuing his account of the malady of the late Comte de Chambord, in the *Gazette Hebdomadaire*, says: "I was soon in conversation with my two *confrères* who gave me a succinct account of the affection from the commencement, and, according to them, the heart was slightly affected, the arteries were atheromatous, and the kidneys were not very healthy, as albumen was found in small quantities in the urine. I was able from my previous visit to endorse their opinion, and although I was inclined to admit the presence of a tumour in the epigastrium I preferred not pronouncing absolutely until we should meet again two days afterwards. In this second consultation we made a very attentive exploration of the region, and I was able to distinctly feel on the right of the median line a small tumour, badly defined, very painful on pressure, and admitting of slight displacement. In the private conference I gave it as my opinion that the patient was suffering from carcinoma of the stomach, and I founded my opinion on the tumour in the epigastrium, its painfulness, the intolerance of the organ, the loss of appetite, and the wasting and the cachetic appearance of the face. Another reason which inclined me to a malignant affection was that his uncle died of cancer of the stomach. My *confrères* agreed with me in my diagnosis, and consequently we thought it advisable to indicate the nature of the affection to his *entourage* without reserve. As treatment, I ordered milk and pills of bichromate of potass, a fifth of a grain in each pill, two each day, and increased to nine. An ointment of vaselin, iodide of potassium, and extract of belladonna to be rubbed over the epigastrium. The following day I returned to Paris, and the telegrams of the following days announced an amelioration in all the symptoms, the vomiting disappeared entirely, the abdominal tenderness diminished, and the Prince was able to get up, and even go out. But this amelioration did not last long, for the vomiting returned at the end of the first week in August, the stomach could bear no kind of nourishment, and the weakness became profound. On the 20th I got a telegram recalling me to Frohsdorf, but before I could arrive the patient ceased to live. As Mme. la Comtesse was quite opposed to the autopsy being made it was decided to limit the examination to the parts that would be exposed during the process of embalming. This operation was performed fifty hours after death by the professor of pathological anatomy at Vienna in the presence of myself and my two *confrères*. The abdomen was opened by a crucial incision, and the surface of the abdominal viscera was brought into view, but nothing of an abnormal character was discovered, the tumour which we plainly felt during life was evidently less superficial than we expected, and such was the case, for when the omentum was raised it was discovered that the mesentery was greatly thickened in a space as large as the palm of the hand, thus constituting what we took for a tumour. Incision made in it showed that it was constituted of fat and hypertrophied lymphatic ganglions, but this modification was not the result of any cancerous or sarcomatous degeneration. It was purely inflammatory. The stomach before it was opened seemed to be a little dilated, its walls were not thickened, and no induration was to be found at the pylorus, nor was its orifice constricted. The lungs were healthy, the volume of the heart was a little above the normal, and although there was some amount of fat around it it could not be said to be surcharged, the aorta contained some atheromatous patches. When the œsophagus was slit up it presented nothing extraordinary in the upper portion, but the lower part offered considerable lesions which took us all by surprise. Several ulcerated points were discovered, some of which were of a certain extent, and offered some analogy by their appearance and their form with the ulcerations observed in typhoid fever. Quite close to the cardiac extremity two large ulcerated patches were seen occupying nearly the entire circumference of the tube. The internal surface of the stomach presented the well known characters of gastric catarrh. Here and there were patches of inflammation, and near the pylorus were a few very small ulcerated points. The liver was normal, as were the intestines throughout their whole length, and the kidneys presented a very slight attack of interstitial nephritis. Such were the results of the examination, and although it was necessarily imperfectly made on account of the presence of the representatives of the family, it is incontestable that an error was committed in the diagnosis, for no trace of cancer was found. However, from the symptoms no other diagnosis could have been made. I have made many autopsies in my life, but I never met with similar lesions in the inferior portion of the œsophagus. In concluding this extensive report occupying six chapters, M. Vulpian seeks the cause of the ulcerations without being able to find it to his satisfaction. Were they the result of catarrhal inflammation? It was not likely, as such extensive lesions were not witnessed in that affection, however violent it might have been. Foreign bodies, such as pieces of bone, could they have produced a submucous inflammation? There was no example to back up such an hypothesis. Poisoning was hinted at, but that idea was easily refuted, for the toxic agents capable of producing the ulcerations discovered would have equally affected the intestines. Perhaps the most probable opinion would be that of arterial alterations. In any case the malady is very rare, and worthy of being on record.

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THE HARRINGTON SYSTEM OF SEWER VENTILATION.

For several months past there has been in course of experiment at Ryde, Isle of Wight, a system of sewer ventilation, which appears to be answering all that its inventor, Mr. Harrington, C.E., claims for it; and as its importance to the well-being of the country at large cannot be over-estimated, forming as it does another link in that chain of sanitary progress which has during the past few years gradually extended to the extremities of the United Kingdom, we are happy to devote space in brief explanation of the improvements claimed for the system now on its trial.

From the report of the Borough surveyor of Ryde, upon experiments which he made on the 2nd of March, 1883, (with an up-cast shaft, 30 feet high, and 12 inches square, connected with a line of 12-inch sewer pipes, 20 feet long, terminating with a cross-section of a 12-inch sewer pipe, total length 50 feet), we have the following *modus operandi*, and the results obtained:—On the shaft a lobster-back cowl was fitted, with vane to cause it to revolve to force the wind, its mouth being twelve inches, and its throat 8½ inches. An 8½ inch tube, 1 foot long, was connected with the shaft, respectively at 10 feet, 20 feet, and 30 feet from cowl, and each end of the 12-inch cross-section sewer-pipe terminated with a 6-inch tube 1 foot long—the areas of the two 6-inch tubes being equal to the area of each of the other outlet tubes, and also of the inlet throat of the cowl, so that, during the experiments the current into and the current out of the shaft, and the two currents out of the ends of the cross-section sewer-pipe, were the same in area, all the other outlets being closed. The result of these experiments as determined by the anemometer was a gain in the initial force of ventilating power of 49·26 per cent.

To understand how the wind, blowing through the cowl into the shaft, should force currents therefrom 49·26 per cent. stronger than currents of the wind itself of the same area exerted, we must call to mind that "action and reaction being equal and opposite," the *acting* force in "incident wind" causes it to strike against and rebound from the inner surface of the cowl as "reflected wind;" and it is the *reacting* force contained in such "reflected wind" which meets and combines with the *acting* force contained in "incident wind" to condense such "reflected and incident wind" into the throat of the cowl and thence into the inlet shaft. It is this discovery how to obtain such great increase of wind-energy which constitutes the basis-value of Mr. Harrington's system; for as the mechanical engineer requires steam-power to do his work, so does the sanitary engineer require fresh air-energy to ventilate his sewers. To gain this, the inventor drives all sewage vapours or gas above the roofs of houses by means of inlet and outlet shafts arranged alternately, these being constructed of wicker or basket-work secured against houses by being pinned or bolted to nails previously driven into their walls, and cemented inside and outside, or cemented inside with outside brick-tile facings; to rise like chimneys through the eaves; to appear as ornamental integral parts of the buildings against which they are placed.

The system, by means of a temporary arrangement, has been acting on a section of a sewer 750 feet long in Arthur Street, Ryde, since the 12th of May. Before it was applied the inhabitants of the houses near the sewer complained daily of offensive smells and frequently of zymotic diseases resulting from sewer gas; whereas, since it has been in action no fresh case of a zymotic character has been reported. On an average the sewer referred to is emptied once every four or five minutes.

Mr. Harrington informs us that he will be happy to meet any member of the profession by appointment at Ryde, where the system can be seen in work and its practical application explained.

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Transactions of Societies.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Thursday, October 25th.

The President, Dr. Banham, in the Chair.

Mr. Edward Skinner showed to the meeting a book of

CARBOLIC SOAP SHEETS,

prepared by Ruthoffer and Neffe, Vienna, a patent of H. Buczkowski's, price 6d. One of the sheets is sufficient to form a splendid lather in washing one's hands; the books are of a size convenient for carrying about in the waistcoat pocket; their utility is obvious. Burgess, Willows, Francis and Co., of 101 High Holborn, are the agents in this country.

Mr. C. Atkin read the notes of an interesting case of

OBSCURE LUMBAR DISEASE,

which will be found on page 395.

Mr. Pye Smith showed a silver plate containing three artificial teeth, and measuring 2½ inches by 1½ inches, which had been swallowed by a woman, æt. 34, in her sleep, and was passed with the fæces three days later. The patient was under observation in the Sheffield Public Hospital and Dispensary, so that there was no doubt about the passage of the foreign body. He also showed a canine tooth he had removed from a dentigerous cyst in the lower jaw of a man, æt. 29. The absence of the tooth from the mouth without history of extraction, together with the existence of fluctuation in the tumour, rendered the diagnosis pretty certain. The tooth was well developed, but malplaced, the crown looking directly outwards and then facing towards the mouth, which was no doubt the cause of the arrest in the jaw.

Mr. W. A. Garrard read

NOTES ON THE SURGICAL TREATMENT OF RENAL CALCULUS, WITH CASES.

Since 1869, when Simon, of Heidelberg, excised a woman's kidney for the cure of fistula of the ureter, with success, the diseases of the kidney which affect one organ only have received much attention at the hands of surgeons; and physicians have gladly welcomed their help in a class of cases which were formerly amongst the incurables, for it seems likely that surgery in its latest trespass into the practice of the physician will entirely alter the prognosis in a large number of these serious cases of disease. It is not my intention to enter into the whole subject of renal surgery, but briefly to give the notes of two cases bearing upon this subject, in the hope that there will be a full discussion of the whole matter, and that we may hear the opinions of those present as to what class of cases surgical interference is justifiable, and which are best left alone. The first case is that of a man who was admitted into the Rotherham Hospital last March with renal calculus, though at the time the case was not diagnosed with any certainty. He came in with a deep sinus in the left loin just below the last rib and three inches from the median line, a probe could be passed in about five inches deep, almost directly forward and a little downwards, when a foreign body was reached with some difficulty. The history was that twenty-six weeks before, whilst helping to lift a weight, he felt something give way in his back, this was followed by pain and swelling in the loin, but he continued his work for three weeks when he noticed that the skin in the loin was discoloured; he then consulted Mr. Baldwin, who tells me that at this time there was a reddish blue swelling with a suspicion of fluctuation; for five weeks he had it poulticed, when some small openings came through, and Mr. Baldwin laid open the skin and found the deep sinus but no abscess. A thin sero-purulent discharge followed, and the probe could be passed deeper than the foreign body, he complained of no pain at any time, he had no hæmaturia and no pyelitis. After his admission, as a renal calculus was suspected, his urine was carefully examined, but not a trace of pus, blood, or sign of kidney irritation could be seen, it then seemed rather improbable that a calculus was still in the kidney, for if it had set up a sinus in the loin one would expect at some time to have had evidence in the urine; the supposition that it might be a bit of necrosed bone seemed unlikely also, as it was too deep for any part of the spine. Whatever it was, I determined to explore the back. On March 14th I therefore passed a director and cut down deeply in the loin, making a similar wound to the one for colotomy, when the director became misplaced and I was unable to feel the foreign body. I however felt around the kidney and could not feel any calculus or find a foreign body at all, the wound rapidly healed without any bad symptom, but the sinus remained. *On June 6th* as I could still feel the foreign body, I explored the back again, taking care this time to keep a probe-pointed director always in contact with the foreign body. I then opened out the old wound, and finding the sinus went direct into the kidney, I enlarged the opening sufficiently with a blunt bistoury to admit a long pair of forceps and remove what turned out to be a *uric acid calculus*, about 40 grs. in weight, with conical elevations corresponding to the calyces of the kidney. The following day there was rather more than two pints of urine passed, sp. gr. 1029, with mucus and pus cells, but no blood was found, temp. 101·2, and the man was going on well, the temperature kept up for a few days, but no bad symptom occurred. Before the end of July the sinus was quite closed, all traces of pyelitis had disappeared from the urine and the man went back to work. The comparatively large size of the calculus fitting into the calyces explains, to some extent, the absence of pain and hæmaturia, but it seems from this that the urine will help us very little in many cases of calculus. The second case is that of a young girl, æt. 20, who first came under my observation in 1880, suffering from *pyelitis*. The urine was mixed uniformly with thin pus, and contained a quantity of triple phosphates, she had severe pain in the right loin, which amounted to renal colic, and had a short time previously passed two *small phosphatic calculi*. There was a good deal of irritability of bladder, but the sound proved that it contained no calculus, she was anæmic. June, 1881.—After a long rest of 8 months she had improved very much in health and strength, the urine contained much less pus. 1882.—She went on improving during 1882, the urine gradually became clear, or nearly so, but she was still very pale. She had lost nearly all her pain, and could walk several miles without much fatigue, and continued to improve until March, 1883, when she injudiciously took a walk of seven or eight miles, experienced great fatigue, the colicy pain in the right side returned, the urine was more purulent and contained large pieces of semi-solid caseous substance which, under the microscope, looked the same as pus; she had hectic, slight rise of temperature, night sweating, and troublesome diarrhœa, and I thought she had a strumous kidney. At this time I had the benefit of Dr. Dyson's opinion, I may add that Dr. Dyson also saw her when suffering from renal colic in 1880. There was now a considerable enlargement, like a new growth in the right loin, extending from just below the liver down into the pelvis and nearly as far as the umbilicus, the loin was hard posteriorly also but not very tender, the superficial veins were distended, the tumour had formed rather quickly, there was generally a quantity of pus in the urine but no blood at any time, the hectic continued. I believe that Dr. Dyson's opinion was that there had been a calculus all through the progress of the case, which had remained pretty quiet until the fatiguing walk, had then set up inflammatory thickening, which was the mass we could feel; he thought, I believe, that it would be justifiable to explore the kidney, and, if a calculus was found, to remove it. June 15th.—The right leg was drawn up to relieve the pain in the loin, which was now considerable, and there was some incontinence of urine. July 25th.—It was noted that the tumour had increased in size, and with deep pressure in the loin fluctuation may be felt, she was much exhausted, and took little food. July 27th.—An aspirator needle was passed deep in the loin and some thick pus drawn off. I was now determined to explore the kidney and let out the pus, and remove calculus if there was one. July 30th.—Ether was administered, and under the steam spray an incision was made in the loin, as in colotomy, over the margin of the quadratus lumborum and the abscess laid open, when a large quantity of thick pus mixed with caseous *debris* flowed away, and the finger was passed on behind the kidney, which was felt to be pushed forward, forming the most anterior portion of the tumour. It was enlarged but smooth and it was clearly felt that the pelvis of the kidney had no communication with the abscess cavity, the kidney was pressed all over with one finger behind against the other hand on the abdomen, but no stone could be felt, though carefully examined by myself and Mr. Knight. I did not think it desirable to puncture the kidney for further proof as there were reasons for making the operation as short as possible, owing to the feeble condition of the sufferer, but I could perceive that it would be easy to overlook a small calculus without some such help, and think it would be desirable to do so in another case before closing the wound. A drainage tube was left in and covered with a thick pad of salicylic wool. She stood the operation better than might have been expected considering her emaciated condition. She remained very feeble and sick for the first week, after which she began to improve in all respects, the tumour subsided, the pain went, and she gained in weight, but the pyelitis continued. By the end of August, however, the liver was felt to be enlarged, the superficial abdominal veins distended more, and the feet and ankles, which had been œdematous as we hoped from pressure above, became quite dropsical, and it seemed very likely that amyloid degeneration was commencing. During September troublesome bed-sores began to appear, the emaciation went slowly on, and the abscess cavity not having shown signs of contraction lately, it was quite evident that recovery could not be looked for. During October wasting and exhaustion continued, and at the time of writing it is clear she cannot last much longer. It appears to me that surgery will effect more benefit in these cases of calculus which are too large to pass the ureter than in any other disease of the kidney, for it seems to be an operation singularly free from risk, certainly not more dangerous than lithotomy in the adult, or colotomy. I believe that nearly, if not quite, all the recorded cases have been successful. In the first case we have been considering, for instance, the man never appeared to be in the least danger, and recovered as quickly as from any other large wound; no doubt he had a sinus in his back, and this facilitated the operation but in no way diminished the risk. I suppose all are now agreed that in cases of this kind it is right to operate; but what I wish to urge is that the knife should be used also in cases where no sinus or abscess exists, even when the calculus is not at the time causing dangerous irritation, for in all probability it will sooner or later set up a fatal pyelitis or destroy the secretory structure of the kidney by its increasing size. No doubt in the past the difficulty of diagnosis has been the principal cause which has deterred surgeons from interfering, and there is no denying that in many cases it is next to impossible to be sure, for in the case which I first mentioned the man never had a symptom of calculus in his life, and yet it set up sufficient mischief to prevent him working until it was removed; whereas in the second case there appeared to be abundant evidence that one existed and yet it was not so, and I believe it has all along been a case of strumous kidney with pyelitis; my reasons for thinking so are the hectic, the caseous-looking pieces in the urine which were passed after the pain, the pain not being quite so severe as in passing a calculus, and the general appearance of the patient. I think this is the kind of case most likely to mislead, since the pain in both is so similar during the passing of calculi in the one and caseous *débris* in the other. However, what I want to urge is this: that the difficulty of certain diagnosis ought not to stand in our way; that if there is a well-founded belief that a calculus is impacted in the pelvis of the kidney, is too large to pass, and is causing much pain, pyelitis, or other trouble, we ought to cut down and explore the kidney; if then we do not feel a stone we ought before closing the wound to deeply puncture the kidney in several places with a fine needle to complete the diagnosis; if we can feel a stone a blunt instrument should be used to scratch through the *pelvis* and remove with forceps; if with due care we fail to find a stone we have done little harm and may well hope for union by first intention. I consider this justifiable, 1st. On account of the grave results likely to follow if left alone; and 2nd. The almost entire freedom from risk in case we have been wrong in diagnosis, with our present improved methods of treating large wounds.

Since writing the above I have had an opportunity of examining the second case post-mortem, when I found the right kidney had been destroyed by the deposit of caseous tubercle which had softened and passed away in the central part, leaving little more than the capsule enclosing a bag of pus, the left kidney was just commencing to undergo the same degeneration.

Messrs. Walker, Wrench, Pye-Smith, Atkin, and the President took part in the discussion.

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MM. Cornil and Berlioz (*Comptes Rendus*) show that the bacilli of the jequirity produce serious disease if introduced into the animal system. Frogs and fishes succumb more readily than the small mammalia.

The first meeting of this session of the Epidemiological Society of London will be held in the Council Room of University College this day (Wednesday), at 8 p.m. The President, Dr. Norman Chevers, C.I.E., will deliver an inaugural address on the subject of "Medico-Topographical and Health Histories for Districts and Towns."

A serious outbreak of scarlet fever has occurred at Leeds. In one block of houses at Headingley there are sixteen cases, and many fatal cases have occurred at Beeston Hill and Potternewton. The outbreak is attributed in most cases to an impure milk supply.

Dr. Crawford, Director-General of the Army Medical Department, has, we understand, started this week on a tour of inspection of the military hospitals throughout the United Kingdom.

A contemporary states that Sir Prescott Hewett has retired from practice—a step which will no doubt be felt as a great loss not only in the profession, but also amongst the general public. His surgical skill, straightforwardness, and kindliness of manner endeared him and gave confidence to all with whom he met. It is satisfactory to hear that his retirement is not due to ill-health.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 7, 1883.

PATELLAR SURGERY.

Mr. Lister has added one more benefit to those already conferred upon humanity by his devotion to conservative surgery; and the list of his contributions to the literature of operations is at the same time enriched by descriptive accounts of a proceeding which, devised and perfected by himself, is likely to find an imitator in every surgeon who is called upon to remedy the defects incidental to fractured patellæ in patients who seek for treatment in their distress. Without exactly meriting the unworthy distinction of being classed among opprobrious operations, those designed to secure union between the fragments of broken patellæ have long been regarded as affording the minimum of satisfaction; and many as have been the suggestions adopted in this connection, it nevertheless remains a fact that success, even in most successful cases, has only been relative after all. Those instances in which complete bony union has resulted after operation have been exceptionally few and far between; and, as a rule, use of the impaired limb, following treatment for union of the broken patella, has entailed more or less failure of the junction obtained after much time and care spent in securing it. Fibrous tissue as a uniting medium between dissociated pieces is necessarily more unstable than bone in this position; and, conscious of the unmeasurable superiority of those limbs in which such bony union has been obtained, Mr. Lister has philosophically set himself to the task of perfecting a method whereby this termination may be looked for as the invariable rule rather than the rare exception.

This subject formed the topic of an address which the Medical Society of London was privileged to have communicated to it last week, at the opening of its present session, by Professor Lister, who explained that he first applied the principles of the operation he was about to describe in 1873, when he treated a case of ununited fracture of the olecranon of five months' standing by means of silver wire suture, first paring and so freshening the edges of the separated fragments before bringing them into apposition. Two other cases of fractured olecranon have been similarly treated, and each with absolutely good results. Mr. Lister informs us that after the first of these he was continually on the *qui vive* to discover fractured patellæ on which to repeat the principle of treatment—a wish, however, anticipated by Dr. Cameron, of Glasgow, who had assisted Mr. Lister in his first undertaking. In time, however, several cases did present themselves, and Prof. Lister has now been able to lay the history of no less than seven of them before the profession, each of which triumphantly vindicates the claims he makes in behalf of the improvements he has introduced into this field of modern surgery.

The method pursued by Mr. Lister was practically the same in each of the instances he has narrated, and is thus described in his history of the first that came under his care: By a vertical incision (which in certain circumstances may be longitudinal) two inches in length over the patella, the fragments were exposed, being in this instance one inch apart. The injury had been received nearly three weeks previously, and it was therefore necessary to remove some firm coagula intermingled with fascial and periosteal fibrous tissue, which prevented apposition of the fragments. Next, with a common bradawl applied in the middle line of the patella—the fracture being transverse—each fragment was obliquely drilled, so that the drill came out on the broken surface a little distance from the cartilage. Stout silver wire, about a twelfth of an inch in diameter, was then passed through the drilled openings, and the fragments brought accurately together. This last step, however, was preceded by an important arrangement for drainage of the joints, which was followed out in every case subsequently operated on, and which Mr. Lister's own words explain thus: "A pair of dressing forceps with the blades closed were passed through the wound to the most dependent part of the joint at its outer aspect. The instrument was then forcibly thrust through the synovial membrane, the fibrous capsule, and the fascia, until the point of the forceps was felt under the skin. An incision was next made with a knife through the skin upon the end of the forceps, so as to allow it to protrude. The blades of the forceps were then expanded, so as to enlarge the opening they had made in the deeper structures without risk of causing hæmorrhage. The drain was then seized in the forceps that protruded through the wound, and drawn into the joint."

The remaining steps of the operation include treatment of the wire ends, closure and dressing of the wound, and support of the limb. In the earlier cases the wire was first twisted and then brought through the wound to the outside, and eight weeks afterwards removed through a fresh incision made over the site of the cicatrix left by the original cut. Now, however, Mr. Lister adopts the plan of hammering down the ends on the bony patella, and in three of the cases related in his paper it has not been subsequently removed at all, the description of the patient in one of these being thus described: "The patella appears perfectly natural, with the exception that the wire is felt causing the slightest projection under the skin, which, however, moves freely over it. The movements of the joint are perfect from complete flexion at a very acute angle to perfect extension. She kneels as she used to do, and only occasionally the wire comes into contact with anything, and then she feels the skin over it tender. She can walk any distance as before the accident, and does so without a limp." This note applies to a woman who was operated on as speedily after the occurrence of the accident causing the fracture as was possible, allowing time for inflammatory appearances due to the injury to pass off; in this instance one week's delay was required. The note above quoted was written on February 23rd of the present year, four months after the operation; and when Mr. Lister delivered his address last week he had the satisfaction of exhibiting this patient among others, and her condition amply justified the accounts already given.

The feasibility of operating successfully on recent cases, as on those of old-standing ununited fracture, is thus demonstrated in the most conclusive fashion; and there is no condition of the injury, apparently, which does not offer legitimate prospects of good results. How extreme an amount of mischief may be remedied is most markedly shown by the last case in Mr. Lister's list, the importance of which demands that it should be somewhat more fully detailed. The patient was a man sixty-seven years of age, admitted to King's College Hospital on January 6th of the present year. He had fallen from an omnibus on the previous day, striking his knee upon the ground. There was transverse fracture of the patella, and great swelling of the joint, Six days after the accident Mr. Lister proceeded to operate, and on exposing the seat of fracture he found a condition of things which possibly, had he known it, might, he observes, have induced him to abstain from operating. The lower fragment was very small, and was comminuted. There was one entirely loose piece as large as a filbert, and another half that size, which of course had to be extracted. Such a condition, taken in connection with the advanced age of the patient, did not promise well for satisfactory union. The clots having been sponged out from between the fragments and from the joint, and a drain established, the bone was drilled; but as the lower fragment was so exceedingly small the drill was passed, not through it, but through the ligamentum patellæ, and by this means the large upper fragment was brought into contact with the raw surface below. His temperature chart was free from any febrile indication; and the wounds healed without any suppuration. Here, also, the ends of the wire were cut short, and the twist hammered down upon the patella. Three weeks and four days after the operation the wound was nearly healed. The knee was bent to an angle of 30 deg., and from that position the patient could himself raise it to complete extension—a thing which without the wire and without a certainty that the wire was in a very secure form, would not have been permitted. Four weeks after the operation the wound was healed. The knee was then bent to an angle of 40 deg. Eight weeks after the operation the patient was discharged, having been for a considerable time before allowed to walk about the ward, and walking well; notwithstanding that he had not had the same time for improvement that others had. Mr. Lister might well express himself surprised to see how complete a patella this man had, considering how extremely small the lower fragment was; and the case cannot but be regarded as an admirable example of the advantages possessed by the mode of operation adopted.

It was natural that the great apostle of antiseptic surgery should dwell at some length on the possibilities opened up by the system he has been the means of introducing. Without a feeling of immunity from danger conferred upon the operator who employs Listerian precautions to secure an aseptic wound, such operations on the knee-joint would be impracticable, and the visible benefits they entail would be unattainable desiderata. As it is now, there is at the choice of every surgeon a mode of treatment of fractured patella, by which results hitherto impossible are brought so close within reach that but the smallest risk attends it. We would, however, demur to too universal an acceptation of Mr. Lister's own modest estimate of the labour and skill involved in his proceeding. While admitting that it possesses no unusual difficulties, we are nevertheless convinced that no "first year's student" could, as he affirms, hope to be quite successful in drilling the broken bone, and otherwise carrying out his instructions. An amount of skill, with knowledge and intelligence, must be expended on the result, which in other hands will be proportional to the degree in which these attributes are exercised. That the future treatment of patellar fractures is, however, placed on a new basis by Mr. Lister, is now unquestionable; and not only congratulations, but an earnest thankfulness will be offered to him for this latest addition to the benefits arising out of his large-hearted devotion.

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EXAMINATION BY CLAIRVOYANCE.

We were in hopes that the Psychical Research Society had sailed away into polar darkness, and that we should hear no more of it and its insane aspirations after a North-west passage to the moon, but it appears that its excursions have been limited as yet, to a few dark lanes and damp cellars at home, and we have now before us a second set of its proceedings. It is impossible seriously to criticise this pamphlet of one hundred pages of arrant nonsense, made up as it is of nursery ghost stories, servant girls' presentiments, and false pretences, tricked out in the style of science, and all we can say is that it is lamentable to find that there are in these days and in these islands, some 230 educated men and women who are not ashamed to be in any way connected with so silly an association.

The only practical point which we can find in this issue of proceedings occurs in an abstract of a paper on clairvoyance by Dr. George Wyld, and we refer to that point in order to recommend it to the attention of all teachers, crammers, grinders, coaches, or other persons who may be interested in pushing bulky and backward children or young persons through the strait and jealously-guarded doorway of examination. Dr. Wyld has satisfied himself of the veritable existence of a condition which is a good deal dwelt upon, on its romantic side in Ingomar, and in which we have "Two souls with but a single thought, Two hearts that beat as one." And, more than this, he has convinced himself that in this state very serviceable thoughts may be introduced into a blank or incapable mind. A young lady of his acquaintance who had some power of thought-reading, having been lately called upon at a public institution to pass an examination in harmony, had a lesson set her on the black board, her own teacher, who was not the examiner, being present. The solution of the problem was much beyond the young lady's ability, but her teacher, anxiously desiring that his pupil should succeed, and having no knowledge of her thought-reading powers, harmonised the passage in a complicated form in his own mind, when, much to his surprise, immediately the young lady took up the chalk, and note for note wrote down on the black board the harmony as it existed in his own mind. The mother, the teacher, and the pupil all asserted that the exercise accomplished was much beyond the normal capabilities of the young lady, and that no information could have reached her through the ordinary senses. And from this Dr. Wyld concludes that the intelligent power called soul can operate, not only independently of the senses, but beyond the reach of the senses, and it is obvious that his conclusion, if just, will open up entirely new methods to those engaged in the education of the young. If pupils can, by a few thought-reading and clairvoyante experiments, be brought into such intimate relation with their teacher that they can reproduce whatever may happen to be passing through his mind, much labour and drudgery may be avoided. When one of Her Majesty's Inspectors visits a school, the teacher has only mentally to return an answer to every question asked, and the dear little clairvoyants in every standard will with mechanical precision respond to the appeals made to them, and win for their revered preceptor the highest possible payments by results. When the Civil Service or Army Examiners put forth their crabbed interrogations, Messrs. Gurney and Wren, seated in the seclusion of their own studies, will only have to direct their minds intently hour after hour to the different subjects taken up, now to the map of England, now to the first book of Euclid, and now to the reign of George III., in order to insure a longer list of successes than they have ever yet attained. The fact is that Dr. Wyld has solved a difficult problem, and finally disposed of educational over-pressure, for what need is there for hard study and late hours when all the stores of knowledge of the most highly educated men may be made available to the ingenuous youth of the country by a few mesmeric passes and a trifling money payment? This is, if not the royal road to learning, at least a singularly short cut to preferment by the purloining of another man's idea, and it is a curious coincidence, well worthy of the consideration of the Society of Psychical Research, that the name of the discoverer of this remarkable system of mental larceny and cerebral robbery is Wyld—not Jonathan, unfortunately for the completeness of the coincidence, but George Wyld.

It must be confessed that some rather alarming considerations are suggested by these startling discoveries of our psychical philosophers which leave the electric light and telephone so far in the rear. A man used to be able to call his thoughts his own. Now that is out of the question. Mr. Irving Bishop and his gang will tear from him his most cherished secrets, and compel him to divulge the whereabouts of that hidden pin; and Dr. George Wyld and his tribe will force into his intellect a large assortment of miscellaneous knowledge, whether he likes it or not. Individuality is at an end. Criminal responsibility is, we fear, no more. The idiot can help himself to the philosopher's notions if he thinks them worth having, and the thief when caught with his hand in the till can plead that the action was prompted by a malicious or avaricious neighbour of great magnetic power, who wanted to get him into trouble, or was short of small change. Has the millennium actually arrived at Number 14 Dean's Yard, Westminster? or is Bedlam broke loose?

RESUSCITATION OF THE CONJOINT EXAMINATION SCHEME FOR IRELAND.

We understand that the Council of the Irish College of Surgeons has resolved, "That, with the view of re-opening the negotiations for the giving of a double qualification by the Colleges, a Committee be appointed to confer with the College of Physicians on this subject, and to report to this Council as to the terms upon which this may be carried out."

There can be no objection to a fresh conference between the Colleges on this important matter, and we should be well pleased if it led to a co-partnership for the granting of an Irish double diploma on terms educationally and financially advantageous to the student. There is no doubt that needless difficulties are thrown in his way by the imposition on him of two sets of examinations which might be readily conjoined, and two sets of diploma fees which might, by the saving of examination expenses, be materially reduced. But we are not able to hope for much useful result from the *rapprochement* now proposed, because of the difficulties of merging collegiate and teaching interests in any one scheme. This is, we believe, the fifth attempt at the formation of an educational co-partnership in Dublin. Some of these failed because the relative share of each College in the diploma fee could not be agreed upon. One of them was extinguished after it had occupied three years in elaboration, and had received the official approval of the General Medical Council, because it proposed to prune down the curriculum in some insignificant degree, and to reduce the lecturers' emoluments thereby. It might be possible now to conclude an agreement between the Colleges on the partition of the diploma fees, but we look upon the opposition of the teachers to a reduction of curriculum as assured, and, as we believe they are as strong, and in as good fighting condition as ever they were, we do not believe in the successful completion of any scheme which interferes with their money interest. But any arrangement for conjunction of the existing examinations must necessarily deal with the much-needed reduction in the number of lecture courses, or it will finally fasten upon the student the burthens which he is now obliged to bear, and if it proposes to make a new departure without doing something towards reform in this direction the scheme will satisfy nobody save the lecturers.

The last negotiation of this sort broke down, because the propositions made by the conference of delegates were altogether ruinous to the College of Surgeons. It was actually proposed that, henceforth, the College should cease to grant its licence to anyone who had not already obtained the licence of the College of Physicians or some other approved body. In other words, the Colleges were asked to shut their doors against the student until he became a practitioner, and this proposition was made while the Royal Irish University and the University of Dublin—not to speak of the Scotch and English Colleges—stand with their open arms inviting the refused seeker for a licence to come to them and receive his qualification without restriction. Such an extraordinary proposal as this the Council of the College of Surgeons wisely refused to accept, and, if any such suggestion should be the outcome of this new conference, we are confident that the Council and the Fellows at large will repeat their dissent from it. We fail to understand the *raison d'être* of such a proceeding, but we venture to assert that if the intention be to supersede, by voluntary arrangement between two Colleges, the conjunction which the Medical Reform Bill proposes to extend to all licensing bodies, the scheme, even if it be passed by the Colleges, would fail in its object. It would leave all other licensing bodies to continue with redoubled success the educational underselling which has been, heretofore, so profitable to them, and would leave the public and the profession, in a greater degree than ever, at the mercy of the incompetents sent out by these traders in diplomas.

We cordially approve of the establishment of a conjoint examination between the Irish Colleges, but we emphatically protest against any proposal to compel the student to present himself for it if it suits him better to take his surgical and his medical licences singly.

SANITARY LEGISLATION IN SCOTLAND.

It is generally admitted that in many matters of sanitary legislation Scotland is far behind England, and it is also felt that the day for a re-organisation of existing sanitary affairs cannot be much longer delayed. Several causes have conspired to place Scotland in the background in matters which the general good education of the people does not appear to warrant. With no wish to revive the happily long buried animosities of the past it must be admitted that the absence of a minister charged with the supervision and administration of affairs of internal interest to Scotland, and the marked tendency to centralise in London everything appertaining to Scotland have not had a beneficial effect with regard to questions of local self-government and sanitary legislation. With regard to sanitary matters, and with these we alone now propose to deal, the want of a central authority with enlarged powers is keenly felt, for although the Board of Supervision has well deserved the confidence and respect which since its constitution it has enjoyed with regard to the administration of the Poor Laws, it must be admitted that, without for a moment intending to say anything disrespectful, the Board has not in its sanitary administration approached the efficiency with which it has conducted its parochial duties. This failure must to a great extent be attributed to the nature of its constitution, to its somewhat limited powers, and also to the fact that its sanitary duties were tacked on to it by the Public Health Act of 1876 without adequate machinery being provided for the administration of its increased responsibilities The Act to which we have referred, although in some points of detail in advance of the then legislation in England with regard to the division of the country into well defined local authorities, is far behind the latter country in the powers of re-organising these authorities as occasion demands. Thus the English Act enables the Local Government Board to invest rural authorities with urban powers when circumstances demand the exercise of the extended powers with which urban authorities are invested. No such provision is contained in the Scotch Act, and as Mr. Sheriff Spens remarks "the result is in some cases deplorable." Places once consisting of a few cottages have as a result of mining and other operations sprung suddenly into small towns over the sanitary arrangements of which the central authority is almost powerless. Yet it is just in these cases where occupation is readily obtained and wages good that sanitary arrangements and supervision are most needed. The masters have little interest in the health of their workmen, for the supply is always in advance of the demand, and the workmen eager after present advantages or too ignorant to appreciate the teachings of sanitary science the condition of affairs thus brought about is more easily conceived than described. It is impossible in the space at our command to deal in detail with all the defects of the present system, but we would suggest certain lines on which a central authority might be constituted. Sheriff Spens, to whom we have before referred, in his work on the "Sanitary System of Scotland" suggests the appointment of a Sanitary Inspector-General for Scotland or a permanent Under-Secretary of Public Health without any control over him. We do not think that this would work well, for those who have tried for appointments in Scotland have learned to appreciate the refinements of marriage ties. An outsider would stand no chance in a country where there is always a candidate who has some marriage relations with the chairman or other individual in power. There can be no valid objection to the appointment of such an official in connection with a Board which might be composed of one or more of Her Majesty's judges for Scotland, a sheriff or two, and two or more competent medical officers. Should such a Board be ever formed we would also suggest that in all cases the Board should select a list of candidates from which the local authority is to elect its medical officer. The system now adopted in England of allowing the local authority to elect their officers, the central authority only confirming such election has become little short of a public scandal. The authorities should, as now, advertise for candidates when a vacancy occurs, and then submit their names and qualifications to the central authority, who, as we have just suggested, are to supply the electing authority with a list of approved candidates. Till some such system is adopted competent men will be disinclined to devote their energies to the study of sanitary science, and incompetent individuals, by the aid of titled or other influences, will continue to be placed in situations of the greatest responsibility.

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Notes on Current Topics.

Cremation After Yellow Fever.

The subject of cremation has recently occupied afresh the attention of its disciples on account of the edict pronounced by the Council of the Brazilian Empire, that all bodies which have died of yellow fever shall be immediately cremated. With this end in view, huge furnaces are being erected at the State expense in those parts of the country most affected by the disease. There is an exception made in favour of the friends of those dying in private residences to bury in the customary manner if so disposed, but with hospital corpses cremation is absolute. We believe a similar suggestion was made during the cholera epidemic in Egypt, but on account of the religious fanaticism of the population no Ministry could be found strong enough to enforce it.

The Underground Railway Outrage.

Sir William Harcourt has paid a visit to the victims of the outrage on the Underground Railway, at St. Mary's Hospital, in company with Mr. Norton, surgeon of the hospital, who has the cases under his care. Most of the injuries were superficial cuts from splinters of glass, some few penetrating to a greater depth. Three out of the four patients remaining in the hospital are deaf to such an extent that the tick of a watch can only be heard when the watch is in contact. In these cases the drum of the ear is ruptured on both sides, air passing freely between the mouth and outer ear. As there is no loss of structure of the drum, it is probable that the laceration will soon heal, and that complete recovery from the deafness will take place. One patient, who was looking out of the window at the moment, received the full force of the explosion in his face: he was thrust back into the carriage, and, as he says, stunned. He has not suffered from symptoms of concussion, but has ruptured a small blood-vessel in the orbit, a quantity of blood occupying the floor of the orbit, and pressing forward on the cheek. This effusion has taken place without any external wound or bruising whatever. Two of the patients have parts of the face covered with small specks, like what is termed the peppering from the explosion of gunpowder; but the specks are red, and not black like those of gunpowder. These specks are too small and regular to have been produced by sand scattered from the explosion, but have rather the appearance of being the result of some material entering into the composition of the explosive. It is the good intention of the Home Secretary not to allow the families of these poor people to suffer during the time that they are prevented from working.

Royal University of Ireland.

The Senate of the Royal University met on Friday, October 26th, at the University, Earlsfort Terrace, Dublin. The Standing Committee of the Senate for the year 1883-84 having been elected, the Senate elected the following gentlemen to be Medical Fellows:—In the Department of Anatomy.—Christopher J. Nixon, M.B.; Joseph P. Pye, M.D., M.Ch.; Peter Redfern, M.D. In the Department of Physiology.—J. J. Charles, M.D., M.Ch.; Charles Coppinger, F.R.C.S.I. In the Department of Medicine.—Benjamin G. M'Dowell, M.D., M.Ch. In the Department of Surgery.—Anthony H. Corley, M.D., M.Ch., F.R.C.S.I.; P. J. Hayes, F.R.C.S.E. The Senate postponed for the present all action with reference to the vacant Fellowships.

Parkes Museum.

On Wednesday last the annual general meeting of the Parkes Museum was held at 74a Margaret Street, Regent Street, W., when Sir Joseph Fayrer, K.C.S.I., occupied the chair. The regular report for 1882-83 having been presented to H.R.H. the Duke of Albany when he formally opened the Museum last May, the meeting last week was not called upon to receive it again. In the brief address which he delivered, Sir Joseph Fayrer described the progress made by the institution in encouraging terms: the number of members reached 190, and more than 5,000 visitors had been registered as attending and inspecting the collections. The following elections were made on the conclusion of this speech: As Vice-Presidents, Messrs. Geo. Godwin, F.R.S., and C. Parkes; as Members of Council, Mr. W. Lindley, M.I.C.E., Dr. Thorne Thorne, Mr. A. Waterhouse, A.R.A., and Prof. T. R. Smith, the last two names having been proposed for re-election.

Death of Mr. Shuter.

A general feeling of deep regret will be aroused at the intelligence of the death of Mr. James Shuter, Assistant Surgeon to St. Bartholomew's Hospital. This event has cut off a most promising and already distinguished surgeon at the early age of thirty-six years, and it borrows sadness from the fact that Mr. Shuter was himself unintentionally instrumental in bringing about the fatality. For some time past he has been a sufferer from sciatica, which was intensified early last week by a cold; and at the same time symptoms of acute nephritis developed. On Wednesday evening, notwithstanding the existence of this latter complication, the deceased administered to himself a subcutaneous injection of morphia, from the effects of which he died the morning following. So sad a termination to a most promising career of usefulness must naturally excite a mournful feeling of regret among those who have watched the progress made by Mr. Shuter in the profession he adopted with all the ardour of an enthusiastic follower, as well as in those whose privilege it has been to number themselves among his more intimate friends. His loss to St. Bartholomew's Hospital will be sorely felt, for he was at once an esteemed colleague and a popular teacher; while but a few brief months have elapsed since he was appointed to the post of Assistant Surgeon to the charity with which he had long been connected, and in the service of which ten years of his later life have been more or less continuously passed.

Chronic Gonorrhœal Urethritis.

M. Robert Jamin, a distinguished pupil of M. Gosselin, recently published an important memoir on this subject. The author, following the opinions of the learned professor, confirmed by personal researches, establishes the duality of the urethra, a sphincter situated at the membranous portion, dividing it into an anterior and posterior tract. This fact is of great importance, as gonorrhœa in many cases affects only the anterior tract, and may reach the posterior portion through injudicious treatment. It is for this reason that MM. Jamin and Gosselin so strongly combat the treatment by urethral injections, for, by their use, the sphincter is sometimes forced, and the disease communicated to the posterior section of the urethra.

Dublin Hospital Sunday.

The usual annual collections will take place this year on next Sunday, November 11th, for the Dublin hospitals. Since its foundation in 1874, when a sum of £3,306 was obtained, until last year, when the proceeds amounted to £4,193, the fund has, year by year, been regarded more favourably by the public. The number of institutions which will participate in the distribution of the fund this year will be the same as on the last occasion, viz., sixteen.

Traumatism and Tuberculosis.

In a recent communication read before the Soc. de Chirurgie, M. Verneuil produced a record of a number of cases where traumatic lesion or a surgical operation induced the development of tuberculosis or aggravated the malady when already present. He considers that the general perturbation induced in the system by a traumatism awakens a predisposition to the disease which up to that time had remained hidden. In this way, in certain cases, it would seem that the traumatic lesion was the great factor in the production of the disease. This view of the subject was contested by M. Trelat, who admits that an operation of any gravity is not of course justifiable in any case of tuberculosis where the viscera are affected, but in cases where the disease was entirely external, or where the operation was a minor one, even with the internal organs affected, surgical interference could be resorted to without danger,

The Case of Messrs. Bower and Keats.

The charge of manslaughter against Dr. Bower and Mr. Keates, surgeon, of Peckham, to which reference was made in these columns last week, was again before Mr. Chance, the Lambeth police magistrate, on Thursday, when, after a lengthened hearing, the case was dismissed, no evidence in support of the allegation being, in the magistrate's opinion, adduced. Such a termination is no less than might have been confidently anticipated; but none the less the annoyance and injury arising out of the circumstances must necessarily be considerable. Fortunately, grave accusations of professional misconduct are not possible to be supported in the absence of positive evidence; and equally fortunately for the honour of the whole profession, it is only on the rarest occasions that conduct affording such evidence is indulged in. The number of criminal charges initiated against medical men is extremely few, and those grounded on truthful bases are among the least familiar to readers of law reports. It is much to be regretted that unfounded objections like those brought against Messrs. Bower and Keats should be publicly proclaimed in the absence of any proof whatever; but, on the other had, there is a certain satisfaction to the falsely accused practitioners in having their characters so entirely vindicated in open court; and while sympathising with the sufferers in this latest attack, we can also congratulate them on the favourable termination of the persecution they have been compelled to endure.

Monument to Pinel.

The Medico-Psychological Society of Paris has forwarded a memorial to the Ministry des Beaux-Arts and the Municipal Council in which it urges the invaluable services rendered to humanity by the labours of Pinel, the great alienist. The claims thus formulated have been duly considered, and a favourable response made to them, so that the French capital will ere long be in possession of a statue of Pinel, M. Ludovic Durand having been commissioned to execute the work. The design which has been approved represents the famous physician and philanthropist as standing before a young girl, from whom he has struck off the chains binding her in accordance with the former custom of treating lunatics, the barbarous implement being in his hand. The site chosen for the memorial is the Place Pinel, situated behind and near to the Hôpital de la Salpêtrière.

We understand that the Home Secretary has appointed Dr. Orange, Superintendent of the Broadmoor Asylum, and Dr. Gover, Medical Inspector of Prisons, to report upon the mental condition of James Cole, in whose behalf we recently devoted a leading article, and who is now in Wandsworth Prison under sentence of death for murder.

We understand that the entries of freshmen in the University of Cambridge include ninety students of medicine. The University of Durham also has increased entries in the medical department, there being sixty-eight, twenty-five of whom are for the full curriculum, and the remainder for the courses required of candidates for the degrees of the University.

Meat Poisoning—Septic Gastro-Enteritis.

Not only by trichinosis, but also by other means, is butcher's meat capable of injuring those who eat it. 1. When the flesh developes a septic "entogène" product after death; or 2. When it contains poison engendered during life which perhaps has caused the decease of the animal. Among the latter number we may class the intoxicating effects produced by eating the flesh of animals which have died of abdominal typhus or "charbon." While to the former belong those cases of poison developed through putrefaction, and of which the effects are analogous to those of the poisonous alkaloids which we lately referred to under the name of ptomaines. The accident at Schaffouse in 1880, where 16 persons consumed arsenic in sauce, was caused by the above substance being mixed in the animal's food. The common characteristic of both exogenous and endogenous affection is a septic gastro-enteritis, the incubation of which is perfectly performed in the short space of from 6 to 24 and 48 hours. The most prominent choleric or typhoid symptoms are developed separately, or in a third mixed form; the beginning is of cholera and the end typhoid. At the autopsy the lesions are those of simple gastro-enteritis, sometimes accompanied by intestinal ulceration or tumefaction of the mesenteric glands. Bollinger has calculated that the mortality from meat-poisoning is only 1·4 per 1,000.

Clergyman v. Doctor.

The town of Hounslow does not seem to be a place where the relations existing between the representatives of Medicine and of the Church are so amiable in character as is desirable in the interests of the community. At any rate, there is a want of cordiality shown by the Rev. Mr. Deane, Vicar of Hounslow, towards Dr. Ferguson, medical officer for the district; judging, that is, from a letter addressed by the former to the guardians, and in which Mr. Deane charges Dr. Ferguson with neglect of his duties. Mr. Deane expresses "sorrow" at the necessity he is under in this connection, and then proceeds to detail the circumstances of his "complaint" He affirms that Dr. Ferguson omitted to see a case immediately on being called to it, and appears to impugn the diagnosis of nettle-rash which was pronounced by the medical officer after examining the patient. He further goes out of his way to state, offensively, that he considers Dr. Ferguson to be guilty of misrepresentation; and adds to his epistle a vague threat of additional complaints in the future. We are unwilling to discuss the merits of a controversy which can in no way increase the effectiveness of the clergyman's ministry among his parishioners; but, at the same time, it is right that Dr. Ferguson's complete refutation of the charge brought against him should be known. The frequent ill-results following from the "busybody" intrusions of parsons into the doctor's appropriate field of labour, have too often been demonstrated in other places to render it less than doubtful whether any advantages to society can emanate from this latest development of the nuisance. Clergymen who do their duty cannot spare time to trump up petty accusations against local practitioners; nor do those who have the welfare of the poor at heart assume to themselves an air of offensive antagonism in dealing with what, to their uneducated senses, may seem to be errors of conduct, while, in truth, in no way deserving the name. It is much to be hoped that neither of the parties to this most unfounded quarrel will be led to verify the rumours relative to its being carried before a court of law for settlement.

Academy of Medicine in Ireland.

THE Pathological Section of the Academy met on Friday evening last. Communications were made as follows:—1. Mr. A. N. Dickenson, Specimens of Microphotography; 2. Dr. E. H. Bennett, Incomplete Fractures of the Clavicle and Scapula; 3. Mr. C. Coppinger, A Specimen of so-called Ichthyosis of the Tongue, with Malignant Degeneration; 4. Mr. P. S. Abraham, Chronic Rheumatic Arthritis from the Horse; 5. Mr. J. B. Story, Pseudo Glioma Retinæ.

The Origin of Vaccine Matter.

M. WARLOMONT, of Brussels, read recently a paper before the Paris Academy of Medicine on the origin of vaccine matter. The following are the general conclusions at which he arrived:—1. That neither the horse nor the ox, nor, indeed, any other animals, can be considered as strictly vaccinogens, for they do not create in themselves the one the horse-pox or the cow-pox, which furnishes vaccinal matter, unless they are first impregnated with the germ of the same. 2. The original seed of the vaccine in its relations to the horse and the cow is nothing more nor less than small-pox, which, when admitted into the organism of those animals, undergoes an attenuation which produces the vaccine disease. 3. This attenuation is less in the horse than the cow, therefore the horse-pox is more nearly related to small-pox than the cow-pox. 4. The horse is a bad subject for the cultivation of vaccine matter, for animal vaccination requires that the virus should be more attenuated than it is when passed through the organism of the horse. 5. The small-pox impregnation, or artificial vaccine, can be produced in the horse, as in the cow, by means of inoculation or intra-cutaneous injection without any other inconvenience, and immunity from the variola may be secured thereby.

The Election of Medical Officers of Health.

THE mode of election of these important officers appears to be in need of some radical changes. The present system of allowing the local authorities to select their officer, the Local Board merely having the power to reject or not the candidate so elected, is not satisfactory to the profession. Under the present system the candidate with the most local interest is sure to gain the post, irrespective of his fitness over the other candidates in the field. This is most unjust to those who have devoted years of patient study to acquire a knowledge of the principles of sanitary science, and is a matter which ought to engage the attention of those universities and corporations which grant degrees and diplomas in sanitary science. The case referred to in our last issue by a correspondent is only one instance out of many of that local jobbery which is a disgrace to an enlightened age. There need be no difficulty in remedying the evil if the list of candidates were first submitted to the Local Government Board, from whom a selection might be made, and referred to the local authority, who should then elect. Local authorities who may object to such a proceeding should be taught that the health of the community is a matter of State policy, and should be so dealt with, regardless local predilections for any special candidate.

Medical Men and Municipal Affairs.

WE have heard much lately of the political powerlessness of the profession; yet we find its members, when a detemined effort is made, able to hold their own in municipal government, and their services appreciated by their friends and fellow-citizens. Dr. Berry, J.P., whose contributions to this journal are well and favourably known, has just had to contest one of the largest wards in the borough of Wigan that he has represented for the past six years. He has been again returned by a very large majority. Were medical men in each town disposed to devote a little time to local government and municipal boards, their influence would be reflected in their colleagues for the more considerate treatment of Poor-law medical officers, health officers, and of the poor under their care.

The Kendal Water Supply.

THE Kendal water supply appears to be in a very unsatisfactory condition, and at present the state of matters between the urban authority and the water company is somewhat strained. On the one hand, the local authority are disinclined to incur expense, and on the other, the water company are only too ready to take advantage of the meanness and timidity of the authority. The Council have suggested that filter beds should be made by the company, who have "come to the determination not to put in the filter beds, but merely screens," whatever these may mean in Kendal. Mr. Robinson (Councillor) remarked that "because a little money was to be spent the health of the town was to be lost sight of," and that there was "a large amount of fever in the town." It was also suggested that "the beggarly pipes, the dirty narrow mains were at fault." From this we infer that the water has been so badly filtered that the pipes have become choked up. One crumb of comfort was thrown out during this interesting discussion, and that was that the water company had determined to prevent cattle from fouling the water in the reservoirs. The Kendal people may at least congratulate themselves that liquid manure will no longer be supplied to them, and for this boon they should certainly be grateful to their energetic authority.

Enthusiasm in Medical Study.

THE session of the Medical School of the Irish College of Surgeons was opened last Monday, in presence of the President and Council, by Dr. Arthur Wynne Foot, the newly-appointed Professor of Practice of Medicine, in a most scholarly address. He devoted himself chiefly to an exhortation to industry on the part of the student.

> In our profession (he said) there is no room for idlers of any class—the silly, the systematic, or the scientific, they are soon pushed aside in the Olympian competition. Failure, complete and inevitable, awaits the idler who trifles now with opportunities the remembrance of which,

spectre-like, will afterwards haunt him, at times when the irrevocable past is summoned to the sessions of sad, silent thought, and the burial places of the memory give up their dead. It is impossible to contemplate so many young men with all the glow of ardour which has never been chilled, with all the longing of the young gladiator for the untried arena, without feeling at liberty to indulge in some of the pleasures of hope. Enthusiasm is the state of mind most propitious for the inception of any great object. "*Aller Anfang ist schwer*"—all beginnings are difficult, as the German proverb says; and the more excellent the task the greater the difficulty. Enthusiasm overcomes the initial inertia, it carries with a rush the first obstacles to advance, it conquers the dislike to novel and irksome tasks, and acts as a motive force before the more lasting sense of duty comes into play. In plain English, the truth of the matter is this—unless a man likes what he is at, and is in earnest about it, and sticks to it—in other words, unless he is enthusiastic, diligent, and persevering, he will no more make a good doctor than a good anything else. Now is your opportunity to set to work while your attention is sharpened by curiosity, your powers of observation fresh, your memories tenacious, your studies novel, and your responsibilities comparatively light. The study of anatomy, with which your education commences, is of the most exceptional and commanding importance. So many centuries of dissection and so many hundreds of dissectors have gone over the human body since the time of the Alexandrian school, in the third century B.C., when Eristratus and his companions, under the protection of the Ptolemies, instituted the first regular dissections, that little has been left for fresh eyes to discover, so that anatomy has almost ceased to be a progressive science. Anything which has been urged in favour of the study of anatomy applies with even greater force to that of physiology, to which study your attention is turned in your second year. Physiology is the study of the healthy operations which take place in human beings. The conviction is constantly gaining firmer ground among the representatives of modern medicine that physiology, more than any other natural-science training, is destined to furnish the physician with the clue to diagnosis and treatment. It will depend upon the knowledge that you happen to possess, upon your means of applying it within your own field of action, whether the bills of mortality of your district are increased or diminished, and that, gentlemen, is a very serious consideration, unless, indeed, you would wish to verify a maxim laid down by Addison—"That when a nation abounds in physicians it grows thin of people." This celebrated writer seems to have had no great opinion of his medical contemporaries, since he says, speaking of the profession of physic:—"This body of men, in our own country, may be described like the British army in Cæsar's time, some of them slay in chariots, and some on foot. If the infantry do less execution than the charioteers, it is because they cannot be carried so soon into all quarters of the town, and despatch so much business in so short a time. Besides this body of regular troops there are stragglers who, without being duly listed and enrolled, do infinite mischief to those who are so unlucky as to fall into their hands." (Laughter.) The course of education on which you are entering is one which admits of no delay. Work from the start. Attack your studies in detail with resolution and intrepidity. Aim at perfection in your class and year. The influence of birth, fortune, and patronage sinks into insignificance in comparison with enthusiasm, diligence, and perseverance.

Dr. Clement Hamerton, formerly of Navan, co. Meath, has bequeathed the following legacies:—To the Royal Medical Benevolent Fund Society, £50; to the Fever Hospital and House of Recovery, Cork Street, Dublin, £25.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·2 per 1,000 of their aggregate population, and were:—Portsmouth 12; Leicester 14; Birmingham, Halifax 15; Norwich, Plymouth, Bradford, Wolverhampton 16; Huddersfield 17; Bristol, Sheffield 18; London, Edinburgh, Hull, Nottingham, Derby, Oldham 19; Brighton 20; Cardiff, Blackburn, Birkenhead 21; Preston, Sunderland, Newcastle-on-Tyne 22; Bolton 23; Dublin 24; Liverpool 25; Leeds, Glasgow 26; Manchester, Salford 28.

The mortality from diseases of the zymotic class continues low throughout the United Kingdom; last week the death-rates were—From scarlet fever, 2·1 in Preston, 2·3 in Cardiff, and 3·4 in Leeds; from measles, 1·2 in Manchester, and 1·9 in Salford; from whooping-cough, 1·4 in Brighton, and 1·8 in Huddersfield; and from "fever," 1·1 in Liverpool, and 1·5 in Bolton. The 51 deaths from diphtheria included 20 in London, 9 in Glasgow, 6 in Edinburgh, 4 in Leeds, and 2 in Birmingham. Small-pox caused 2 deaths in London, 2 in Birmingham, and one in Sunderland.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 20, Bombay 26, Madras 41, Paris 22, Geneva 23, Brussels 23, Amsterdam 24, Rotterdam 18, The Hague 21, Copenhagen 20, Stockholm 22, Christiana 17, St. Petersburg 24, Berlin 24, Hamburg 20, Dresden 24, Breslau 27, Munich 29, Vienna 21, Prague 22, Buda-Pesth 21, Rome 25, Turin 20, Venice 22, Lisbon 29, New York 22, Brooklyn 20, Philadelphia 18, and Baltimore 18.

Dr. James Moore, M.D., M.R.I.A., of Belfast, died last Sunday week after a somewhat protracted illness, aged 64 years. He was educated at the University of Edinburgh, where he graduated in medicine in 1842, and two years afterwards became a member of the Royal College of Surgeons in England. He had a large and lucrative surgical practice, and at various periods was attached to several institutions, including the Belfast Royal Hospital, Ulster Hospital for Diseases of the Eye, District Lunatic Asylum; and was an ex-president of the Ulster Medical Society. In consequence of his artistic abilities he was selected to illustrate Professor Syme's work on surgery, and he was a constant exhibitor at the Royal Hibernian Academy, being elected an honorary member of that institution.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Opening of the Glasgow Extra-Mural Medical Schools.—On Tuesday, the 30th ult., the medical school in connection with the Glasgow Royal Infirmary was formally opened for the session. The Lord Dean of Guild McEwen, who is the leading spirit and backbone of the entire institution, presided, and he was accompanied to the platform by a distinguished company, including the Right Hon. Sir Charles Dilke, M.P.; Chas. Tennant, Esq., of the Glen, M.P.; the Lord Provost of Glasgow; Bailie Watson; John Brown, jun., Esq.; and a large number of medical gentlemen connected with the institution. The chairman, in opening the proceedings, said his business was simply to introduce Professor Stirton and to bid the students welcome to the lecture halls connected with the medical school. Considerable additions had been made to the halls this session. The son of the late Dr. Mackenzie had very kindly sent to the school a very valuable collection of specimens which had been placed in one of the rooms of the school and were now open for inspection, and these, in addition to the collection already placed in the museum, would furnish the students a very excellent opportunity of studying disease in its various forms. He was glad to say that every year the number of students attending the school was increasing. Since the University was removed to the west of the city they were aware that the infirmary had lost the facility of teaching which it formerly possessed, and the managers feel a great desire that there should be a good medical school connected with the infirmary, as then they would be sure to attract medical students to the school and to the wards of the infirmary. Considerable professional interest was centred in the introductory address of Dr. Stirton, who is well known to be an accomplished man and an excellent practitioner; but he had not proceeded far with his address when it began to dawn upon his audience that they were to be treated to a medical disquisition on "Amenorrhœa!" We regret very much to be obliged to say that we considered the subject an unfortunately-chosen one, and that, however able the lecture might have been from a medical standpoint, it certainly was not one for a mixed audience. Introductory addresses seldom or never are of a purely technical or scientific nature; and when the lecturer so intends his oration to be he has no right to encourage the attendance of laymen, especially to a disquisition on matters the discussion of which is permissible only in scientific journals, or before a purely scientific audience. We are sorry to think that in this Dr. Stirton erred. This we must say, however, the conduct of the students was admirable, and the Christian resignation of the laymen beyond all praise.—On the same day, at 2 o'clock, **Anderson's College** put its best foot foremost in the inauguration of its session. Dr. A. Wallace, the Professor of Midwifery, delivered the introductory address, and the wide sympathy which exists for this old institution was made very manifest by the large attendance of medical men, many of whom received the greater part of their medical education at this college. The directors of the college were strangely conspicuous by their absence. Dr. Mackinlay ably presided, and the lecturer was accompanied to the rostrum by his colleagues, Professors Alex. Lindsay, James Merton, Dittmar, Gemmell, A. M. Buchanan, and Christie, in full academic clothing. It is regretfully confessed by the medical staff of Anderson's College that there are not wanting enemies who predict, as Professor Wallace put it in his address, "even its total extinction." Whatever may be the fate of its medical, the elements of decay are far from visible in its technical department, and its stability and development are beyond reasonable doubt. If there is any ground for the wicked whisperings in respect to the medical department, has it never occurred to those concerned that they may possibly have alienated some public sympathy by their manifest endeavours to make "the Andersonian" a miniature university, than which nothing was more remote from the intentions of the founder about one hundred years ago? True, as Dr. Wallace correctly, so far, remarked, Anderson was "a hundred years before his time," for he desired to impart medical and other education independently of the State and unsupported by the meretricious *entourage* of an university. Have the spirit and intentions of Anderson been respected? In the course of Dr. Wallace's address, which was excellent in composition, if in some respects somewhat ethereal for beings "of the earth earthy," he took occasion to remark that during the past twenty years there had been an increasing desire on the part of the profession to have its ranks recruited by men who were worthy of so noble a calling ("a man may sell fish to the glory of God"). To those who possessed youth and the requisite means he would recommend the Art studies of the university before entering the medical classes. Referring to the position of the school, the lecturer said Anderson's College was in a state of transition, and some of its enemies were predicting its extinction; but in his opinion its extinction would be a disgrace to the community of Glasgow. What was wanted for the prosperity of its school was its proximity to the university, as formerly. He looked to the public spirit of their directors and to the people of Glasgow and the West of Scotland to contribute to that desirable end. The founder of their college had noble aims, and the lecturer hoped to see those aims realised.

Glasgow University General Council.—At a meeting of the General Council of the University of Glasgow, held on the 31st ult., Professor Cleland moved that, in the interests of health and science, it was imperatively required that the accommodation for the medical school be extended. The matter had been before the Senate, who recommended unanimously that something should be done at once in the way of increasing the accommodation. That such was required could no longer be denied. The number of students had greatly increased, and the subject was prominently brought out on Monday by Professor Young in his address to the students. The teaching of science was looked upon now-a-days as of very great importance, and a complete change had been made in the dimensions and fittings of medical schools, and of a character that would not have been dreamt of a few years ago. Any one who visited such schools at Bonn or Leipsic, or the new establishments being built in France at Cannes and Bordeaux, would recognise the truth of what he had said. The actual fact was that they in Glasgow, instead of having all the facilities which they would like to possess, were really in the position of being unable to conduct the anatomical classes in a manner likely to lead to the preservation of the health of the students. They would require to have their accommodation doubled at least. They were now hearing a good deal about the propriety of encouraging students to aim at higher work. Now, the state of matters was such that there was no accommodation for anatomical work being carried on by those who had passed through their curriculum. In his own department only one kind of work could be undertaken, and anything extra had to be done in a retiring-room. The work of preparing specimens to be used for teaching purposes was at present being carried on under great difficulties. It might be said that the whole museum accommodation was used solely as a store-room and as a workshop for the preparation of specimens, which there were no proper means of exhibiting owing to the crowded state of the museum. The Senate having appointed a committee to consider the matter, that committee had brought up a statement showing that at least a sum of £3,000 would be required before they could attempt to work the medical school in a way creditable to the University and pleasant to the teachers and students. He then submitted his motion, agreeing to its being sent to the University Court as a representation from the Council.

The Western Medical School was opened on the 31st ult., when Dr. Ebenezer Duncan, the lecturer on Medical Jurisprudence and Public Health, delivered the inaugural address. Dr. Scott, of Ratherglen, presided, and there was a good attendance of students. Among those present, were Drs. Paterson, Finlayson, Hugh Thomson, Grainger, Dunn, McFie, Knox, Carmichael, Limont, Mayland, &c. Dr. Duncan, after a few introductory remarks, delivered an address on the relative power of drugs as compared with hygienic measures in the treatment of disease, and he concluded by offering some words of advice to the students as to the spirit in which they should pursue their studies.

Glasgow University.—Opening of the Winter Session.—The winter medical session of the Glasgow University was opened on Tuesday, the 30th ult., when the students were addressed in the examination hall by Prof. Young. The students when waiting for the lecture behaved in the manner peculiar now to University students. Principal Caird accompanied the lecturer to the platform, and a large number of the other professors were present. Prof. Young said, that thirteen years ago when they left the old building, it was thought they were going to have plenty of accommodation, but now they were already complaining of want of room. The number of students was increasing, competition was keener, and all of them had to devote themselves earnestly to their work if they wished to succeed. There was a great deal of misconception as to the daily life of a medical student. The student hero of fiction was now as extinct as his contemporary, Mrs. Gamp. Proceeding to speak of the duties which medical men had to perform, he said that the student who neglected to learn all he could would never be able in the future to practice with success. There were differences of opinion as to what the student should learn, but some, who had denounced science lately, were now its advocates in regard to medical students getting up its elements. He did not approve of young students looking on at operations in hospitals when they might be better employed at something else, for it was much the same as a young painter sitting down and watching a master at work before he had learned to handle his brushes. After speaking of the teaching of chemistry, he said there was a probability of a Chair of Pathology being instituted in the university; were this idea carried out more laboratory accommodation would be needed. Some of the class-rooms already laboured under the disadvantage of being too small, although the most had been made of the space at their disposal, but more was required. It was not perhaps urgently wanted at present, but would have to be provided soon, if Glasgow was to maintain its present position. The Professor, on concluding, was loudly applauded.

The Royal Medical and Chirurgical Society.—The one hundred and forty-sixth session of this Society was inaugurated on the 2nd inst. by an address delivered by Professor Chiene. There was a large attendance of members and medical students, the hall of the Society being quite full. The President of the Society, Mr. J. G. Souter, M.B., C.M., occupied the chair, and among those present were Professors Greenfield and Dickson, Drs. Symington, Hart, Woodhead, and Marsden. Professor Chiene, who met with a hearty reception, said that the longer he lived the more was he confirmed in the impression that it was only by constant appeal to the individuality of his pupil that a teacher could encourage the growth and mental development of those he taught. In a large school like that of Edinburgh there was always a danger of dogmatism and pulpit oratory which must be guarded against by each student fighting, like Harry Smith of the Wynd, "for his own hand." At the present day the Royal Medical Society was specially valuable. This was an age of cram, and their Society was a great preventitive against mental dyspepsia. He claimed for it also that its watchwords were loyalty and hospitality, and dwelt on the many opportunities it afforded for the formation of friendships of a life-long duration. Referring to the extra-mural school, Professor Chiene said that to his mind it was one of the great causes of the continued success of the Edinburgh Medical School. The nursery was the most important room in the house, and the extra-mural school was the nursery of the University. He had once said that the extra-mural school was an excellent tonic to the professors, and he still held to his opinion now he was one who felt the benefit of the tonic. The Professor then gave a sketch of the life of Dr. John Gordon, a young surgeon who, at the beginning of the century, was an extra-mural lecturer in Edinburgh. He recommended the student to study the life of Gordon as an example of what perseverance and diligence could accomplish, and suggested that it would be a graceful act of the Society to place an inscription on Gordon's tomb in Greyfriars Churchyard in commemoration of his connection with the Society as one of its former presidents. A vote of thanks was, on the motion of Dr. Souter, seconded by Dr. Marsden, accorded to Professor Chiene for his address.

The Lord Rector of the University of Edinburgh.—On Saturday last Sir Stafford Northcote was returned as Lord Rector for the University, in the post vacated by Earl Rosebery. The other candidates were the Right Honourable Otto Trevelyan, Chief Secretary for Ireland, and Emeritus Professor Blackie. Mr. Trevelyan only polled 52 votes short of Sir Stafford Northcote, whilst Professor Blackie was hopelessly defeated by about 300 votes.

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THE NEW PROFESSOR OF ANATOMY IN THE ROYAL COLLEGE OF SURGEONS, IRELAND.

Dr. Alexander Frazer, Chief Demonstrator of Anatomy in Owens College, Manchester, has been selected by the Council of the Irish College of Surgeons to succeed Dr. Cunningham as Professor of Practical Anatomy in the College. The election took place on Thursday last, and was conducted under the provisions of the Supplemental Charter which had been just received from the Secretary of State. Under this new law professors and examiners will in future be elected by the entire Council, instead of by seven councillors chosen by lot, as provided in the charter of 1844. The fellows assembled at four o'clock to witness the election, and the President, Mr. Wheeler, having taken the chair, the minutes of the College and the applications of candidates for the Chair were read. Five gentlemen offered themselves, viz., Dr. Barton, of Trinity College; Dr. Collingwood, of University College; Dr. Frazer, of Owens College; Dr. Reid, of St. Thomas's Hospital; and Dr. Thompson, of the Edinburgh University. Dr. Knott, of the College of Surgeons School, whose name was erroneously mentioned in our last issue, was never a candidate.

The councillors present then took the prescribed declaration to elect with impartiality, and having taken the applications and testimonials of the candidates in charge from the Secretary of the College, retired to deliberate. After some time they returned to the College meeting, and the President announced that they had chosen Dr. Frazer, and the College thereupon dissolved.

Dr. Frazer is a Doctor of Medicine and Master of Surgery (with honours) of Glasgow University, and his contributions of original papers on anatomical subjects to the Royal Society of London and other learned societies, have earned for him a very high character as a scientist. His capacity as a teacher and school organiser is attested by the remarkable success of the Owen's College School to which he largely contributed. We believe that the Council of the College of Surgeons has made an exceptionally good selection, and we anticipate that the new Professor will do credit to their perspicacity.

POSTHUMOUS SYMPATHY FOR MR. SHUTER.

We have referred in another column to the unfortunate death by misadventure of Mr. Shuter, of St. Bartholomew's Hospital. On Friday last a crowded meeting of medical students was held in the lecture theatre of the hospital to express regret at the loss they had sustained, and to pass a vote of sympathy and condolence with the family of deceased. It was also decided that a representative body should attend the funeral and deposit a handsome floral wreath on the coffin, which was readily subscribed for on the spot.

Literary Notes and Gossip.

Dr. George Harley's recent work on "Diseases of the Liver" has just been translated into German by Drs. J. Kraus, of Carlsbad, and C. G. Rothe, of Altenburg, and published by Abel, of Leipsic. Thus far it has met with a flattering reception from the German press.

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That gigantic work in the way of catalogues, "The Index Catalogue of the Surgeon-General's Library of the United States," which was commenced some five or six years since by Surgeon-General Billings, has just attained its fourth volume. It carries the work to *Fiz.* Such is the magnitude of the work, we learn that unless Congress makes an additional appropriation of funds, it will have to be discontinued after the issue of one more volume, as that will exhaust the sum thus far voted.

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A correspondence has been carried on during the past few weeks in our columns between Dr. Neale, the Editor of the "Medical Digest," and Dr. Quinlan, as to whether that publication is rightly titled, or whether it rather merits the name of a Medical Index. To close the correspondence, Dr. Neale sends us the following brief reply to Dr. Quinlan's letter which appeared in our last. He says: "I deny most distinctly that the 'Digest' is a mere index; it is, as its name implies, a digest of the contents of papers, when such is possible. At the present moment I am noting for the Appendix a lecture, in which I find there will be seventeen distinct entries under various headings. In the review you gave of the work in March last the fact that it actually embodies the essentials of the paper or article referred to was clearly pointed out, and many other reviewers have explained the same." The foregoing sentence quoted from our columns exactly expresses our own opinions of the work. Of course the references generally partake of the nature of an index, but the notes are in many instances so full as to be altogether beyond the scope of an index, and fully justify the title of "Digest."

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The Statistical Society have become the possessors of another valuable prize, in addition to the "Howard" prize referred to in our last columns of "Literary Notes." The sum of £100 has been placed at the disposal of the Council by Mr. H. D. Pochin for an essay in memory of the late Mr. Wm. Newmarch, F.R.S., to be called the "Newmarch Memorial Prize." This is not limited to any class or profession, but its subject, "On the Extent to which Recent Legislation is in accordance with, or deviates from, the True Principles of Economic Science, and showing the Permanent Effects which may be expected to arise from such Legislation," is of interest to all. The conditions as to competition will be supplied on application to the Statistical Society of London, to whom essays must be sent in on or before the 1st of May, 1884.

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Dr. Stone's paper on "Effects of Brain Disturbance on the Handwriting," which was read at the last meeting of the British Association for the Advancement of Science, raises a point of considerable pathological and psychological interest. Read side by side with the lectures on "Word Blindness" which have been appearing in our columns during the past few weeks from the cultured pen of Professor Charcot, it forms a link in the complex study of Aphasia, about which so many and varied opinions exist. Dr. Stone holds that both speech and caligraphy become automatic by constant practice, and that affections of the cerebral hemispheres which interfere with the one would do so with the other, and that as Aphasia might occur in different parts of the circuit, so might graphic modifications occur from similar mental disturbance. The subject is an interesting one, and we commend both it and Dr. Stone's contribution to the attentive study of our readers.

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The current number of the *Vaccination Inquirer* is really a most interesting and valuable pamphlet. The greater part of the issue is occupied with an account of a recent gathering of anti-vaccinators at Berne, where, it seems, they have been "conferring." A principal portion of the report, however, consists of a collection of letters written by sympathisers with the anti-vaccination mania, and each one signed by a name more or less familiar in some walk of life other than medicine, although three or four men holding licences to practise are among the number. The value of the collection, however, lies in the evidence it affords of the sort of support on which anti-vaccinators depend for arguments and aid; and as reflecting the peculiar idiosyncrasies of their writers, they have a value for scientific medical men which the artless conductors of the *Inquirer* can little imagine.

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Professor J. E. B. Mayor, of Cambridge, gravely informs the conference that "no one dares to draw his lancet" on adults who have not been voluntarily re-vaccinated, and then proceeds to ask, "Do we need any other proof that the alarm caused by unvaccinated babes is merely conventional?" Presumably the "conference" would have been prepared to accept the conclusion with even less proof than the well-known Greek scholar vouchsafed, but the letter is most certainly very ingenious.

⁂

Another correspondent is Mr. Alfred Russell Wallace, F.R.S., who "till a few years ago had not a doubt as to the efficacy of vaccination." Now, however, after looking "into the evidence of the subject," he is "startled by the discrepancy of the statistics of small-pox mortality with the vaccination theory," and "on further inquiry" has been "amazed to find that the evidence in favour of vaccination is of the most shadowy kind, while there is good reason to believe that it is itself a *cause* of disease of the most serious nature." As, however, Mr. Wallace's conversion seems to have flown from an impression that vaccination is a grave surgical operation, and that small-pox hospital nurses *do* suffer wholesale from the disease in spite of protection by vaccination, legitimate medicine may survive the onslaught made by his pen. It is, nevertheless, a subject for consideration how Mr. Wallace, who is unquestionably a biologist of high attainments, can be so led away by the traps set for the careless and unreflecting by anti-vaccination propagandists.

⁂

Another gentleman, hailing from Darlington, hastens to let the Congress know that he has been "quite shocked" by reading in a medical paper the news that "the French Minister of Public Instruction had issued an order which directs that every pupil at every school in France shall be re-vaccinated on admission." If such people will read professional journals they must expect to be frequently "shocked" by what they see therein, since it can hardly be intelligible to them in any way at all.

⁂

Mr. Jesse, who describes himself as "Honorary Secretary, Society Abolition Vivisection," has been fruitlessly wasting the proceeds of his constant appeal for funds in widespread publication of one of our recent notes from abroad in which the details of Biondi's experiments on ablation of the lungs are given. By a curious oversight which would scarcely have been expected in an official so ingenious as the "Hon. Sec., &c.," Mr. Jesse has let us into the secret of his endeavours to obtain weight. Within a few days no less than four separate slips of Mr. Jesse's advertisements of the *Medical Press* have reached the office of that paper, each posted from a different town, the intention doubtless being to delude us into the idea that they were forwarded by indignant readers. But, alas! for the success of the plot, in all cases the extract has been forwarded as sent out by the printer *in proof slips*, Mr. Jesse having in his hurry to overwhelm, forgotton to cut the edges round and so ensure its being taken for a veritable newspaper cutting. We have been much amused by the proceeding, and while candidly admitting that we should equally as readily have penetrated any other little device of the kind, we yet offer the "Society Abolition Vivisection" our sympathy in its failure to arouse more than good-humoured contempt of its weakness.

⁂

New Books and New Editions.—The following have been received for review since the publication of our last list, Oct. 3rd:—Plant Analysis, Qualitative and Quantitative, by G. Dragendorff, Ph.D., and Hy. G. Greenish, F.I.C. The Physiological Factor in Diagnosis, by J. Milner Fothergill, M.D. The Field of Disease, by B. W. Richardson, M.D., F.R.S. Handbook of Therapeutics (10th edit.), by Sydney Ringer, M.D. Transactions of the Academy of Medicine of Ireland (Vol. I.). The Organs of Speech, by G. Hermann von Meyer, M.D. Wiesen as a Health Resort in Early Phthisis, by A. T. Tucker Wise, M.D. Æsthetical Sanitation, by William White, F.S.A. Surgical Applied Anatomy, by F. Treves, F.R.C.S. Elements of Surgical Pathology, by A. J. Pepper, F.R.C.S. On Malpositions of the Kidney, by David Newman, M.D. Calendar of the Royal College of Surgeons of England, 1883. Hospital Management (Report of the Conference), edited by J. L. Clifford-Smith. A Memoir of Dr. J. D. Heaton, of Leeds, edited by T. Wemyss Reid. Clinical Notes on Cancer, by H. L. Snow, M.D. Practical Pathology, by G. Sims Woodhead, M.D. Handbook of Hygiene and Sanitary Science, by Geo. Wilson, M.D. (5th edit.).

Correspondence.

THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Until this week the articles which have appeared under this heading in recent numbers of your journal from the pen of Mr. Lunn have not seemed to me worthy of personal notice, since they are but reiterations of statements which have been repeatedly refuted.

From remarks in the current number and from your editorial notice to a correspondent I now learn—1st. That to "the Editor of this paper was left the decision" of what to omit and what to insert; and 2nd. That readers are called on by the Editor to "remember that Mr. Lunn has many names of scientific eminence on his side, and that—if only on this account—he is entitled to consideration."

The case thus assumes a new importance, and, ignoring all personalities and side issues, I now desire as briefly as possible to point out the fallacy of the basis on which Mr. Lunn's theory rests, namely, on the experiments of Dr. Wyllie on the dead larynx, and an exhumed statement of the long deceased Galen.

Wishful to ascertain Dr. Wyllie's views of the question, I wrote to him forwarding in proof a portion of a work now going through the press by Mr. Behnke and myself. I here append the paragraph in question:—

"The above extraordinary theory of (approximation of ventricular bands in) voice production is avowedly founded upon 'Observations on the Physiology of the Larynx,' by Dr. John Wyllie, published in the *Edinburgh Medical Journal*, September, 1866. We have read this very interesting paper most carefully, and it is only fair to Dr. Wyllie to say that his experiments as to the approximation of the pocket ligaments (ventricular bands or false cords) and inflation of the pockets were made in relation to the valvular action of the larynx, by which complete closure of the air-passage occurs—(1) in the act of swallowing, and (2) in voluntary effort, as in holding a breath for certain muscular acts, or in involuntary effort, as before each act of coughing.

"Dr. Wyllie specially confines his remarks on this valvular action to these two conditions of deglutition and breath-holding, to the exclusion of consideration of that practical closure of the vocal ligaments which takes place during phonation. When he does consider this last question he in no instance alludes to closure of the pocket ligaments as essential to the production of tone, nor even as an accidental condition of it."

To my letter, containing the foregoing extract, Dr. Wyllie replied as follows:—

"1 Melville Street, Edinburgh,
"October 27, 1883.

"Dear Sir,—I am much obliged to you for your letter of the 24th inst., directing my attention to a mistake that has been made in the interpretation by some writers of my views regarding the action of the ventricles of Morgagni and the ventricular bands or 'false cords.' The account of the views that you give in the proof sent me of your work now in the press is perfectly accurate. In my 'Observations on the Physiology of the Larynx' I showed that the ventricles with their ligaments form an important valve, but I said nothing of their relations to voice, with which I believe they have little or no concern.

"I remain, dear Sir,
"Yours faithfully,
"Lennox Browne, Esq." "John Wyllie.

Without a doubt "the views of Galen on this point (ventricular influence)" have been equally misinterpreted, as your readers may see by referring to the quotation in your issue of September 12th, but unfortunately we cannot appeal by post to "that indefatigable observer." No further comment is necessary from,

Sir, yours obediently,
Lennox Browne.

36 Weymouth Street, London, W.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I can quite understand that your correspondent "Æsculapius" did not think it necessary in a medical paper to advance reasons for withholding "credit for originality" from Mr. Lunn for his assertion that "for obstetric reasons the mode of breathing in man and woman is different." Mr. Lunn, however (in your issue of October 3rd), expressed a desire "to know in what work he can find pointed the *motive* Nature has for difference in thoracic form." On reference to a few works on physiology immediately to hand, I find that Küss (English edition, 1876, p. 294), as one of the most modern of ~~physiological writers,~~ equally with Kirke, representing the older school (second edition, 1851, p. 152), gives the same reason as Mr. Lunn. Kirke quotes many authors in support of his views, amongst others, Mr. Hutchinson's well-known paper in the twenty-ninth volume of the "Medico-Chirurgical Transactions" (1846), and the same author's article, "Thorax," in the "Cyclopædia of Anatomy," edited by Dr. Todd, and Dr. J. Reid's article, "Respiration," in the "Cyclopædia of Anatomy." This last author further states, on the authority of MM. Beau and Maissiat ("Archives Générales de Médecine," 1842 and 1843), that Boerhaave, who lived from 1668 to 1738, and Haller (1708 to 1778) were both aware of the different modes of breathing in the sexes, and of Nature's *motive*. Mr. Lunn's amusing assertion of originality on this point is, therefore, proved to be without a particle of foundation, and having read all his articles and the letters thereon, I feel inclined to add, "*ex uno disce omnes.*"

Yours &c.,
Percy S. Jakins, M.R.C.S.

Osnaburgh Street, N.W.

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University of Cambridge.—The following is a list of the Examiners in this University for Medical and Surgical degrees for the current year:—1st M.B., Dr. S. H. Vines, Professor Garnett, and Mr. Pattison Muir; 2nd M.B., Professor Paget, Professor Milnes Marshall, Dr. Gaskell, and Mr. Shuter; 3rd M.B., Professor Lister, Mr. Davis Colley, Dr. Matthews Duncan, Professor Paget, Dr. O. Sturges, and Dr. Handfield Jones; B.C. and M.C., Professor Humphry, Professor Lister, and Mr. Davis Colley; M.D. Professor Paget, and Dr. Reginald Thompson.

Notices to Correspondents.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

TESTIMONIAL FUND TO DR. ROGERS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to inclose, for insertion in the *Medical Press*, a first list of subscriptions received by me towards the "Rogers Testimonial" referred to in your last issue.

Yours, &c.,
J. WICKHAM BARNES, *Hon. Sec.*

Poor-law Medical Officers' Association,
8 Bolt Court, Fleet Street, October 31, 1883.

Mr. Ernest Hart, London	£5	0	0
Dr. Whitwell, Shrewsbury	1	1	0
Mr. S. Burrows, Witheridge, Devon	1	1	0
Dr. O'Connor, Chatteris	1	1	0
Dr. R. Carpenter, Stockwell Road	1	1	0
Mr. Pound, Odiham, ..	1	1	0
Mr. J. Breward Neal, Infirmary, New Wandsworth	1	1	0
Mr. F. Hall, 1 Jermyn St., London	1	1	0
Dr. Grubb, Tilsoe Villa, Ealing	£1	1	0
Mr. C. Frost, F.R.C.S., Ladbroke Square ..	1	1	0
Dr. S. Smith, Pershore ..	1	1	0
Dr. A. Godrich, Fulham	1	1	0
Mr. J. W. Barnes, London	1	1	0
Dr. W. Smith, Stanhope Ter., Regent's Park ..	1	1	0
Dr. Norman Kerr, London	1	1	0
Mr. C. H. Cornish, F.R.C.S., Taunton	1	1	0
Dr. G. Moore, Ongar ..	0	10	6

Dr. Kendall.—Subcutaneous injection of sclerotic acid to promote uterine contraction in extreme cases has been employed with satisfactory results.

Dr. Harrison.—You will find the subject fully referred to in our present issue. Your suggestion is a good one, and, so far as we are concerned, it shall be acted on.

Mr. Arthur Thomas.—There is no alternative course open to you in lieu of registration, by which alone you can place yourself in a position to insist upon restitution.

A. H. K.—The jurisdiction of the College does not extend to those who are not its members, nor does its enactments affect anyone who is not directly responsible to it. In the case of associates privileges are very limited.

Mr. Ambrose.—The regulations which licentiates are required to observe are printed for circulation, and a copy can be obtained on application to the Secretary.

MEETINGS OF THE SOCIETIES.

Wednesday, November 7th.

Obstetrical Society of London.—At 8 p.m., Specimens will be shown.—Mr. Lawson Tait: (1) On Three Cases of Pyosalpinx; (2) On a Case of Acute Gangrene of the Uterus; (3) On an Undescribed Disease of the Fallopian Tubes.—Dr. E. S. Tait, Observations on Puerperal Temperatures.

Epidemiological Society of London.—At 8 p.m., Mr. N. Chevers, On Medico-Topographical and Health Histories for Districts and Towns.

Thursday, November 8th.

Medical Union Society.—Dr. J. Milner Fothergill, On the Student's Aim.

Friday, November 9th.

Academy of Medicine in Ireland (Surgical Section).—At 8 p.m., Living Specimens: Dr. McArdle, (1) Case of Fracture of the Patella; (2) Case of Detachment of Quadriceps Extensor Cruris from Patella.—Mr. Croly, Case of Amputation of the Forearm, Teale's method; (2) Case of Cancer of Male Breast. Specimens exhibited by card: The President, (1) Hypertrophied Mamma, weighing 18½ lbs., from a girl; (2) Cast of Mammary Tumour; (3) Portion of Skull removed for Tympanic Caries; (4) Foot removed for Caries.—Mr. Stokes, (1) Excision of Knee, parts removed in, patient æt. 32; (2) Excision of Knee, parts removed in, patient æt. 10.—Mr. Croly, (1) Oxalate of Lime Calculus removed from Bladder, patient æt. 74; (2) Disease of Bladder, Kidneys, and Ureters, with Stone; (3) Disease of Carpus; (4) Disease of Carpus; (5) Disease of Knee-joint. Papers: The President's Address.—Dr. Croly, On a Case of Tracheotomy in Early Life, in which unusual difficulties occurred.—Mr. Coppinger, On a Case of Fractured Patella.

Charing Cross Hospital Medical Society.—At 8 p.m., Mr. Rory Fletcher, On Army and Volunteer Medical Organisation.

Clinical Society of London.—At 8.30 p.m., Mr. G. R. Turner, (1) On a Case of Wound of the Plantar Arch, Secondary Hæmorrhage on the thirteenth and sixteenth days after the injury; (2) On Cases of Ununited Fracture of the Patella treated by Suture.—Dr. Thin, On Cases of Thickened Epidermis treated by Salicylic Plaster.—Dr. D. Drewitt, On a Case of Myxœdema.—Living Specimens (8 p.m.): Subcutaneous Nodules in an Adult (male), by Dr. J. K. Fowler.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—S Bartholomew's, 1.30 p.m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Centra London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Roya Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Vacancies.

Bristol General Hospital.—Physician's Assistant. Salary, £51, with board, &c. Applications to the Secretary before November 10.

Brompton Consumption Hospital.—Resident Medical Officer. Salary, £200, with board, &c. Application to Mr. Hy. Dobbin, Esq., Secretary. (See advt.)

Great Yarmouth Hospital.—House Surgeon and Dispenser. Salary, £90, with board, &c. Applications before November 24, to Dr. Ducket, Hon. Sec.

Liverpool Northern Hospital.—Clinical Assistant for six months. Board, residence, and tuition, but no salary. Applications to the Chairman.

Nottingham Dispensary.—Three Resident Surgeons. Salary of senior, £160; and of each junior, £140. Applications to the Secretary before November 30.

Wrexham Infirmary.—House Surgeon. Salary, £100. No board. Applications to the Secretary before November 9.

Appointments

Campbell, C. M'I., M.A., M.D., Medical Superintendent of the Perth District Asylum, Murthly.

Cane, L., M.D. Lond., M.R.C.S., Medical Officer to the Workhouse and District of the Peterborough Union.

Coxwell, C. F., M.A., M.B. Cantab., Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road.

Crowther, G. D., L.R.C.P., L.R.C.S., Senior House Surgeon to the Halifax Infirmary, Yorks.

Furlong, N., L.K.Q.C.P.I., L.R.C.S.I., Visiting Physician to the District Lunatic Asylum, Enniscorthy.

Paton, D. N., M.B., C.M., Resident Physician to the Royal Infirmary for Sick Children, Edinburgh.

Pinkerton, J., M.D., M.S.Q.U.I., Assistant Medical Officer to the Brownlow Hill Workhouse, Liverpool.

Births.

Davy.—October 30, at 44 Wood Street, Woolwich, the wife of Surgeon-Major F. A. Davy, M.D., A.M.D., of a daughter.

Green.—November 2, at 7 Serjeant's Inn, London, E.C., the wife of Alfred Withers Green, M.R.C.S.E., L.R.C.P. Lond., of a son.

Jones.—November 5, at 32 Sheep Street, Northampton, the wife of Arthur H. Jones, M.D., of a daughter.

Oliver.—October 31, at 3 Eldon Square, Newcastle-on-Tyne, the wife of Thomas Oliver, M.D., of a daughter.

Owen.—November 4, at 49 Seymour Street, London, W., the wife of Edmund Owen, F.R.C.S., of a daughter, still-born.

Philpot.—November 2, at 26 South Eaton Place, London, S.W., the wife of J. Henry Philpot, M.D., of a daughter.

Reid.—October 31, at 12 Bridge Avenue, Hammersmith, London, the wife of John Reid, M.D., of a son.

Deaths.

Bell.—October 28, George Coates Bell, M.D., of Dulwich, late Surgeon-Major Bombay Army, aged 51.

Hilbers.—October 30, suddenly, at his residence, 8 Cavendish Place, Brighton, George James Hilbers, M.D., aged 65.

Hudson.—October 29, at Littleton, Newry, Robert S. Hudson, M.D., F.R.C.S.I., of Redruth, Cornwall.

Macnaught.—November 3, at the residence of his son, 15 Warwick Gardens, Kensington, John Macnaught, M.D., aged 90.

Moore.—October 28, at 7 Chichester Street, Belfast, James Moore, M.D., Hon. R.H.A.

Orlebar.—November 1, at 93 Elizabeth Street, London, S.W., H. G. Orlebar, M.D., of typhoid fever, aged 30.

Ross.—October 23, at Ardross Terrace, Inverness, J. Jones Ross, M.D. St. And., aged 66.

Shuter.—November 1, James Shuter, M.A., M.B. Cantab., F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital, aged 37.

Young.—October 31, at 4 Malvern Villas, Hounslow, Louisa Jane, the wife of Edward Young, M.D., late of Salisbury.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 14, 1883.

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Original Communications.

ON HEREDITY IN HEALTH AND DISEASE. (a)

By WILLIAM STIRLING, M.D., Sc.D.,

Professor of the Institutes of Medicine in the University of Aberdeen.

THE aphorism of Linnæus that like produces like expresses one of the first principles governing the reproduction of the species. The statement, however, is not mathematically correct, for there are always some points of difference, or variation, between the parents and their offspring. Even in the less complex conditions of vegetable life this is true, while in the animal kingdom, where we have to deal with more highly evolved organisms, there is a greater liability to slight variations. Yet the fundamental or specific characters are transmitted, while in each individual there are slight variations from the specific characters. Thus vegetables and animals alike tend to repeat themselves in their descendants, and this is the law of heredity. No two individuals are exactly alike, although they may be the offspring of the same parents; there are actual or potential differences which are recognisable by the practised eye, or which reveal themselves under appropriate conditions. Thus the law is not so simple as the aphorism puts it. Amongst the higher animals we have to deal with two antagonistic heredities which leads to variation and diversity. Following the arrangement which was adopted by Prosper Lucas in his classical work on Heredity, let us glance first at the external configuration. One need not dwell upon the certainty with which the general features are reproduced in the offspring. Some features are remarkably tenacious and descend through many members of the same family. The nose is certainly most assertive in this way. In other families the mouth is a special feature. Some Roman families derived their names from the appearance of certain of their facial characteristics, and one speaks to this day of the Roman nose. If we were to examine system by system we should find that as far as structural peculiarities are concerned they are markedly hereditary. The osseous system is notoriously so, while the muscular and vascular systems are equally so. In some families the complexion is a marked feature, while the cutaneous appendages, such as the hair and nails, are structures which are amongst the best proofs of the hereditary transmission of structural characters. Take the eyebrows for example, or the distribution of the hair upon the body. Well-marked eyebrows are considered, and justly considered, as a sign of beauty, but in the eyebrows occasionally a few coarse stout hairs are to be found. Darwin records a case, noted by Sir James Paget, of the hereditary character of these hairs. Several instances of the same kind have fallen under my own observation where a few stubborn stout hairs more like bristles are transmitted from father to son. In the cases that have fallen under my notice these hairs have been long in appearing. Some people are stout and others are lean. In those whose stoutness depends upon the presence of much fat under the skin, giving rise to obesity, do what they will these people become stout, and in such cases it is almost invariably found that there is a hereditary history of a tendency to *embonpoint*. Even under the strictest regimen, and sometimes under privation, the tendency asserts itself. If we look at the teeth, some families are gifted with good grinders, while others require, almost continually, artificial aid from the dentist. Suppose a case where the father has good teeth and the mother has not, not unfrequently it will be found that some of the children take after the father as regards their teeth, while others of the family have teeth which may decay like those of their mother. It is rare that the children, as it were, halve the difference—either the one influence or the other seems to prevail. Some people have only two incisor teeth, instead of four, in the upper jaw. It would be interesting to know to what extent such a condition is hereditary. The shape and extent of arching of the hard palate is certainly hereditary. Some families have a narrow, highly arched palate, a condition which is often co-related with other peculiarities, and it is certain that such a condition is very liable to be transmitted to the descendants. One speaks of a family having a strongly vascular temperament, and another with a nervous temperament, while a third may be neuro-vascular. This is the psychological way of stating the matter, but it is just another way of stating the strongly hereditary or transmitting powers of the vascular and nervous systems. There are some families in which the vascular system is large and capacious, and it might seem over-charged with blood, and their offspring show the same characters and manifest the same tendencies to disease. There are some physiognomies which bear upon them the stamp of future cardiac disease. Others, again, are indeed "pale faces;" in them the heart is small, the circulation weak, and the blood-manufacturing organs have a feeble action. The most important question of all is the determination whether the configuration and other characters of the nervous system are transmitted, for on this important issues depend. There is not the slightest doubt that it is no exception to the usual law of hereditary transmission. Apart altogether from the transmission of nervous tendencies, every one has noticed that some families have large and others small heads, while the shape of the skull varies in different races and in different families. From this rapid survey we may take it that from the purely anatomical, *i.e.*, structural side of the question, heredity is an undisputed fact. Is it so from the physiological and psychological side, *i.e.*, is function also transmitted in the same way? Some families are remarkable for their muscular development, and their corresponding motor power. In ancient Rome and Greece some families were signalised by their great athletic accomplishments, and so it is at the present day. How often has one seen the father repeated in the son. In some cases the "gait" is even more characteristic than the features. Not to discuss the question merely from the structural side, let us take some familiar instances from the physiological side. One speaks of belonging to a "long-lived family." That the members of certain families do more than reach the three score years and ten—which is but too seldom the accomplished span of human existence—is a truism. If we analyse the various factors that conduce to individual longevity, we shall find that it does not depend so much upon climate, for octogenarians are to be found at the poles as well as in the tropics; nor does it depend upon race, mode of life, or profession, but underlying all we find a markedly hereditary tendency. This is just one of the reasons why, in discussing the effect of alcohol on the system of any particular individual, we, before giving an opinion as to the effect it may have had upon him, ought to know something of his family history. While longevity would seem to be the rule in certain families—much too seldom is the rule valid for the race—in other families early death is the certain doom.

(a) Delivered at the University of Aberdeen, Wednesday, Oct. 24th, 1883.

It is a most important question to determine whether the modes of sensorial and intellectual activity are subject to the same laws as the organs which manifest them, or through which these activities are manifested. When we survey the higher members of the animal kingdom it is clear that each animal receives from its progenitors not only certain sense organs, but that the functions of these organs are practically the same as those of the parent. Nay more, some particular variety of sensorial function may be transmitted. Thus, some races have a sense of smell, or it may be of touch, far more acute than obtains in other races of the same species. Let us select sight, which admittedly is the most intellectual of all the senses. Confining one's self at the present moment to the physical side, there are facts enough to show that under certain circumstances deviation of one or both eyeballs from their normal position, constituting squint, is commonly hereditary. In these cases we have to look beyond the mere physical result of the contraction of this or that muscle of the orbit, we have to look to the nervous conditions which are at the bottom of the whole matter. One of the most interesting problems connected with the hereditary transmission of eye defects is that of myopia. Experience shows that from certain causes, myopia is much more common at the present day than it was in by-gone times. We are acquainted with some of the causes that lead to this condition, *e. g.*, the use of small print, especially if there being imperfect illumination of the letters, badly ventilated school rooms, and above all, imperfectly lighted class-rooms. So common is this defect in Germany that myopia is not and cannot be regarded as a disqualification for service in the army. Donders, of Utrecht, found that it is much more common in towns than in the country. Dr. Colin, of Breslau, found that the number of myopes in town schools increased from 6·7 per cent. in the primary schools up to 26·2 per cent. in the gymnasia and universities, and these modifications once acquired may be transmitted by heredity. Colour-blindness too is undoubtedly hereditary, it is moreover, congenital and irremediable, and is much more common in men than in women, and the same may be said of the sense of hearing.

Let us grant that in many instances the imaginative faculties are hereditary, we have now to inquire whether the same obtains with regard to the intellect—*i.e.*, with those faculties which are concerned in abstract thought, judgment, generalisation, &c. At one time such faculties were supposed to be manifested by man alone, but what we have to determine is whether the law of heredity obtains in the psychological as well as in the physiological life of the individual. Are the complex conditions on which genius and talents of various kind depend hereditary? We assume that these faculties depend upon some condition of brain structure. This question has been investigated by Francis Galton, and his results will be found in his works on "Hereditary Genius" and "English Men of Science." There are many families which are eminent in science, and granting all the effect of education, upbringing in a scientific atmosphere, yet the scientific bent does not depend upon these extraneous influences, however much they may foster its development. Galton has tabulated the genealogies of a great number of men eminent in science, and he remarks that "it appears to be very important to success in science that a man should have an able mother." There is one difficulty connected with the investigation, viz., that few philosophers have left any posterity—many of them either never married or had no children. In connection with this question I would advise you to read Francis Galton's work on "English Men of Science," in which he gives the pedigrees of a number of eminent scientific men. In "Hereditary Genius" will be found a list of authors and men of letters whose pedigrees are analysed in a similar manner. In connection with the intellectual faculties, it may be asked how does one account for the apparently sudden appearance of a great master mind, a Shakespeare, a Newton, a Goethe, or a Darwin. Can—as Grant Allen puts it in the current number of *Mind*, in a remarkably suggestive paper on "Idiosyncrasy"—can any man ever be anything other than what some of his ancestors have been before him? And if not, how is progress or mental improvement possible? This is obviously a most important subject, and one that lies at the foundation of the question as to the progress of the whole human race. As the author points out, there are only two conceivable ways in which any increment of brain power can ever have arisen in any individual. The one is the Darwinian way and the other is the Spencerian. According to the former, "spontaneous variations" occur; while according to the latter, it takes place by "functional increment"—*i.e.*, by the effect of increased use and constant exposure to varying circumstances during conscious life. I take it that much the same conditions obtain with regard to brain tissue which obtain for the muscular system. Constant use developes the muscles and improves their tone and other properties. In the case of a brain properly exercised no doubt new connections are formed, and the quality of the brain tissue is improved, and it would seem that such conditions are hereditarily transmissible. As Mr. Allen points out, although we may not be able thus to account for the particular character and genius of a Pericles, an Aristotle, a Hannibal, a Cæsar, a Newton, or a Goethe, "we know that such men do arise from time to time amongst the most intelligent nations, and that they do not arise among the Australian black fellows, the Digger Indians, or the Andaman Islanders."

If we turn to the question whether certain diseases, or a tendency to certain diseases, are transmitted, one must give an unqualified answer in the affirmative. Daily, more and more evidence is being adduced to show that certain diseases—not suspected to be—are hereditary. This is a matter that might well be taken up by the Collective Investigation Committee of the British Medical Association. Mr. Francis Galton, recognising the importance of such data, has proposed that medical men should undertake this work in connection with their own families. He proposes to obtain a series of "medical family registers," and to encourage medical men to do so, he proposes to offer a series of substantial prizes, of a total value of £500, to be awarded to those candidates who shall best succeed in defining vividly, completely, and concisely the character (medical and other) of the various members of their respective families, and in illustrating the presence or absence of hereditary influences.

Who does not know that consumption is very apt to repeat itself in the offspring, even though only one of the parents may have been consumptive. Some of the children may escape, while others suffer. So well recognised is this fact that insurance offices are most particular in making inquiries as to presence or absence of a history of lung disease in the family of the applicant for insurance. At the present moment I don't care to inquire what is the something which is transmitted from parent to offspring. Our views of consumption have undergone a radical change within a brief period—thanks to the labours of Koch, who has shown that tubercular disease depends upon the presence of a specific or organism. It seems that "consumptive" parents—using the word consumptive in its widest and most general sense—are liable to transmit to their offspring a condition of tissue, especially the tissues of the lung—which are unstable, and which, under certain conditions, are liable to become the seat of the development of a parasitic organism. The whole subject is extremely complex, but for us the important point is the hereditary character of the disease.

It seems certain that the "hæmorrhagic diathesis" is transmitted. Take the rheumatic and gouty diathesis. Whatever diversity of opinion there may be about the former, regarding the latter there can be no doubt. The gouty diathesis is certainly hereditary, as only too many know to their cost. The slightest indiscretion in diet or regimen may, in a person who has a gouty history, bring on an attack of gout. The study of gout is interesting, because it is an instance of an acquired diathesis transmitting itself often to many generations. Not unfrequently one finds that where one of the parents is gouty and has suffered from gout, some of the children may escape altogether, more especially if their habits are abstemious and their regimen strict. I ought to mention that gout in the form in which it attacks the joints is transmitted much more frequently to the males than to the females. But even though it may not appear in the offspring in the form of a genuine attack of gout, it may affect those tissues which are especially liable to gouty inflammation. Many apparently obscure phenomena at once receive their explanation when one discovers the gouty diathesis. The presence of a gouty diathesis may tinge and modify all the symptoms in a diseased condition, which apparently has no connection with gout. Such a disease may resist the ordinary means of treatment, but once let the physician discover that there is a gouty tendency or a history of gout, and let him adopt measures to rectify this condition, then the disease becomes amenable to treatment. The key to the situation is the discovery of the diathetic gouty tendency. This is a state of affairs which is applicable to other constitutional diseases beside gout.

A tendency to renal diseases seems to exist in some families, and Dr. Joseph Kidd has recorded a case illustrating the natural history of Bright's disease extending to *three* generations.

There are other specific and constitutional diseases which are acquired, and whose effects certainly extend even to the third or fourth generation.

I have spoken already of the tendency of certain nervous conditions to be transmitted. Every medical man knows that the nervous temperament is liable to repeat itself in the progeny. Along with this, one must consider that the nervous temperament may express itself in a vast number of forms. That certain forms of insanity are hereditary, no one will deny, but some of the less marked forms of nervous derangement give rise to important results. Thus hysteria in the mother may become epilepsy in the son or daughter; mania may give rise to alcoholism or to melancholia. In fact the study of diseases of the nervous system affords us some of the best proofs of the hereditary character of disordered function, and at the same time illustrates what is known as the "transformations of heredity."

Heredity under certain conditions is a fact, and what we have to do is to ascertain if there are any broad lines along which the stream tends to flow. The question is an extremely complex one, for it must be remembered that one has not to deal with comparatively simple conditions; on the contrary, a human being is the outcome of an incalculable number of elements. Primarily there is the union of two apparently comparatively simple elements, the germ and sperm cells; but each of these in turns contains within itself, or at least is the material expression of, countless ancestors. Who shall say that in this, or in that case the maternal or paternal influence shall prevail. The factors are complex —very complex—and it is not to be wondered at that the result is at first sight somewhat enigmatical. Nevertheless we may take it that all is well-ordered and sure, and that there are some general principles underlying the whole, were we only able to grasp them. When we come to group the results we shall find that heredity may result in several issues. First of all, the hereditary transmission may be direct—*i.e.*, when the child takes after the father and mother equally, a very rare case, indeed. More frequently the child resembles one parent more than the other, and even here there are two cases; the heredity may be in the same sex from father to son and from mother to daughter much the rarer case.

Dr. Stirling concluded by saying—Perhaps I have said enough to show you that heredity is an immensely important problem both in health and disease. I have only given the barest outline of the subject, and I would refer you to the works of Lucas, Ribot, and Darwin for more extended information. Evolution and heredity have played an all-important part in the advancement of the race. Heredity being essentially a conservative agency, tends to perpetuate modifications occurring in the offspring, while habit fixes them in the individual, while the "functional increment" itself produces organic change. Thus we find that heredity is not only a conservative and preservative power, but it may become even a creative agency. The effects of heredity upon the intellectual character of a race are well stated by Herbert Spencer in the following extract: "The human brain is an organised register of infinitely numerous experiences received during the evolution of life, or rather during the evolution of that series of organisms through which the human organism has been reached. The effects of the most uniform and frequent of these experiences have been successively bequeathed, principal and interest; and have slowly amounted to that high intelligence which lies latent in the brain of the infant—which the infant in after-life exercises, and perhaps strengthens or further complicates, and which, with minute additions, is bequeathed to future generations. And thus it happens that the European inherits from twenty to thirty cubic inches more brain than the Papuan. Thus it happens that faculties, as of music, which scarcely exist in some inferior human races, become congenital in superior ones. Thus it happens that out of savages unable to count up to the number of their fingers, and speaking a language containing only nouns and verbs, arise at length our Newtons and Shakespeares."

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SYPHILIS OF THE LARYNX, REVIEWED IN CONNECTION WITH RECENT CLINICAL AND PATHOLOGICAL INVESTIGATIONS.

By GORDON HOLMES, M.D.,
Physician to the Municipal Throat and Ear Infirmary, London.

(*Concluded from page* 392.)

Diagnosis.—Syphilis of the larynx has to be distinguished from phthisis and carcinoma, but the task presents no essential difficulty.

a. Although there is no phenomenon in the course of syphilitic laryngitis, except the disputed condyloma, absolutely pathognomonic of its character, yet the experienced laryngoscopist will almost invariably feel sure of his diagnosis without an instant's hesitation. This assurance doubtless arises less from any peculiar appearances than from the concomitant circumstances of the case and the absence of any symptoms suggestive of disease of another kind. Thus, the condition of the patient is not always marked by cachexia, and, when it is so, his gait and bearing are not strikingly indicative of emaciation and muscular enfeeblement, like those suffering from tuberculosis. Indeed, the general health occasionally seems tolerably robust, although the ravages in the larynx may be profound. Nor on examining the organ itself do we find any trace of that smooth, pale, and pellucid swelling often so conspicuous in laryngeal phthisis; on the contrary, the syphilitic tumefaction is frequently congested, with a somewhat rough, dry, and even corrugated surface. So far, then, even cases in which the larynx alone is implicated can usually be quickly recognised; but when we have condylomata in the pharynx, or perforating ulcers of the soft palate, the diagnosis is too obvious to demand any ingenuity of induction. As an unusual complication, pulmonary lesions, perhaps in an inert stage, as being of ancient date, may occur in conjunction with syphilis of the larynx, and must then be established at their true worth by the discriminating practitioner.

b. Again, in cancer of the larynx, if we look to the negative signs as regards syphilis, the peculiar cachexia, the usual swelling of the cervical glands, and, above all, the impressive virulence, unhealthiness, and tendency to spread unchecked in the aspect of the ulceration itself, we cannot for long confound a malignant with a syphilitic malady. Patches of a whitish cream-like scum are almost invariably adherent to the neoplastic swelling of the larynx in cancer, but are quite exceptional in syphilis and other maladies.

With respect to the rare cases of lupus, elephantiasis, &c., the practised eye is at once arrested by their singularity, and guided by a little further observation to a correct decision.

In really doubtful instances most practitioners are accustomed to appeal to the results of anti-syphilitic treatment.

Prognosis.—Our anticipations as to the termination of laryngeal syphilis will, in all but extreme cases, be favourable as regards life. Several fatal instances are related by Porter (*a*) of Dublin, Türck (*b*), and others. One of those by the last named is remarkable as having resulted from hæmorrhage caused by a deep ulcer of the left vocal band (*c*). With respect to voice and freedom of breathing, the prognosis will depend entirely on the extent to which the destructive ravages have already attained. Ulceration of the vocal bands, unless of the shallowest kind, will irretrievably injure the tone of the voice, and in the worst class of cases a gruff, monotonous, and laboured voice, often sinking to a whisper, is the best result that can be obtained. Should the glottis become blocked to such an extent as to necessitate tracheotomy, there is little possibility that the canula can ever after be dispensed with as the consequence of successful treatment causing the parts to heal up perfectly; on the contrary, a greater stenosis through cicatrisation will then almost infallibly be established. The assiduous mechanical measures for the restoration of a normal breath-way, as described below, can then, however, be resorted to with a good prospect of success.

Treatment. — The constitutional and local means deserve to be considered separately.

1. In all ordinary cases the constitutional are more effective than the local measures, and the usual anti-syphilitic treatment will have to be adopted. I believe the best method is to give iodide of potassium at the outset liberally, so as first of all to ascertain clearly how much progress can be made by the exhibition of this comparatively harmless drug. Afterwards, if the reparative process seems to have come to a standstill, or if the disease remains apparently unchecked, recourse must be had to mercury by the mouth, inunction, or fumigation. To prevent stomatitis, frequent rinsing of the mouth with solution of chlorate of potash (gr. xxv ad ℥j.) is to be recommended. When it is considered desirable to push the mercury no further, the iodide of potassium can be resumed, often with more manifest benefit than at first.

The importance of nourishing the constitution to the utmost by allowing a liberal diet and a moderate amount of alcohol should be deeply impressed on the mind of the practitioner.

2. The local treatment comprises that to be practised simultaneously with the constitutional procedures, and that to be employed for the relief of the stenosis.

a. Application of medicinal solutions to the larynx is to be counselled in nearly all cases. When there is only congestion, perchloride of iron (ʒj ad ℥j aquæ) once or twice daily is perhaps most effective. In the presence of ulceration, sulphate of copper (gr. 15-30 ad ℥j aquæ) is a favourite local remedy. I have, however, found more benefit by using the ordinary tincture of iodine as a general daily application, and cauterising the surface of ulcers three or four times a week with solid nitrate of silver. By this means a great decrease of irritability in the parts is obtained, and healing is considerably hastened. Condylomata more quickly than any other lesion succumb to daily painting with the iodine. When the epiglottis and other parts are affected so as to cause pain in deglutition, a very great diminution of suffering is obtained by using the local medicaments.

b. For relief of stenosis gradual dilatation may be employed, before or after tracheotomy, according to the urgency of the symptoms. Several dilators have been invented for the purpose, most of them on the principle of inserting two or three closed blades into the larynx, and then forcing them apart by degrees on turning a screw in the handle. The amount of pressure must be in proportion to what the patient seems readily to bear, and may be increased, as well as the time of its application, from day to day. This operation is seldom attended with any difficulty, but the results are often negative, as the cicatrices have an obstinate tendency to recontract in a short time after the treatment has been left off. In order, therefore, to gain decided benefit, the daily use of the dilator will have to be persevered in for many months, whilst its resumption is likely to be demanded again and again during a period of many years.

Two other methods of dilatation have been employed with considerable success within the last few years by Schroetter (*a*) and some of his former pupils, viz., dilating tubes and plugs. The tubes are of graduated sizes,

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(*a*) "Observations on the Surgical Pathology of the Larynx and Trachea," cases 28, 29.

(*b*) *Op cit.*, pp. 252, 256.

(*c*) *Ibid*, p. 413.

(*a*) "Beiräge zur Larynx-stenose," Vienna, 1876; also Hack, Volkmann's "Sammlung-klinische Vorträge." 1880. No. 52.

curved, and taper slightly at the end that is introduced into the larynx. The patient breathes through the tube when it is in position, and retains it daily for ten or fifteen minutes, or as long as he can support it. The plugs are of lead, about 1½ inch long, of various diameters, and can only be used after tracheotomy. They are dropped into the larynx by means of a curved tube, to the end of which they are held by a long string passing through it. The tube is withdrawn, and the string attached to the ear of the patient. At the same time, the plug is received in an opening on the upper side of the canula, where it is fixed by a small bolt being thrust through it. The plug may be thus worn for the greater part of each day if the patient can tolerate it, whilst its size is increased according as the dilatation progresses. It is to be noticed that the plug should be of such a size as to pass easily down to the canula, as otherwise its presence cannot be borne long enough for its action to be effective. The principle of this method and its success depend, in fact, on the exertion of a slowly graduated and very gentle, but long-continued, pressure, in contra-distinction to the necessarily brief and more forcible efforts made with the hand dilators.

Should the stenosis have a membranous or web-like character, as when the edges of the vocal bands become adherent, the part must be divided with a laryngeal lancet, or it may be done with Whistler's recently-invented cutting-dilator, one with two blades from between which a knife can be forced out on pressing a spring.

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NEW MODE OF TREATMENT OF FISTULA IN ANO.

By JOHN ROCHE, M.D., Kingstown,
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The affection which is designated in surgery by the name fistula in ano is sufficiently common, and its treatment so difficult as to warrant me in intruding on the profession a few remarks regarding it. I was frequently impressed, whilst a student, with the annoyance which attends the complaint, and the unsatisfactory results which accompany its treatment. Injections of solutions of tr. iodine, of sulphate of zinc, and of nitrate of silver, have more often failed than been successful in effecting a cure. Cutting the sphincter has, in fact, been the resource of all surgeons, and the operation has been recommended almost universally, when there have not been the contra-indications of bad organic disease. Following this operation I have witnessed severe hæmorrhage from the superficial hæmorrhoidal vessels, and I saw a man throw himself off the operating table as the pain was so intense, and the parts cut so sensitive. The inconvenience of giving anæsthetics is well recognised. The unsuccessful issues of the operation have been acknowledged by its warmest advocates from Sir B. Brodie to Mr. H. Smith. Some cases have been obliged to be operated on several times, and unfortunately, more than a few have not healed, and the patients have been left in a worse plight than they were before the operation. Indeed, there is no more miserable condition than that of having submitted to a most painful operation for removing what was deemed a comparatively mild inconvenience, and instead of obtaining relief of being doomed to a loss of power over the bowel. In the year 1870 I succeeded Dr. Holmestead, who was made acting Professor of Anatomy at Bombay, as Civil Surgeon, Hydrabad, Scinde, and came into charge of some cases on whom he had performed the central or median operation of lithotomy, and which had not healed satisfactorily, and where diarrhœa was a harassing incidence. There was a condition of things, in one case, a very rich merchant, the opening into the bladder would apparently get well, and in a few days open again, and diarrhœa was so persistently recurrent, that it reduced the patient to a parchmented-like skeleton. I may here mention that Dr. Holmestead did not perform the median operation known as Marion's, or Allarton's, operation. He seemed to have an antipathy to the sphincter ani, and thought that by cutting the external one, and avoiding the internal portion, control over the bowel would be retained, healing of the wound promoted, and hæmorrhage avoided as much as possible. Whether he has since altered his estimate of the value of this factor on his operations for stone at Hydrabad, where the number performed averages five a month, I cannot say, but the intractable diarrhœa which I had to deal with in a few of his cases made me, in every case of twenty-one, which I did in the five months I was civil surgeon, to adopt the lateral or Cheselden's operation. I did not experience diarrhœa as a complication, and there was no difficulty in healing. Similarly were two cases operated on by two friends of mine of the Indian Medical Service, and in the 23 there were only two fatal cases, one from traumatic or virulent fever, and another sank from shock, or at least, did not recover the sickness of the chloroform and of the operation —whose kidneys were diseased, and where the calculus was eight ounces in weight, the size of a goose egg, and had to be levered or drawn away by a midwifery crotchet. I mention these particulars for the purpose of showing that cutting the sphincter ani is rather unfavourable than otherwise in the healing of wounds and openings in the perineum. In one case where the sphincter was cut, I was obliged to touch the lips with acetum cantharidis, and had much difficulty in getting the parts to adhere. On the other hand, where the sphincter was left intact there was no trouble, and I wish to convey that I never used an umbrella catheter, nor any dressing excepting plenty of oil on a small string of lint, whilst the wound continued open. I kept the bowels after a few days gently moved. On my return to Kotree, from Hyderabad, I had to deal with some cases of fistula in ano, where it was rather common amongst the employées of the boats and steamers, who live hard and are liable to liver and bowel affections. It occurred to me that the laying open of the fistula into the gut, and cutting the sphincter is a painful, unsatisfactory, and, in most instances, an unnecessary operation. I have never heard it advocated that in perineal fistula from the urethra or from the bladder that the accelerator urinæ muscles or the sphincter vesicæ in these respective cases were any impediment to healing, on the contrary their existence in entire favours the process. The whole attention and confident hope of the surgeon are directed to prevent the irritating excretion, the urine passing and lodging about the passages which is done by frequent catheterisation. It is true there is no other place in the body where a completely analogous condition of things as in fistula in ano may be found. But this will be universally acceded to, that if the fæces could be taken away by a large catheter retained in the rectum or passed up above the internal sphincter as evacuation would be required, the practice would be resorted to most assuredly, ere this time, from the analogy that would suggest itself between complete fistula in ano and perineal fistula urethræ or vesicæ. There are few surgeons who have not witnessed the healing of large urinary fistulæ by having the urine drawn off so often and so effectively as not to be allowed to pass into the false opening. I have known a barrister who cured himself of an extensive loss of urethal tissue by drawing off his urine through a catheter very frequently, and by constant cleanliness to the part affected. Now, to bring fistula in ano and its circumstances as near as possible to those of the urethra would be a rational demand on the surgeon. Well, pondering on this, for the first cases that presented themselves, I advised that the bowels should be kept gently open by sulphur and senna electuary, a teaspoonful every night, thus keeping the contents semi-fluid, so that they might pass easily and quickly through the end of the gut and in imitation of the action of the catheter elsewhere, I enjoined that, at each stool the patient should throw into the bowel some tepid water in which was a little soap dissolved, and when the sitting was completed that the end of the bowel should be well washed with the same fluid. The fæces were, by this means, carried quickly and easily through the gut contiguous to the fistula, and there was the nearest thing to a safeguard against the foul discharge entering the internal opening of the fistula were such to exist or lying in a decomposing state so close to a sore as to prevent it healing. My anticipations were verified in every respect. The cure seemed marvellous. I may here remark I never saw a case where there was an internal opening, excepting two of recto-vesical fistulæ which with catheterisation and rectum cleansing were equally satisfactory. I have had some cases where there was considerable false membrane lining the fistula, and where I passed into the bottom of the track, a lint shred dipped in acetum cantharidis, to be drawn out when the itching set up became very severe, and which answered most admirably. I was so elated with my success that I actually thought I would succeed in closing a fistula by this treatment in a patient who was in the last stage of leprous consumption but I did not. As an instance of the comparative worth of my treatment, I may mention that some time ago I had a patient, a civil engineer, who had been twelve years in Central India. He was a free liver and had an immense frame, he suffered from fistula in ano for three years in India brought on by dysentery, he was subjected to much treatment there by an experienced surgeon. He however, was invalided, and was under the care of an eminent Dublin professional man, and who, I was informed, passed solutions of iodine and nitrate of silver into the fistula. When I saw him, a large abscess was forming on the other side of the rectum to the fistulous side, and which Mr. M. ascribed to the numerous injections that were made with a view to obtain a cure. I opened the abscess and ordered the bowels to be kept open with sulphur and senna electuary every night, and the rectum to be injected with tepid water before and after each stool, and the end of the gut to be well washed down every night before retiring to sleep so as to ensure that no fæces could be in the fistula or adjacent to it, and in less than a fortnight the opening, which was rebellious for four years, and the other one following the abscess were healed, and without any assistance from drugs being passed into either. Though this patient consumed alcohol inordinately there was no recurrence of the disease to a short time before his death when I made the last inquiry. I have no doubt as to the utility of the rectum-cleansing treatment in every case, and I am sanguine that with gentle stimulation to the liver and the judicious application in some cases of acetum cantharidis, the barbarous, painful, comparatively dangerous, and, on the whole, unsuccessful treatment by the knife will, if not altogether abandoned, be relegated to those rare cases which will serve to recall as much as anything else, the history of past rectal surgery.

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AN EPIDEMIC OF ERGOTISM. (a)

In the autumn of 1879 an epidemic of ergotism was observed in Ober Hesse in the neighbourhood of Frankenberg. According to official returns 200 persons were attacked, but unofficial medical opinion lays the number at 500. The ergot was present in both rye and barley, and was computed to amount to 2 per cent. of the bulk. The bread baked from the impure grain was dark, rather blue, and of a peculiar odour: rather sweet to the taste, but not disagreeable.

The first symptoms of poisoning appeared in children even after five days' use of the bread, weakly persons were affected much more quickly and easily than those who were strong, the latter often retaining their health after months' use of impure bread. A prodromal stage was often observed of several weeks' duration, in which a general feeling of *malaise*, weakness, headache, and giddiness were present. In these cases loss of appetite came on, in some cases this was replaced by rabid hunger. The temperature rose slightly in the evening, the pulse was soft and but little accelerated.

The first characteristic symptom was a feeling of cramping, usually confined to the hands and feet, but sometimes extending over the whole body. It usually remained during the whole illness, and was the last symptom to disappear, either simultaneously with this, or a few days later the spasmodic stage began. The contractions extended principally over the flexor muscles of the fingers and toes, whilst in the upper arms and thighs the extensors were most powerfully affected. Although the toes were generally flexed, the great toe was an exception; this was usually extended. The contractions were generally bi-lateral and very painful, especially on passive extension. The duration of the contractions was very varied, from a few minutes to days, so also was that of the free interva's. The bowel and bladder disturbances were frequent. Shortness of breath, pain in the pericardium and globus led to the belief that spasm of the diaphragm and of the œsophagus was present. More rarely clonic spasms were added to the tonic spasms of the various groups of muscles, which, however, generally retained the co-ordinate character, so that movements of the fingers as in piano playing, or drumstick movements of the forearm were observed. In many cases that ran an abortive course the affection ended with the contractions after from fourteen to twenty-one days, but convalescence in these cases was always much protracted. The mild cases relapsed frequently, so that resistance to the power of the poison is not obtained by continued use of it. Most of the cases were severe, and they frequently ended in epileptic attacks, in some the attacks came on as early as the eighth day from the commencement of the illness. At the same time, or a few weeks later, psychical disturbances arose which manifested themselves in extreme restlessness, in some cases even pronounced mania and stupor. Disturbances of locomotion were always present, but these were last in the order of time. The gait was shuffling and ataxic, disturbances of co-ordination were principally observed when the eyes were closed, the patients expressed themselves as feeling as if walking on dough. Sensibility appeared to be undisturbed. Sole and skin reflexes were normal, the tendon reflexes were almost invariably absent, and some cases were observed in which they had not returned after some years. Occasionally there was slight analgesia of the tips of the fingers, which were likewise anæmic. The epidermis was raised in large blisters without inflammatory reaction, whilst simultaneously the patient frequently lost all the nails of the fingers and toes, and the hair of the scalp. Excretion of sweat was generally increased in the spasmodic stage, and miliaria often made its appearance. Eczema and boils were also frequently observed, as well as urticaria. The pupils were usually of medium size, the reaction of them less prompt than usual. The ocular fundus and refracting media were normal. In the severe cases, menses previously normal, ceased at the commencement of the illness, and did not return till health was re-established. Dysmenorrhœa came on in the slighter cases. Notwithstanding the fact that pregnant women repeatedly suffered severely, no case of abortion was observed. This observation has an important-bearing on the question of the administration of ergot to pregnant women. The writer considers that the muscular contractions were probably due to a centric cause.

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Dr. W. Miller Ord has been elected a Manager of the Royal Institution in the room of the late Mr. William Spottiswoode, P.R.S.

(a) Extracted by our German correspondent from the *Deutsche Med. Zeitung*, September, 1883.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, November 9th.

Sir Andrew Clark, Bart., M.D., President, in the Chair.

Mr. G. R. Turner on a

CASE OF WOUND OF THE PLANTAR ARCH, SECONDARY HÆMORRHAGE ON THE THIRTEENTH, AND SIXTEENTH DAYS FOLLOWING THE INJURY.

E. S., æt. 10, schoolboy, admitted into the Seamen's Hospital, Greenwich, under the care of Mr. Turner on April 16th, 1883, with a punctured wound of the sole of the left foot, received from a glass cut two days previously. The patient was a healthy boy and had no hæmorrhagic diathesis. Bleeding from the wound was arrested by pressure for 10 days. On the 13th day after accident, hæmorrhage recurred, ether was administered, the wound enlarged and explored, but no wounded vessel could be found, the parts around by this time were sodden, and rotten, so it was decided to ligate the posterior tibial artery, and, if necessary, the dorsalis pedis. On ligaturing the first vessel behind the inner malleolus, the hæmorrhage ceased only momentarily, so the dorsalis pedis was also secured, chromic acid being catgut used as a ligature in both cases. Hæmorrhage returned on the 16th day, three days after the proceeding, and was finally arrested by sponge pressure after the application of the actual cautery. Mr. Turner thought the case of interest as bearing on the question of treatment of these injuries. Should the vessel be secured at once, without taking heed of the injury done to the tendons of the foot and other structures of the sole, or was it right to first try the effect of pressure? Had the actual cautery failed eventually to arrest the bleeding, ligature of the femoral would perhaps have been indicated.

Mr. Henry Lee said this subject had recently been discussed elsewhere, and it was an important one, since hitherto no definite rules had been laid down for treatment of such cases as that described. In wounds of the palmar arch, for instance, after styptics had been employed and the arterial trunks tied one after another in vain, up to and including the axillary, final resort to amputation of the limb had been found necessary; and in face of such possibilities he regarded Mr. Turner's mode of treatment as safe, effectual and rational. He had employed this method three times successfully. The temperature of the iron should be 30° lower than boiling point, and left for half a minute applied to the bleeding point, when the surrounding tissues would adhere to the cautery slightly, and should be removed by scraping with the handle of a scalpel. There was, he said, a preparation in St. George's Hospital Museum from a patient so treated. The vessel was occluded for two inches, and this showed that formation of coagulum in the bleeding artery under influence of the cautery, effectually controlled hæmorrhage, the coagulation extending beyond the original site. From experiments he had performed he concluded that something in the nature of the iron itself assisted the production of coagulation of blood.

Mr. Christopher Heath having asked for further details as to the treatment and dressing the case had undergone,

Mr. Turner said the boy was admitted to hospital two days after the injury was inflicted. A compress, applied before admission, was removed, and replaced by another, which also was changed prior to recurrence of hæmorrhage.

Mr. Heath expressed great faith in the efficacy of graduated pressure with proper bandaging and elevation of the wounded limb, as means of controlling these hæmorrhages; this treatment never failed when the arm was in question. It was, however, essential to leave the dressing undisturbed for at least a week. While agreeing that the cautery was a useful agent, he was not so enthusiastic a supporter of its employment in serious cases as Mr. Lee. He would fear to trust a large artery to the eschar produced by searing the tissues with a hot iron, believing that the bleeding would recommence when the eschar separated. Mr. Turner's proposal to ligature the fermoral he regarded as unnecessary, and most risky.

Mr. Cripps approved the employment of graduated compresses to control hæmorrhage, and urged that the actual mode of procedure must vary with circumstances. Enlargement of the wound was useful in certain cases as facilitating access to the bleeding artery. The arteries of the foot were most favourable to treatment by pressure when ruptured, but the whole limb should be bandaged. Some years ago, Mr. Skey, of St. Bartholomew's Hospital, was about to remove an arm on account of hæmorrhage from the palmar arch, which continued in spite of successive ligatures to all the arterial trunks, including the axillary, when, a bandage having been applied previous to the operation, the bleeding permanently ceased. He (Mr. Cripps) would have treated Mr. Turner's case by pressure combined with bandaging of the limb, and rest the of latter on a splint.

Mr. Barker asked whether the wound was clean or septic?

Mr. Lee explained that the hot iron should be applied only long enough to produce a surface char, and not long enough to destroy the tissue. He still believed Mr. Turner would treat his next case by cautery and not by bandaging.

Dr. Glover narrated a case in which pressure of a graduated pad successfully controlled and cured hæmorrhage from the palmar arch, caused by a scissors wound.

Mr. Turner said he was deterred from continuing treatment of his case by pressure because the tissues around were sodden, rotten, and swollen. Subsequent treatment was antiseptic. He had seen two cases do badly in which wounds of the palmar arch were treated by the pressure method. He should not think of ligaturing the femoral artery unless such a course was indicated by continued bleeding, notwithstanding pressure and ligature of the parts below. In his experience of the cautery, which was applied in conformity with Mr. Lee's directions, the tissues did not adhere sufficiently to require separation. The parts were septic before ligature of the dorsalis pedis and posterior tibial arteries.

Mr. G. R. Turner on a

CASE OF UNUNITED FRACTURE OF THE PATELLA TREATED BY SUTURE OF THE FRAGMENTS.

Henry St. C., æt. 39, seaman, admitted into the Seamen's Hospital, Greenwich, in August, 1881, with an ununited fracture of the left patella of six months standing. He had broken the bone first in 1859, and the fracture had been treated in the ordinary way. The uniting medium gradually stretched, and early in 1881 he fell on to the left knee and felt the knee-cap give way between the pieces of bone. The fragments on admission six months later, at Greenwich, were 2¼-3 inches apart He was helpless, and could just hobble about with the aid of a stick. On October 26, ether was given, the fragments exposed by a vertical incision. The lower one was small and comminuted. To drill it obliquely would not have been possible. Two wires were passed through the upper fragment and the larger of the two lower ones. The joint drained posteriorly on each side, after the manner described by Prof. Lister, and the limb placed on a posterior splint. Strict antiseptic precautions. The case at first did very well, the temperature on the 28th and 29th being normal; between 99·2 and 100·2 for the next three days, to November 1st; he then shivered and his temperature rose to 102·8, (the highest point it attained). Freer exit was given to the discharges and some pus evacuated. His temperature for the next fortnight ranged between 100°-102° at night, falling to normal in the morning. There was some burrowing of matter in the ham. After November 21st the discharge lessened, and the wounds gradually healed. Stout wire removed on February 7th, spray discontinued on February 20th. No attempt at passive movement was made, the patient refused it, saying "all he wanted was a stiff knee." He is now doing work as porter to the hospital. The patella enlarged by new osseous deposit, can be moved laterally on the femoral condyles to a slight extent. The man is very active, though the knee is stiff. Although the case did not pursue an aseptic course, the antiseptic precautions largely influenced it for good. It seems to be a mistake to discard them if, by any chance, the wound becomes septic, the fever in this case was more like slightly exaggerated hectic fever as seen in a negro, than anything else. The patient once a helpless cripple was now earning his livelihood as hospital porter, and was more than satisfied with the result himself. A *resumé* of 50 cases, the majority of them unpublished, was then read. And an analysis of them was given, as follows:—

Hector Cameron: Old case, 1.—Thoroughly useful joint.

Lister: Recent cases, 5; old cases, 2.—All excellent results. Six cases shown at the Medical Society, October 29th, 1883.

Rose: Recent cases, 2; old case, 1.—The recent cases did well (published). Old case suppurated, and anchylosis ensued (not yet published).

Royes Bell: Recent case, 1; old cases, 3.—In the recent case suppuration and sloughing occurred; slight movement eventually. In one old case wire passed to inner side of patella. Good results, old cases (one case as yet published).

Pye: Old case, 1.—Suppuration and burrowing of matter in the thigh followed, with considerable constitutional disturbance; anchylosis ensued.

Jessop: Recent cases, 2.—Good movement in both cases. One case, a compound fracture, suppurated, and for a time there was considerable constitutional disturbance (for nine days). Eventually, after the exercise of passive motion for eight months, the patient recovered with a nearly perfect joint. In the simple case, which did well, no provision for the drainage of the joint was made (both cases published).

Amphlett: Recent case, 1.—Anchylosis. It is doubtful whether suppuration occurred. The patient subsequently sustained a compound fracture of the united patella; and excision of the joint was performed by Mr. W. Thomson, of Dublin (published).

Wheelhouse,: Recent cases, 2.—Good movement in both. One a compound fracture. No provision for drainage of any kind in this case. Did perfectly well (published).

Johnson Smith: Old cases, 3.—Suppuration and anchylosis ensued. In one case broncho-pneumonia caused by prolonged etherisation followed the operation (not yet published).

Mansell Moullen: Old case, 1.—In this case the operation was abandoned. After the fragments were wired it was found impossible to get them together. The patient did well, and was no better and no worse eventually.

Jordan Lloyd: Old case, 1.—Partial movement. The fragments could not be brought nearer than one inch from each other, even after the division of the quadriceps, ligamentum patellæ, and lateral incisions into the aponeurosis of the vasti. The wound for removing the wire suppurated without affecting the joint (published).

Holmes: Old case, 1.—Suppuration and anchylosis. "A colleague who helped me in manipulating the wires had not previously washed his hands in the antiseptic fluid." Mr. Holmes, "St. George's Hospital Reports," vol. x., p. 496.

Henry Smith: Old case, 1.—Use of lint, recovering rapidly (published).

Teale: Recent case, 1.—Good result. Slight impairment of the power of complete flexion. The lower fragment small; so it was found necessary to pass the sutures through the ligamentum patellæ into the cavity of the joint (published).

Holderness: Old case, 1; Rushton Parker: Old case 1.—Good results mentioned by Mr. Jordan Lloyd, in his paper in the *Birmingham Medical Review*, vol. xiii.

Howse: Old cases, 4.—One patient operated on during the incubative period of syphilis. Anchylosis, without any previous suppuration, ensued. Perfect recovery in another case. A third case had but little movement, and the patella broke again whilst passive motion was being employed. Eventually the patient recovered, with "increased but not perfect movement." The fourth case is still under treatment, doing well (not yet published).

Golding Bird: Recent case, 1.—Still under treatment; doing well. Silk used.

Oliver Pemberton: Old case, 1.—Fibrous union. Firmer at the end of three months. The patient was then going about with the knee in a case (not published).

Sydney Jones: Old case, 1.—Partial movement. Returned to work before passive movement was employed. Suppuration occurred.

Turner: Old case, 1.—Suppuration and anchylosis. Lower fragment comminuted and small. Wires passed right through fragments. No passive movement.

Davies Colley: Recent cases, 2.—One case a compound fracture; one wire passed right through both fragments. Fibrous anchylosis ensued, allowing slight movement of the joint. Passive movement not yet attempted. The other case resulted in fibrous union of the fragments with good movement. One wire was passed through the ligamentum patellæ (not published).

Bloxam: Recent cases, 3.—Good movement. In one case there was a slight purulent discharge. No rise of temperature, however. (Not published.)

Wood: Old cases, 3.—In one, good movement (not published). In another, partial movement (not published). The third case died of pyæmia (not published). The risks of the operation were explained to the patient who asked for it to be performed. The skin between the patellar fragments adherent to the femur. Operation tedious. Quadriceps and vasti divided before the fragments could be approximated. Did well for ten days or so, was then attacked with a rigor, the joint suppurated, and the patient died about the third week. Metastatic abscesses present.

Bryant: Old case, 1.—Fragments separated by 1¾ inches, uniting medium thin. Operation performed Jan. 20th, 1882. The wound well washed with iodine water and dressed with terebene and oil, Leiter's metallic coil applied. 2nd day, wound dressed, free from discharge, temp. 98·4. 6th day, slight purulent discharge, temp. 100·4. 9th day, wound healthy, temp. normal. Feb. 15th, some burrowing about lines of suture, otherwise doing well. March 26th, sutures removed. April 29th, Bavarian splint, very little movement of joint, good union of patella. Nov. 2nd, 1883, joint stiff but very useful.

Muler, of Utrecht: Recent case, 1.—Good result, *Lancet*, 1880.

Sir W. MacCormac: Old case, 1.—The patient, a hard drinker, was the subject of an old ununited fracture of the patella which rendered his limb useless and his life a burden to him. The fragments were separated by about 3¾ inches. It was at his own urgent request an operation was performed. Quadriceps had to be divided to approximate the fragments. The wound never did well, taking on an unhealthy action at once; the joint suppurated; amputation of the thigh became necessary, after which the patient rapidly sank with acute septicæmia; liver and kidneys fatty. Previous to operation all sorts of mechanical contrivances had been found useless.

The cases of Prof. Cooper, of San Francisco, are not included in the above.

The PRESIDENT congratulated Mr. Turner on the admirable paper he had just read, which, however, he remarked, instituted no comparison between the new operation and the older methods.

Prof. LISTER admitted that he had come to the meeting in fear and trembling, lest he should hear that his teaching had led to the death of a patient under treatment for recent fracture of the patella. Some of the cases epitomised in the paper exhibited the difficulties experienced in operating on old ununited fractures, and he hoped that a time might come when there would be universal acceptance by surgeons of at least *a* method of antiseptic treatment which should be trustworthy. Commenting on Mr. Wood's case, which did badly through neglect of antiseptic precautions, Mr. Lister urged that no surgeon should perform so serious an operation unless either prepared himself to dress the patient's wound as required, or convinced of the ability of the assistant in charge to do so. Where, as sometimes happens, a single house-surgeon is required to act under several chiefs of differing views, uniform results of treatment could not be obtained. In a German hospital he had visited the house-surgeon was appointed without the surgeon he was to serve under having any previous acquaintance with him necessarily; but in this institution the surgeon paid daily visits to his wards, a custom Mr. Lister thought might be introduced into London with advantage. Here too little attention was usually given to patients by surgeons, who failed as a rule to visit them with that frequency shown by ovariotomists, for instance, who saw their patients two or three times a day for a while after operation. Surely, if after-treatment was of the first importance, then it was incumbent on the surgeon either to see the details carried out himself, or to depute a competent assistant to do so. He had that day operated on a fractured patella: the patient was a scene painter, 54 years old, who suffered transverse fracture of the patella eight or more weeks ago. For seven weeks the limb was encased in plaster-of-Paris, and it was thought good union of the fragments had been obtained. After walking on the recovered limb for one week, however, the ligamentous union stretched, until, at the time of operation by Mr. Lister, the pieces were half an inch apart. Mr. Lister showed a sample of the tissue which had served to join the broken bone, and which he characterised as a poor sort of stuff, in which a few osseous granules only could be discovered. When the limb was stretched to 30° the union gave way. This case, which came under the category of old ununited fractures, showed the difficulty they presented as compared with recent cases.

The surface tissue had to be pared away from the fragments, and these themselves required to be chipped into form with hammer and chisel, being rounded off even in the time elapsing since the accident. Mr. Lister concluded an impressive though brief speech by declaring his conviction that by-and-by fracture of the patella would be generally treated on the plan he had described, in order to secure a perfect joint without risk, under antiseptic precautions.

Mr. **T. Holmes** observed that Mr. Turner did not say in what proportion of cases osseous union of the fragments took place. Doubtless in certain cases restored by ligamentous union there was risk of stretching the ligamentous or uniting material, but how often this occurred had not been determined. Similar difficulty would be experienced after wiring the patella. The points that arose for discussion related to—1. Safety of operation; 2. Its application to old and recent fractures; and 3. Its necessity and comparison with other methods. Mr. Lister had urged that surgeons should be aroused to the danger their patients were placed in; but this did not always appear to be evident to his followers. He himself (Mr. Holmes) had treated a case of fractured patella most carefully, with full antiseptic precautions; but being assisted by Mr. Pick to the extent of pulling the wire through the drill-hole, Mr. Pick having unfortunately omitted to previously wash his hands in carbolic water, the case progressed badly. Mr. Holmes agreed that if this slight omission imperilled the success of the operation, then it must frequently be performed at great risk to the patient; and, further, that no one could under such circumstances possibly open the knee-joint with absolute safety. Good results were probable in recent cases, but less so in old cases of ununited fracture, and the two cases of septicæmia recorded by Mr. Turner were both of this latter class. Mr. Holmes, however, insisted that the operation could only be justified in some old cases, and not in new ones; and he claimed that much error had arisen concerning the frequency with which good results from the old plan of treatment were gained. In his own wards he recently had under treatment for fractured patella an intelligent man, in whose presence he discussed with his colleagues the advisability of operating after Mr. Lister's method. The patient then informed him that his other patella had been also fractured two years previously, and that ever since he had done his work as usual and without in any way being prevented. This fracture had been treated in the ordinary way, and the man thought he could not do better than have it repeated on the new injury. Mr. Holmes asked if surgeons would elect to have fractures on their own persons treated by opening the knee-joint; and insisted that there was no ground for defending exposure of a patient to such risks so long as perfect results were obtainable by the older non-dangerous plan of procedure.

Mr. **Heath** agreed with Mr. Holmes that the operation might be justified in old cases of ununited fracture, which, however, occurred only because the principles of the ordinary treatment were not fully understood, viz., that displacement of the fragments arose from effusion into the joint. He also had that day treated a case of fractured patella in a woman. The limb had been put up in plaster of Paris, and Mr. Heath undertook to produce the patient six weeks hence and exhibit in her successful union of the fragments. Mr. Lister's last case had not been successfully treated at first, owing to the absence of efficient support of the limb. He feared Mr. Lister's paper before the Medical Society might cause loss of many knees, if not of many lives, because it would stimulate country surgeons to repeat his operation under circumstances which rendered antiseptic treatment impossible. In recent cases, Mr. Heath insisted, the operation was both unnecessary and unjustifiable.

Mr. **Bryant** read notes of thirty-two cases of fractured patella treated by the ordinary method, and collected from Guy's Hospital registers by Mr. Poland. This table showed that the injured limb in these cases, after intervals of from fifteen to twenty years and upwards, remained perfectly useful as a result of treatment, and in every way admitting the usual avocations of the patients being followed. With such an experience Mr. Bryant thought the risk to life incurred by Mr. Lister's plan could not be justified.

Mr. **Bowlby** made some remarks on the result of dividing the quadriceps extensor in cases of fractured patella, and mentioned a case in which, after this proceeding, a useless limb was produced.

Mr. **Royes Bell** corrected a statement of Mr. Turner's, that one of his cases was a recent injury. All had been old ununited fractures. The case mentioned by Mr. Bowlby was an exceptional one, and having been under his own (Mr. Bell's) care, he was able to state this fact.

Mr. **Lunn** pointed out that a prime factor in producing retraction of the upper fragment of a fractured patella could be found in neglect of nutrition of the quadriceps muscle. After the knee is released from flexion something must give way to compensate the diminished action, and this is the quadriceps the condition of which should therefore be maintained by shampooing when inflammatory changes have subsided.

Mr. **H. Morris** advocated extensive employment of an apparatus used at Middlesex Hospital for treatment of patients suffering from fractured patella. It was made by Mr. Hawkesley, and was arranged to limit motion in the limb, being provided with means of being gradually changed in position to accommodate the slow flexion of the leg as recovery progresses. The instrument fitted in front of the limb, and was worn by very many patients, who possess with it very useful limbs. One such patient had been a coal-carrier for three years. Two of the cases exhibited by Professor Lister could not be regarded as quite satisfactory, since the kneeling posture could not be assumed by them.

Mr. **Lister** pointed out that the cases mentioned by Mr. Morris were examples of old ununited fracture. The first was, prior to the operation, absolutely unable to walk, and the other, a woman, who had been previously unable to walk, could afterwards bend her knee well to a right angle; in the first case almost a similar result ensued.

Mr. **Turner**, replying to the discussion, observed that he believed the time would arrive when every fracture of patella would be treated by Suture. He could not tell in what proportion of cases osseous union was secured. In four of those tabulated it was fibrous.

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ACADEMY OF MEDICINE IN IRELAND.

Pathological Section.

The Opening Meeting of the Section for the Session 1883-84 was held on Friday evening, November 2nd, at the Royal College of Surgeons.

Dr. **Corley**, President of the section, took the chair. Having acknowledged the honour conferred on him by his election as president in succession to Prof. Purser, he directed attention to some of the recent advances in pathological science, dwelling particularly on the phenomena of diapedius of the blood corpuscles, and on the facts disclosed by the investigations of Pasteur and of Koch.

MICROPHOTOGRAPHY.

Dr. **Dickenson** made a communication on the art of photographing microscopic objects, exhibiting a number of specimens produced by himself and the apparatus used for the purpose. Having reviewed the history of microphotography, he demonstrated that the difficulties in the application were in a great measure removed. His apparatus was of the simplest kind, consisting of three parts, the first, an inexpensive magic lantern, illuminated by a triplex petroleum lamp, with the ordinary combination of lenses, an extra tube with a small bull's eye condenser; the second, a microscope placed horizontally without the eye-piece; and the third, a frame to hold the glass screen for focussing the image and to receive the sensitised plate when photographing. He then exhibited a series of pictures produced by the apparatus.

Dr. **Hayes** congratulated Dr. Dickenson on the great simplicity of the apparatus and on the results which it produced. He had no doubt that if the electric light could be applied to it there would be nothing to compare with it. Its use with a light intense and strongly active would be a great advantage; for the illumination could be cut down by diaphragms, and the sharpness and depth of the imag increased. Dr. Dickenson had not mentioned the length of exposure he usually employed.

Dr. **Dickenson**.—From 15 seconds up to 2 hours.

Dr. **Hayes** said that with the electric light he had got pictures up to 300 diameters taken in 4 seconds, and with the oxyhydrogen lamp pictures could be obtained in from 10 to 20 seconds.

Dr. **Bennett** remarked that having take a special interes in the structure of urinary calculi, he had selected a numbe of specimens with a view in part of verifying Carter's observations on the subject. He had got a number of microscopic sections of these, but heretofore he had found it utterly hopeless by the usual means to represent them. Two of the specimens he had placed in the hands of Dr. Dickenson, who had produced from them almost without difficulty representations most accurate in detail and far more perfect than any artist could give.

Dr. **DICKENSON**, in reply, said he could have his pictures taken, printed, and mounted between sunrise and sunset.

INCOMPLETE FRACTURES OF THE CLAVICLE AND SCAPULA.

Dr. E. H. **BENNETT** presented and explained a specimen of a fractured clavicle which had been sent to him by Sir William Millar, of Londonderry. The patient was a young man of 19, who was killed by a quantity of masonry from a wall falling on him. He sustained fractures of the top and base of the coracoid process, and also fractures of the scapula and clavicle, and died partly from the shock and other injuries which he had sustained, and largely from bleeding from the subclavian or innominate vein, either of which had been ruptured. The clavicle presented at its sternal end a complete dentate fracture, and at its middle an incomplete fracture, involving about half its thickness. The surfaces had been displaced by the bending of the bone without fracture of the remaining half, and remained unreduced and unreducible, unless by a completion of the fracture of the bone. The base of the coracoid process of the scapula presented also a fracture of the same character. Dr. Bennett briefly reviewed the literature of incomplete fractures, and particularly referred to the rarity of recorded pathological examinations of the lesion in the clavicle. He cited the opinions of Boyer as chargeable with originating the idea that such injuries were impossible, opinions which, however, were set aside in regard to most of the long bones, but were still maintained almost absolutely by some writers with regard to the clavicle. He directed attention to the two forms of green stick fracture of the long bones, the complete and incomplete forms, and insisted on the importance in practice of recognising the existence of them, as in the incomplete form considerable force must be employed to effect the reduction. He condemned the doctrine of Jurine that green stick fractures may be left to straighten themselves, and also the teaching that such injuries were confined to childhood, pointing out that in the specimen before the meeting, and in others published by Prof. Smith and by himself, the fractures of the incomplete form had been observed in individuals of 17, 19, and 21 years of age.

Dr. **HAMILTON** doubted the propriety of regarding the specimen as an ordinary green stick fracture, a view from which Drs. **STOKES**, **CROLY**, and **GUNN** dissented in concurring with the author of the paper.

ICHTHYOSIS OF THE TONGUE, WITH MALIGNANT DEGENERATION.

Mr. C. **COPPINGER** brought forward a case of the so-called ichthyosis or leucoma of the tongue, and exhibited the organ itself, which he had excised by the method adopted by Mr. Whitehead. He also showed microscopical sections of an old papillary growth which existed on it, and of a more recent and distinct patch of disease which had undergone degeneration, and was the seat of a typical epithelial cancer. The patient from whom the tongue was removed was a man, æt. 63. The old disease was a simple papilloma which had existed for five years, and had never ulcerated or caused pain, and which there was no reason to look upon as of a malignant nature. The sections of it, nevertheless, exhibited the globe nests or pearls which were until recently described as characteristic of epithelial cancer, and the simple presence of which has been much relied on by surgeons in doubtful ulcers of the tongue. These epithelial whorls or nests are evidence only of epithelial proliferation, and not of that heterologous growth of epithelial elements, which is really pathognomonic of epithelioma. Their presence in a tumour is therefore no proof of its malignancy. The excision was performed ten days ago. The tongue was divided a short distance in front of the epiglottis, behind the range of circumvallate papillæ, and fully an inch behind the posterior margin of the epithelial ulcer. The lingual artery on the left side was very small, and did not require a ligature, but that on the right was unusually large, a circumstance often noticeable even in the healthy organ, but which in this case was probably due to the increased vascularity of that side from the irritation of the ulcer. The operation was unattended with difficulty or serious bleeding. There was no subsequent hæmorrhage or constitutional disturbance. The patient can now swallow food well, so that this, the first trial in Ireland of Mr. Whitehead's method of excision, has proved satisfactory.

The Section then adjourned.

ERRATUM.—In the proceedings of the Sheffield Medico-Chirurgical Society, reported in our issue for Oct. 24th, the case of "Removal of a Piece of Steel from the Vitreous by the Electro-Magnet" was erroneously ascribed to Mr. S. Smith, instead of to Mr. S. Snell.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 14, 1883.

THE *STANDARD* AND THE PROFESSION.

IN a recent issue of our daily contemporary, the *Standard*, there was published a letter from "Ernest Bell, M.A.," in which large quotations were made from a paper on Nitrite of Sodium as a Toxic Agent, written by Drs. Sydney Ringer and W. Murrell. Taking this communication as a basis, the *Standard* devotes a leading article to condemnation of the practice of experimenting on human beings, which is unhesitatingly insinuated against medical men by the correspondent in question. We have more than once in the past had pleasure in recognising the thoroughly impartial and able manner in which the *Standard* has dealt with controversial questions connected with the science and practice of our profession; and although this latest utterance of our contemporary is in itself characterised by a spirit of hostility, we do not feel for a moment that its strictures are animated by any real desire to be at variance with Medicine. There is, it must be admitted, some show of reason for the indignation expressed in the letter of Mr. Bell, if consideration is had to the effect a perusal of the article from which he quotes must necessarily have produced in a mind untrained to appreciate the significance of clinical observations and facts. So long as lay readers indulge that morbid curiosity which leads them to peruse the pages of medical journals, it is certain that scares innumerable will be created—it has been so in the past, it will continue to be so in the future; and probably no amount of well-meaning expostulation will ever prevent the accidents arising from this propensity. The history of the anti-vivisection movement, of that which has for its object the suppression of the vaccination law, and of similar agitations, point the uncontrovertible moral hinted at above. The presence of a sprinkling of qualified medical men as adherents to such causes serves only to strengthen the impression of their injurious influence; for in no instance can it be asserted that such professional representatives of medicine have achieved success in the scientific pursuit of their calling, or marked themselves as men of genius capable of appreciating the value of the evidence they hasten to impugn.

In the case of Drs. Ringer and Murrell's paper there can, to educated medical men, be no question either of the value of the observations detailed, or of the *bonâ fides* of the intention with which they were carried out. The *Standard* selects as its chief ground of complaint respecting the labours it describes, that no mention is made of the circumstances under which the inquiry was conducted; but we can scarcely conceive that any explanation of the kind could be called for. The aim of the authors was to extend the limits of our therapeutic resources by laying before the profession an account of the action exerted over the human system by a certain drug, and every addition to the agents with which the physician is enabled to combat disease is so far a distinct gain to humanity that the most complete reports in this regard are in the highest degree valuable and acceptable. By the exertions of an ill-advised body of fanatics, legitimate experimentation on animals is limited to the least available proportions, but fortunately it is still possible for the pharmacologist so far to pursue his studies in this country, under the licence conferred by Government, that the charge brought against him of utilising the human body as subject for his researches is deprived of any force it might otherwise possess.

The *Standard* is loyally true to the profession, even while admitting its present dissatisfaction, and it emphatically rejects the notion, worded by its correspondent, that hospital physicians intentionally use the privileges their position gives them to convert their patients into experimental studies. Too earnest insistance cannot be given to the truth that the magnificent charities which constitute a refuge to the indigent sick, and are a notable source of national pride, exist for the prime purpose of giving succour to poor and ailing classes of the population. The first care of the scientific staff of these institutions is to cure, when cure is possible, as speedily and effectually as may be; and when cure ceases to be possible, to relieve the last hours of suffering which precede death. The libel now sought to be uttered by an irresponsible correspondent against this great and disinterested body of the profession is surely as contemptible as it is undeserved; and it should find its best and most crushing answer in the grateful hearts of the millions who, directly or indirectly, have benefited from the ministrations of those who are thus cruelly and spitefully aspersed.

Mr. Bell goes out of his way even to emphasise the force of his reproach, by insisting on the prevalence of a "mania for testing everything and anything on all sorts of animals," which mania he asserts "cannot stop at the lower animals." It is, indeed, a matter for congratulation that even the most fanatical of declared bestiarians do not exhibit such utter ignorance as this apostle of "truth" displays in respect to the proceedings of scientific physicians. A little inquiry might have convinced this incriminator of the profession of the profundity of his own misunderstanding, and taught him the distinction between physiology and therapeutics. Probably he has pictured to himself a hospital physician eagerly prescribing a series of new remedies to the patients under his charge, with the object solely of discovering what effects they may produce on the organism of man. We have reason to know such ideas are not foreign to a good many seemingly-educated persons, and that they are fostered for purposes of their own by unprincipled agents of the societies which maintain a host of "officials" on the subscriptions contributed by deluded believers in the pictures they imagine. We cannot, however, help expressing a feeling of regret that the *Standard* should have accepted the statements forwarded to it, without first assuring itself of the justice of its criticisms. At the same time, we would freely acknowledge the integrity of its motives in pursuing the course that has been followed—a course dictated by unswerving devotion to the welfare of the public, without consideration for the possible injury at the same time inflicted on a profession that owes not a little to its friendship and assistance in the past.

With the actual question of the efficacy of nitrite of sodium in disease this is not the place to deal. If it should chance that we have in it a means of combating certain affections with success, then to omit the measures necessary to proving in what manner and proportions it requires to be administered, would be to criminally neglect the imperative duty of Medicine towards humanity. Until Nature's fertile resources against illness are completely explored, and each secret she can yield to therapeutics is laid bare to the hands of every practitioner, the search after new remedies must perforce be continued if we would not be diverted from the path of conquest over sickness. The most valuable and freely employed remedies have not always held their present place in the *armamentarium* of physic; and possibly the history of the discovery of the uses of salicylic preparations, of nitrite of amyl, of convallaria, of chloral, not to mention a host of other modern additions to the materia medica, might have afforded equally cogent reasons for such criticism as Mr. Bell indulges in and the *Standard* accepts. And yet, had the investigation of these drugs been delayed by such outcry as is now attempted to be raised, such an amount of suffering would have been unrelieved, such a vast number of persons now living must have passed unsuccoured to the grave, as can alone be judged by those whose experience has been gained in the presence of illness and in the sight of death.

Most earnestly would we urge upon all who are carried away by first impulses to decry the profession because it seeks for new weapons of defence, to think well on the consequences of their acts. Medical men are too well aware of the grave responsibilities they incur—too keenly alive to the criticism they must always, though involuntarily, court, to indulge an illegitimate thirst for knowledge.

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ROYAL COMMISSION ON PRISONS IN IRELAND.

The revelations likely to be made by the evidence before this Commission will be of interest to the entire medical profession, as affecting its dignity and position. The grievances of which the prison surgeons complain might be supposed to be purely personal to themselves; but it is otherwise where they, as members of the profession, are treated with systematic insolence by an important Government department. The *esprit de corps* of all medical men should insist on this being reformed.

It appears that the orders, often both illegal and unreasonable, are generally conveyed to the surgeons from the Prisons Board, not by any direct letter to them, but by curt messages, signed by a clerk, and sent through the Governor of the prison. These are usually in the style of a master ordering a servant, without the courtesy which a gentleman would show on such an occasion. In this way they were commanded to attend the "families" of warders not resident in the prison, and warned to obey "at their peril." It now appears that the Prisons Board had no more right to give such an order than to coerce them to attend the poorhouse or the police! Certainly one of the earliest communications the prison surgeons received was a circular letter, of May 3, 1879, addressed directly to each of them. But then the writer had the pleasure of telling them in the bluntest manner that their posts were vacant, and no longer held by them. This also proved to be a wholly illegal assertion, and had to be abandoned by the Prisons Board. But the inexplicable and serious part of this official letter is that it states that the Prisons Board had consulted the law adviser of the Crown, and had received his opinion to the effect in the letter. If such an opinion were ever given, it is now conceded it would have been grossly wrong, and accordingly the then law adviser, as well as the then Attorney and Solicitor-General, hastened to repudiate any such act. No such opinion has ever been produced to the prison surgeons: if it exist at all, it should be produced to the Commission; if not, and if, therefore, it must be held never to have existed, what is to be said of an official document brandishing this imaginary sword to terrify into acquiescence each isolated officer? Neither they nor their positions were entitled to courtesy or candour! Happily they were not awed by illegal threats, and they deserve the sympathy of the profession in their struggle against official offensiveness.

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Notes on Current Topics.

Brighton Then and Now.

On a recent visit to this popular health resort we were forcibly reminded of the results of a scare—the contrast at the present time with that which obtained during the corresponding period of last year, when so many forsook it on account of its supposed unhealthiness, being remarkable, and the aspect of the place then and now being as great a contrast as can well be imagined. Whether there were grounds for reports which conduced to this scare last year it were idle now to inquire; certain is it that Brighton has recovered herself, and that the title of "Queen of Watering Places" was never more justified than at the present time. Last week, with a population of 111,000, but thirty deaths were registered, eleven of these occurring among persons of advanced age, and four among infants, the legitimate mortality being low in the extreme for so large a town. Nor is this singular, as we find from the Registrar-General's returns before us, that during the past quarter Brighton not only yielded the lowest death-rate from ordinary causes, but that those registered as from violence, *i.e.*, premeditation or accident, were lower for the three months than in any other large town, and lower also in the county of Sussex than elsewhere, which would seem to indicate a moral wholesome state, and a fortunate freedom from accidents which obtain for the manufacturing districts such an unenviable notoriety. Nor, indeed, are these results surprising, when we take into consideration the statistics advanced by the Mayor of Brighton at the inaugural banquet last Friday. An expenditure of £915,000 on drainage, water supply, and improvements is such as to ensure, humanly speaking, an immunity from endemic disease quite apart from the naturally-favoured position of the town, and is in itself a sufficient reply to the pessimist views of its detractors. and an encouragement to other towns to follow the spirited policy of its Corporation. Brighton, in fact, has risen, Phœnix-like from the ashes of a past unfortunate scare, and with its increased and rapid railway service deserves the support it now receives, both from the medical profession and the public at large.

The Medical Degrees of the Victoria University, Manchester.

A medical contemporary reports that at a meeting of the Court of Governors, held on the 7th inst., Prof. Ward submitted the draft statute and regulations prepared in the Council to give effect to the supplemental charter enabling the University to grant medical degrees. The examination in Arts was designed to insure that medical students should have a substantial degree of general culture. After this came the examinations which constituted the medical curriculum, and they were so arranged that a student might pass in four years. Four years were the absolute requirement of the statute, and under the terms of the supplemental charter, they must be passed in a college of the University. There was the preliminary examination in Science, the intermediate examination for the Bachelor's degree in Medicine, and the final examination for that degree. Between the intermediate and the final examinations two years must elapse, although a student might, if he liked, take half the final in twelve months from the intermediate. It was intended to make the degree of Doctor of Medicine a really distinguished one, and candidates would be required to present an essay or book embodying the result of personal observation or original research. The further degree of Master in Surgery was intended for surgical specialists, and an examination would be exacted in which candidates would be required to show evidences of surgical study which ordinary students would not be able to present. The statute, after some discussion, was passed.

Professor Chiene on the Edinburgh Extra-Mural School.

In his address to the members of the Royal Medical Society, Professor Chiene alluded to the Extra-Mural School as the nursery of the University, and then enlarged on the healthy rivalry which existed between the School and the University. This is a theme on which it is the custom for many of the professors to dilate in the most unctuous terms; but they take good care to leave out the facts of the case, while they represent with the most apparent candour and sweet simplicity, not what is, but what ought to be. It becomes from this point of view an impertinence for men to talk of healthy rivalry when they have bound the rival hand and foot. As an extra-mural teacher Professor Chiene had a good class, but this was toward the decadence of his predecessor; now he has a class of some 400 or 500 students. Suppose he had not been elected, what would his class have been with a young but perhaps less competent professor than he undoubtedly is Would he have thought the rivalry healthy when he asked himself for a reason for his moderately-filled class-room and his rival's overflowing one, and discovered that the explanation was to be found in the fact that his rival was an examiner? Would he not have felt that his rival was insulting him by talking of the healthy rivalry that existed? Does not Professor Chiene know that, wrongly or rightly, students will attend in preference the classes of those who are to examine them? Would Professor Chiene willingly give up the post of examiner and thus open up that healthy rivalry which is so precious in his eyes? We respect Professor Chiene; we admire the care and honesty with which he works to benefit his pupils; but we cannot agree with him as to his statements as to the healthy rivalry between the schools.

The Registrar-General's Quarterly Return.

The return of the Registrar-General of births, marriages, and deaths for the quarter ending September 30th, 1883, reports that there were in the United Kingdom 271,842 births and 148,827 deaths, giving rates of 30·3 and 16·6 per 1,000 respectively. In England the births were 214,144, or 5,794 fewer than in the corresponding period of 1882. Deaths were 113,118 in number, and included 30,331 of infants under one year old, giving a rate of 142 per 1,000. From zymotic diseases the following deaths occurred:—Diarrhœa, 8,389; scarlatina, 2,929; measles, 2,066; whooping-cough, 1,706; "fever," 1,662; diphtheria, 888; small-pox, 229. The deaths from small-pox show a decrease as compared with the ten-year rate; and of the whole number 56 occurred in Birmingham and 23 in the metropolis. 4,128 uncertified deaths occurred, this number showing a decline from that of the three preceding quarters.

Meath Hospital Inaugural Dinner.

A very pleasant and successful dinner took place last Monday evening at the Shelbourne Hotel, Dublin, for the *réunion* of old past students and Governors of the Meath Hospital and County Dublin Infirmary, under the presidency of Sir George Porter, Senior Surgeon of the institution. As it is quite the custom of all London hospitals to inaugurate the ensuing session with a dinner on the evening of the day the introductory address is delivered, and as the experiment had never been tried before in Dublin, it was considered by some of the staff of the Meath Hospital that this year would be a very fitting time to inaugurate in Dublin such a custom, and in this laudable effort the old Meath men may well be congratulated on the success of the *réunion*, Mr. Lambert H. Ormsby being one of the active organisers of the entertainment. Over forty old Meath men, together with several of the Governors of the Hospital, attended. Men came from all parts of Ireland to attend the dinner, including Dr. William Moore, President of the King and Queen's College of Physicians, Sir George B. Owens, Mr. Andrew K. Young, F.R.C.S., Monaghan, Dr. Lombe Atthill, Mr. William Stokes, F.R.C.S., Samuel Chaplin, F.R.C.S., Kildare, Dr. A. H. Jacob, Dr. J. W. Moore, Dr. MacCullagh, Londonderry, Dr. Macnamara, Dr. Hederman, co. Limerick, &c.

Patellar Surgery.

Since Mr. Lister's paper on treatment of patellar fracture by wire suture was read at the Medical Society, the subject has twice been discussed in the presence of a critical professional audience, viz., on Monday, the 5th inst., and on Friday last. On the former of these dates the Medical Society again devoted attention to the question, this time with a view to hearing the opinions of other representatives of English surgery on Mr. Lister's operation. On the latter occasion the Clinical Society was the scene of a similar discussion raised by a paper communicated by Mr. G. R. Turner, and printed in abstract in our present issue. Practically the same arguments were employed on both occasions, and it is difficult in view of all that has been said, to regard Mr. Lister's position as in any point weakened by the attacks of his adverse critics. So bold a proceeding as that of opening into a joint regarded with almost reverent feelings by the surgery of the past, must naturally excite the opposition of those who will not admit the full claims of antiseptic treatment. Mr. Holmes' exaggeration of modesty in attributing his failure to obtain a good result because his colleague omitted to wash his hands with carbolised water previously to drawing the suture into place, failed to evoke the sympathetic derision it seemed designed to call forth; nor can it be anticipated that flippant criticism of Mr. Lister's earnest warnings to be careful will command very general appreciation among thoughtful men.

The question that is before the profession in connection with patellar surgery is as grave as any that can engage attention, not alone from the risks that will be entailed by failure in rigid carrying out of details, but as well from the relation it bears to the life and comfort of those who possess ununited patellæ. The stage arrived at so far in the discussion is only a preliminary one; and every week may be expected to add something in the way of illustration or comment. It seems, however, that more definite information is required concerning the nature of results obtained by the older plan of treating fracture of the patella; and the need having been expressed, it will perhaps now be forthcoming.

Hutchinson Testimonial.

On Saturday evening last a general meeting of subscribers to the Hutchinson testimonial was held at the residence of Sir Andrew Clark, Bart., for the purpose of receiving the report of the committee, and deciding the form the testimonial should assume. It was announced that a sum of about £400 was available for the purposes of the testimonial, the total amount subscribed to date being £422 8s. 6d.; but a further sum of about £15 still remained to be collected from those who had intimated a desire to join the movement. The number of subscribers was 310, all, with six or seven exceptions, being past or present London Hospital students, the testimonial being essentially a local one. It was resolved that a portion of this amount should be devoted to the purchase of £300 worth of debenture bonds, and invested in the names of three trustees for the foundation of a Hutchinson prize essay for clinical surgery, to be awarded every three years to members of the hospital of not more than ten years' standing from entrance. With the surplus remaining, a personal testimonial will be purchased for presentation to Mr. Hutchinson at the dinner to be given in his honour on November 29th next, at the Holborn Restaurant. The result of the movement is a satisfactory proof of the high appreciation in which Mr. Hutchinson is held at the hospital, from the active service of which he has recently retired; and the committee is to be congratulated on the admirable form of the memorial which has been decided on. Such a prize cannot fail to be productive of excellent work from the *alumni* of the hospital; and the regulations governing its award, being framed on the model of those applying to the Jacksonian prize, will no doubt be found to work well in practice. The amount collected would doubtless have been larger had not subscriptions been limited to a sum of two guineas; but Mr. Hutchinson's pleasure will be in the number of those who have testified to their admiration for him rather than in the amount of their aggregate contributions, which, moreover, amply suffices for the object held in view.

The late Dr. Loftie Stoney, of Dublin.

At a largely-attended meeting of students of the Carmichael College, held last week in the Lecture Theatre, it was decided to erect a suitable memorial in memory of the late Dr. Loftie Stoney.

Hospital Management.

The third meeting of the committee appointed at the recent Hospital Conference was held at No. 1 Adam Street, Adelphi, on Wednesday, 7th inst. The draft constitution of the proposed Hospitals Association was provisionally adopted, and it was ordered that copies should be issued at once for the consideration of the governing bodies, committees of management, medical boards, and honorary medical officers of the principal hospitals. The objects of the proposed Association are to be, first, to facilitate the consideration and discussion of matters connected with hospital management, and, where advisable, to take measures to further the decisions arrived at; and, secondly to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical. The Association, moreover, proposes to afford facilities for the reading, discussion, and publication of approved papers, for the delivery of lectures, and for the holding of conferences on hospital administration, hospital management, medical relief, medical education in relation to hospitals, free and provident dispensaries, and other kindred subjects; and will found a library, consisting of works on hospital administration, finance, and statistics. The committee will be called together again in December to finally adopt the constitution of the new Association, which has already received wide and influential support.

The Sham Certificate System in Dublin.

We understand that the Branch Medical Council for Ireland has, at a meeting held on the 15th of October, adopted the following resolutions as the practical application of the unexpected discovery that sham certificates were on sale in the open market:—

1. That the Branch Medical Council for Ireland is of opinion that it is desirable that an accurate record be kept in each clinical hospital of the daily attendance of students.

2. That no certificate of attendance on hospital practice be received by the medical authorities which does not specify a minimum recorded attendance upon two-thirds of the clinical teaching in each session, being 140 attendances in all, from the 1st October to 30th June, vouched for by the clinical physicians and surgeons on duty.

3. That each student be required by the medical authorities to produce certificates of personal attendance on three medical and three surgical cases in each session, with detailed notes of the principal symptoms, signs, and treatment of each, vouched for by the clinical physician or surgeon in charge of each case. At least ten cases of fever to be attended in addition.

So far so good. Undoubtedly we must be making some progress towards honesty of medical teaching in Dublin when we find the authorities willing to acknowledge the existence of certificate frauds, and to suggest a remedy. The requirements of the Branch Council, however, will not be at all difficult to fulfil; the "minimum recorded attendance" of 140 hospital visits will be easily enough produced—as is being done in some hospitals—by leaving the signature book open to be signed at 9 a.m. by students who are hard at work in office or shop at 9.30, and by affording facilities for one student to write up the names of half-a-dozen others who are engaged at the hour of the hospital visit in the grind-room or in bed. As it does not seem to be the business of Colleges or Councils to see that the attendances endorsed on the certificate are realities, it is not to be reasonably supposed that the student will see any objection to vicarious signatures or imaginary attendances.

It is, of course, not possible to make students or teachers conscientious by Act of Parliament, but it is quite easy to make evasions so troublesome and risky that honesty will be found to be the best policy. This is not the present condition of affairs in Dublin, for while with a Pecksniffian air of purity a "minimum recorded attendance" is declared indispensable, the door is carefully left ajar to admit of escape from the honest fulfilment of these attendances.

Would the members of the Branch Medical Council be surprised to learn that a full tale of these "recorded" attendances can and will be produced at the end of the session by crowds of students who have never once gone round with their hospital teachers for the entire session, except on a Sunday, they being industriously employed as clerks and shop assistants during each day's hospital visit?

"Reputation, Honour, and Dignity."

The following astonishing communication has been issued in the form of a lithographed circular by a Dublin hospital surgeon whom we announced recently as having resigned all his public offices in Ireland and emigrated to San Francisco:—

13 —— Square, Dublin.
Oct. 22, 1883.

My dear Friend,—Owing to the severity of our winters and the delicacy of my throat, I have decided upon going to San Francisco, where I shall remain at least until next May. It is with great regret that I dissociate myself even temporarily from you and the many kind friends from whom I have received such sterling proofs of confidence and appreciation. After much consideration for your interests and mine I have decided on asking my friend, Dr. ——, of —— Street, to take charge of you and to continue the line of treatment which I have hitherto pursued in your case. I shall take it as an additional favour if you adopt him as my substitute until health and my new surroundings enable me to determine upon returning to Ireland to resume my practice in the ensuing spring. Dr. ——, of —— Street (corner of —— Green), has been my intimate friend and trusted colleague in —— Hospital, as well as my co-lecturer on —— in the —— School of Medicine for several years, and in his ability, kindliness, and honour I have the greatest confidence. I have informed him of the important points of your case, and therefore, by consulting him, you shall avoid the disadvantage of seeking advice from a stranger, who would be entirely ignorant of your former medical history. Dr. —— and I shall maintain a constant correspondence on the progress and treatment of the patients whom I have entrusted to his care. I cannot express to you the regret which this move occasions me, and the great difficulty which I experience in separating myself from my many dear friends, in whose welfare I shall ever continue to take the warmest and most affectionate interest.

Yours very faithfully, ——

In common with every member of the profession in Dublin we were under the impression that the surgeon in question had determined to settle permanently in the Far West, inasmuch as we are aware that numerous testimonials as to his capacity for surgical practice were solicited and received by him from surgeons of eminence in Dublin; but as the surgeon in question states to his patients that he contemplates returning and resuming practice in Dublin, it seems we must plead guilty to having misconceived the object of these testimonials. As to the phraseology of the communication and the propriety of this means of obtaining practice, we must leave our readers and the Fellows of the College of Surgeons to judge. The gentleman who signs that circular is a Fellow of the College, and the surgeon who is "to continue the line of treatment hitherto pursued" and to "maintain a constant correspondence with San Francisco respecting the progress and treatment" of the patients transferred to him is not only a Fellow, but a Member of the Council of the College. We do not venture to express an opinion whether the "reputation, honour, and dignity of the Royal College of Surgeons in Ireland" which every Fellow swears to uphold is advanced by the issue of a circular like this amongst the general public, but we may at least say that such a proceeding is totally without precedent, and that we hope no one will be found to follow the unique example.

A British Otological Society.

In response to a previous circular, suggesting the formation of a British Otological Society, issued some time since by Drs. Cresswell Baber and Urban Pritchard, over fifty gentlemen have expressed their approval of the same. A meeting will therefore be held in the rooms of the Medical Society, 11 Chandos Street, Cavendish Square, London, at 4 30 p.m. on Wednesday, Nov. 21st, with the object of eliciting opinion on this matter and of considering how the suggestion may best be carried out. Mr. Dalby has kindly consented to take the chair. A dinner will be held at the Grand Hotel, Charing Cross, after the meeting. Those desirous of attending must notify their wish to Dr. Pritchard at least two days before the meeting. Dinner 5s., wine not included.

Proxy Voting at the College of Surgeons of England.

On July 12th last, a committee was appointed to consider and report on the mode of electing to the Council of the Royal College of Surgeons, and after several meetings at which the question was considered, the committee now recommend to the Council that the Fellows of the College should in future be allowed to vote at the election of the Council either in person or by voting-papers transmitted to the secretary, and that with that object steps should be taken to effect the necessary alterations in Section 15 of the Charter of the 7th Victoria (see page xxxix. of the Calendar) and in Section IV. of the Bye-Laws (see page lvi. of the Calendar).

The committee adopted this recommendation at their first meeting on the 11th of October, and have since had under their consideration a petition in favour of this change in the mode of voting signed by nearly four hundred Fellows of the College, which was referred to the committee by the Council on the 18th of October. The committee reserve for a future report the details relating to the necessary alterations in the Charter of the 7th Victoria and the Bye-Laws to carry out this recommendation, and also their opinion on the further question submitted to their consideration by the Council on the 9th of August last, viz., as to whether it is desirable that any, and if so what, alterations should be made generally in the Charters and Bye-Laws of the College.

The Salicification of Food.

THE interdiction of salicification of food was made law in France in February, 1881, but the perseverance of the promoters of this practice is indomitable. Although commercial interests are important, still all will admit that health should be the first consideration; because, by the aid of improved chemical arrangements, the quantity of salicylic acid used in making jams is greatly reduced, still, the fact remains that this substance eliminated by the kidney and liver is injurious to persons whose renal and hepatic secretions are insufficient.

In perfectly healthy persons also salicylic acid enters into intimate combination with the tissues, and accumulates to a dangerous extent in the organs of those who use it constantly. As Mr. Brouardel says in this report to the French Government, "Though we are aware of numerous cases in which healthy young people have borne without apparent inconvenience a daily dose of 4 to 6 grammes for many months continuously, we must not forget the old people, albuminuric patients, and persons tainted with hepatic or renal disease, whose lives may be seriously endangered by regimen into which a daily dose of salicylate of soda enters." The Commission of Inquiry on the subject has reported in favour of a prohibition of the use of salicylic acid and its combinations in the preparation of foods.

Myelitis following Acute Arsenical Poisoning by Paris Green.

THIS is the title of an article by Dr. E. C. Seguin, in the *Journal of Mental Diseases.* The author concludes that—1. Arsenical paralysis is the expression of a myelitis. 2. This myelitis approximates the type known as polio-myelitis, in so far as the symptoms are chiefly motor; that the paralysed muscles undergo some atrophy, and exhibit the degeneration reactions to electrical currents; that the bladder is never palsied; and that in animals the ganglion cells of the anterior horns are extensively diseased. 3. There is usually more than polio-myelitis, as shown by Popow's post-mortem findings, and by the presence in living human subjects of pains in the nerves and muscles of the affected limbs, and by the occurrence of actual anæsthesia. 4. Consequently it might be better to speak of arsenical paralysis as due to diffused central myelitis, with special involvement of the anterior grey matter. 5. Whether this myelitis is strictly arsenical—*i.e.,* caused by the direct effect of the arsenic on the tissue of the spinal cord, or whether it is produced (as are many forms of myelitis) by the irritation of peripheral nerves (cutaneous, intestinal, and gastric nerve-endings), is a question which cannot at present be definitely solved, but which presents an interesting field for future research and speculation.

AT the Congregation at Oxford on November 1st, Professor Michael Foster, Fellow of Trinity College and Professor of Physiology, and Professor Alexander Macalister, Fellow of St. John's College and Professor of Anatomy, were presented by the Public Orator for admission to the complete degree of M.A. *honoris causa.*

Testimonial to Professor Alexander Macalister, F.R.S.

A GENERAL meeting of the pupils of Dr. Macalister was held in the Anatomical Theatre, Trinity College, Dublin, on Wednesday, October 31st. The meeting had in view the presentation of a testimonial to Dr. Macalister, who has been recently appointed to the Chair of Anatomy in Cambridge.

Wilms and Dieffenbach.

ON the 30th of last month, with suitable ceremonial, a bust of the celebrated surgeon Wilms was unveiled on the Mariannenplatz, Berlin, opposite the main entrance of the Bethanien Krankenhaus, for thirty-two years the scene of his active labours; and on the 1st of the present month the memory of Professor Dieffenbach was honoured in a similar manner by the unveiling of his bust, which has been placed in the Operationsaal of the Surgical Clinic of the Berlin University.

DIPHTHERIA has made its appearance among the school children at Ryde, Isle of Wight, in consequence of which all the schools have been closed by official order.

THE epidemic of scarlet fever at Leeds reported in our last issue is now shown to have been introduced by an impure milk supply.

THE Metropolitan Asylums Board have increased the salary of Dr. Collie, Medical Superintendent of the Homerton Fever Hospital, from £400 to £500.

WE regret to announce the demise of an esteemed member of our profession, Mr. Alderman Deighton, J.P. for the borough of Cambridge. Deceased was thrown out of his dog-cart about three weeks since, from the effects of which he ultimately succumbed, after much suffering.

HIS EXCELLENCY the Lord Lieutenant has been pleased to appoint Dr. P. W. Long, of Dublin, and Mr. H. N. Draper, of the firm of Bewley and Draper, to the Commission of the Peace for the city of Dublin.

AN American exchange states that Dr. Tanner, of fasting notoriety, has been arrested as practising with a bogus diploma. He can now test his powers afresh, without the prying of the public, and save withal something for the pockets of the ratepayers.

A GIRL, aged 17, died last week, and a younger brother became, seriously ill from eating poisoned American salmon. Dr. Hunt, who made the post-mortem, deposed that the tin in which the fish had been imported was denuded of its inner covering in many places, nitrate of tin being formed, and the salmon decomposed.

ALREADY several candidates are mentioned as aspirants for the post of Assistant Surgeon to St. Bartholomew's Hospital, vacant by the lamented death of Mr. Shuter. These are—Mr. Macready, the present Surgical Registrar; Messrs. Bruce Clarke, Edwards and Lockwood, Demonstrators; Mr. Bowlby, the Curator to the Hospital; and

Mr. Eve, Pathological Curator to the Museum of the Royal College of Surgeons.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow :—Calcutta 21, Bombay 22, Madras 39, Paris 21, Geneva 11, Brussels 22, Amsterdam 27, Rotterdam 20, The Hague 23, Copenhagen 16, Stockholm 23, Christiania 15, St. Petersburg 25, Berlin 24, Hamburg 21, Dresden 17, Breslau 23, Munich 29, Vienna 22, Prague 31, Buda-Pesth 22, Rome 25, Turin 18, Venice 21, New York 22, Brooklyn 18, Philadelphia 18, and Baltimore 17.

The deaths registered last week in the principal large towns of the United Kingdom averaged 20·1 per 1,000 of their aggregate population. The rates of mortality individually were :—Brighton, Wolverhampton, Portsmouth 15; Plymouth, Norwich, Derby, Birmingham 16; Bradford, Bristol 17; Hull, Sunderland, Sheffield 18; London, Edinburgh, Halifax, Leicester 19; Birkenhead 20; Nottingham 21; Huddersfield, Oldham, Blackburn 22; Liverpool 23; Leeds, Cardiff, Bolton 24; Manchester, Glasgow 25; Newcastle-on-Tyne 26; Dublin 28; Salford, Preston 30.

The highest annual death-rates in the large towns last week from diseases of the zymotic class were—From scarlet fever, 1·7 in in Cardiff, 1·9 in Salford, and 4·1 in Leeds; from measles, 2·5 in Huddersfield, and 3·1 in Newcastle-upon-Tyne; from whooping-cough, 1·1 in Salford, 1·2 in Cardiff, and 2·5 in Huddersfield; and from "fever," 1·2 in Portsmouth, 1·4 in Halifax, and 2·6 in Preston. The 30 deaths from diphtheria included 13 in London, 7 in Glasgow, 2 in Edinburgh, 2 in Liverpool, and 2 in Salford. Small-pox caused 4 deaths in Sunderland, 3 in London, 3 in Birmingham, one in Liverpool, and one in Wolverhampton.

The following examiners have been appointed to test candidates for the Membership of the Irish College of Physicians in 1883-84 :—Principles of Medicine, Medical Anatomy, Medical Chemistry—Dr. Cruise and Dr. Finny; Practice of Medicine, Principles of Public Health—Dr. Nixon and Dr. Quinlan; Clinical Medicine—Dr. Duffey and Dr. Purser. *Examiners for the Certificate in Sanitary Science in* 1883-84 :—Ætiology and Prevention of Diseases—Dr. Cruise; Chemistry—Dr. Walter G. Smith; Sanitary Law—Mr. George P. Price; Sanitary Engineering —Mr. Mervyn Pratt, C.E.; Meteorology and Climatology, Vital Statistics—Dr. Quinlan.

Dr. Arthur Benson, Assistant Surgeon to St. Mark's Ophthalmic Hospital, Dublin, has, we understand, been appointed Ophthalmic Surgeon to the City of Dublin Hospital, in room of the late Dr. Loftie Stoney. Dr. Arthur Benson's father, Dr. Charles Benson, was one of the founders of the hospital, and a revered physician and teacher of the passing generation of Irish practitioners. Dr. Hawtrey Benson, brother of the newly-appointed ophthalmologist of the Hospital, is also one of its physicians.

A paragraph has been going the round of the papers reporting the arrest of a Dr. Austin Cockle. We are in a position to state that for the charge of larceny of a bottle of ether which was preferred against this unfortunate young man there is not the least moral ground. Dr. Cockle is a member of the family of a highly respectable Dublin merchant, but unfortunately he is deranged, and having acquired the habit of drinking ether, has been twice confined in lunatic asylums. He was at one time found unable to take care of himself on the banks of the canal at Dublin, and recently escaped from the care of his friends. His mental condition is certified by eminent medical men to be such as to render him wholly unaccountable for his conduct.

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Scotland.

[From our Northern Correspondents.]

The late Dr. Foulds.—The following generous tribute to the late Dr. Foulds of Mauchline appears in our contemporary the *Scotsman*:—"A few days ago there was laid in the beautiful cemetery recently opened in the parish of Mauchline all that remained of a townsman whose memory will long be cherished in the hearts of the people amongst whom he lived and laboured. The death of Dr. Foulds, a medical practitioner here for no less a period than thirty-five years, calls for more than a casual notice. He was a native of Stewarton, and in early life devoted himself to the study of medicine, receiving his professional training in Glasgow, where he eventually graduated. In 1848 he commenced practice in Mauchline on his own account, and soon afterwards came to fill the position which had long been occupied by the eminent physician and surgeon, the late Dr. Nicolson. Not only did the doctor straightway approve himself to his patients as one who had chosen his profession from the very love of it, but it was also his distinguishing characteristic that he continued to keep his medical skill abreast of the attainments of modern research; and he readily succeeded in building up a rare knowledge of physiology and medicine, based on a wide induction of cases, such as only an extensive practice could have yielded him. Altogether apart, however, from professional accomplishments, Dr. Foulds was possessed of a many-sided nature which endeared him to a large circle of friends beyond his patients. His genial and sympathetic manner, his wide acquaintance with the *belles lettres* of the English language, and his readiness to co-operate in movements having in view the good of the parish—all conspired to make him a favourite with every class of society."

Health of Edinburgh.—For the week ending with Saturday, the 3rd inst., the mortality in Edinburgh was 81, and the death-rate 18 per 1,000. Diseases of the chest accounted for 40 deaths, and zymotic causes for 8, of which 1 was due to fever, 4 to scarlatina, and 2 to measles, the intimations of these diseases for the week being 8, 65, and 66.

Glasgow Death-rate.—During the week ending with Saturday, the 3rd inst., the death-rate of Glasgow was 25 per 1,000 per annum, as compared with 26 in the preceding one. In the corresponding periods of 1882, 1881, and 1880, it was 26, 25, and 29 respectively.

Dundee.—The Fever Epidemic.—The fever epidemic seems to have had a fresh outbreak in Dundee, and notwithstanding the exertions of the sanitary authorities, cases are occurring in districts of the town which were previously uninfected. Since the beginning of the month 26 cases of typhoid, typhus, and scarlet fever have been reported, and during the week there were 4 deaths.

OUTBREAK OF FEVER AT FINDON.—Findon, a fishing village about seven miles south of Aberdeen, on the Kincardine coast, has been visited by an outbreak of typhoid fever. The medical officer for the district has reported that the outbreak is due to defective sewer arrangement, and a committee of the local authority of Banchory-Devenick, within whose jurisdiction the village lies, was, on the 9th inst., appointed to meet on the ground and carry into effect some practical remedy.

UNIVERSITY OF ST. ANDREWS.—On the 6th inst. Professor Bell Pettigrew delivered his introductory lecture on physiology to a large audience, his subject being "Civilisation the Result of Intellectual Progress." The history of civilisation, said the lecturer, is virtually that of intellectual progress, and intellectual progress, within the historical period, may be said to have kept pace with brain changes in the human race as a whole. It was therefore necessary, in dealing with the subject of civilisation, to refer preliminarily to the nervous system, not only in man, but in the lower animals, and especially to the great centre of the nervous system, the brain. Professer Pettigrew then proceeded to trace the nervous system from man downwards to the lowest animal forms in which it is recognisable, referring also to the great race of sensitive plants, certain of which had been shown by Darwin to display an amount of sensitiveness unknown even amongst the highest animals. For every fresh increment of brain substance there was an increment of brain power and intelligence, and that increased brain substance was brought about by cultivation. The integrity of the cerebral hemispheres was, however, necessary to the production of intelligence and will. When these are defective or diseased, there follows inability to discriminate between what is important and unimportant in matters of daily life. Semi-civilised nations have smaller brains than Europeans, and thus the advance of the arts in Europe. The lecturer proceeded to prove his case by referring to the progressive development of nations and races. Progress in man, he said, proceeds in two directions—physically and mentally. For the last 4,000 years at least, however, the body of man has remained to all intents and purposes stationary. It is the mind which, during the period in question, has made gigantic strides. The body of the modern savage is as perfect as that of the most civilised modern man, but the mind of civilised modern man is as much in advance of the mind of savage man as the mind of savage man is in advance of that of the gorilla. All modern improvements and discoveries are traceable to the sedulously cultivated and enormously developed intellect of man. The lecture was illustrated by a series of beautifully-executed diagrams.

STUDENT DROWNED IN THE UNION CANAL.—A University student was last week drowned in the Union Canal under circumstances of a distressing nature. While sculling up the Canal in a canoe, he was seen by a man on the bridge to raise himself slightly from the seat as if to place his waterproof under him. The action, however, upset the tiny craft, and he was taken under the water. His legs being pushed forward below the canvas, he had apparently difficulty in extricating himself from the canoe, for on rising to the surface of the water he is said to have looked as if greatly exhausted, and apparently unable to make any effort to save himself. Before assistance could be rendered to him he had disappeared from sight. The body, which was recovered about five minutes afterwards, was identified as that of Robert Wrixon, a medical student, who had recently come to this country.

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Correspondence.

EXAMINATION BY CLAIRVOYANCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a satirical review of the proceedings of the Society for Psychic Research in the *Medical Press* for Nov. 7th, you take occasion especially to ridicule a statement made by myself in illustration of mind-reading in the transactions of that Society.

As the statement I make is *a fact* positively within my own knowledge it must be evident that no amount of satire can in any way influence that fact, nor can the satire affect my mind more than it should be affected were you to ridicule my statement that I have at the present moment a certain number of articles unknown to you now in my trousers pockets.

To those who may desire to know my views on clairvoyance I may be permitted to refer them to my pamphlet on that subject as published by Trübner. The interest I take in clairvoyance is chiefly because it seems to me to demonstrate the auto-nœtic or self-action of the mind independently of a physical organisation. If so then it goes in the direction to prove that the soul survives the death of the physical body. As your readers know the present is the age of agnosticism; a reaction against the blind credulity of the unscientific believer. But that there have been in the past believers in mind or spirit who were neither credulous nor blind nor unscientific is shown by the very startling fact that almost all the greatest minds which have existed on this planet have believed in God, and thus have believed in mind or spirit as auto-nœtic powers. I have but to bring to the recollection of your readers the following list of names in illustration of this fact:—Homer, Pythagoras, Socrates, Plato, Hippocrates, Galen, Virgil, Dante, Michael Angelo, Keppler, Galileo, Newton, Locke, Shakespeare, Goethe, Priestley, Davy, Faraday, all most sincerely believed in God and in Spirit. Indeed, it may be questioned whether any human being has ever received the deepest inspiration in literature, the arts, or the sciences who was not a believer in God. I think it is logical to conclude, that if there be a God who has created man, as it is said, "in His own image," men must have minds or souls of the nature of God who is a Spirit; or, to reverse the order, if man has a spiritual interior, then it is logical to conclude that this nature has been given by a pre-existing Spirit, for even agnostics assert that spontaneous generation is not only unknown, but is illogical. If, then, we can admit that the mind of man is a spiritual or auto-nœtic power, why should it seem impossible that it may act independently of a physical organisation? If so, then why is it difficult to believe that mind may *sometimes* read mind, and thus know the secrets of that mind? or that mind may travel without a visible body, or may penetrate matter as heat, light, or electricity can? We have known for thousands of years that the magnet can attract iron, but as yet this is a wonder altogether inexplicable by science. We glibly speak of the blind forces of Nature, but of the nature of force we know nothing beyond the phenomena or appearances. Of the ultimate nature of force we are entirely ignorant.

In conclusion, I should like to draw the attention of my medical brethren to the psychic phenomena accompanying the inhalation of anæsthetics. We administer chloroform or nitrous oxide and the body becomes as if it were dead to consciousness, for we may then undergo the most agonising operations, and not only does the body experience no suffering, but frequently the mind while the body is being thus tortured exists in an auto-nœtic state of perfect happiness—a state of such ecstatic heavenly happiness that the patient, although perhaps a happy wife, husband, or mother, deeply deplores the misery of being restored to bodily consciousness. Exactly the same experiences have often been passed through by those who have been apparently drowned, but have recovered These are facts of deep significance, and go to show that when the "breath of life" is driven out of the body by means of foreign gases, or by drowning the mind or soul is driven out also, and exists as a living and thinking principle independent of the body. On page 23 of my pamphlet on Clairvoyance, I quote the following words from the life of Sir Humphrey Davy by his brother Dr. Davy :—

"On fully inhaling nitrous oxide gas, I lost all connection with external things. Trains of vivid visible images rapidly passed through my mind, and were connected with words in such a measure as to produce perceptions perfectly novel. I existed in a world of newly created and newly modified ideas. I theorised, I imagined that I made great discoveries, I exclaimed, 'Nothing exists but in thought.' The delight was intense and sublime, and for a moment so intense and pure as to absorb existence. I felt as if possessed of new organs (a new sense). I seemed a new being—a sublime being newly created."

Thus writes the most brilliant of all our chemists, and since publishing my views on this subject on January 6, 1880, I have received many letters from those who for dentistry or other purposes had taken anæsthetics; several used these remarkable words, "I become a spiritual being, and on my restoration to my senses I was shocked to find how unreal was physical as compared to spiritual existence."

It seems then to me that medical men have in the use of anæsthetics an instrument, in the use of which, and by observing and recording the facts which thus arise, a foundation may be laid for a scientific psychology—a psychology which, ceasing to be a mere verbiage, may become a series of psychic facts capable of demonstration.

Yours, &c.,
George Wyld, M.D.

41 Courtfield Road, South Kensington,
November 7, 1883.

[Dr. Wyld's letter amply vindicates the necessity for our "satirical article" on Examination by Clairvoyance, and happily illustrates the hopeless confusion of thought of the psychical researchers of these days. He begins by asserting that his statement was a fact which is indisputable, but he fails to see that the question is not whether it was a fact, nor even whether it correctly represented the fact to which he desired to direct attention, but whether the interpretation which he put upon the fact was tenable. Granted that a young lady under the circumstances which he describes harmonised a succession of notes in a manner exactly corresponding with that in which they were mentally harmonised by her teacher who was present, and in doing so transcended the estimate formed of her ability by those who knew her best, are we, therefore, to conclude that she mysteriously appropriated and reproduced the thoughts of her teachers? When an unusual phenomenon presents itself the most logical explanation is that which is most in consonance with common experience, and in the case of the harmonious young lady the simple explanation is that, under the stimulus of strong effort and excitement she rose to the occasion, and construed her theme in the style in which her teacher had, by his teaching, impressed on her mind, for habits of thought are contracted just like habits of body. But an explanation involving even the small amount of hypothesis which this one demands is only necessary when Dr. Wyld's statement is received with the carelessness of gaping credulity, for no scientific man could for a moment fail to notice that it is faultily made, and contains many loop-holes of error. We should have before us the lesson which the young lady was called on to harmonise so that we might judge for ourselves of the difficulty of the task and the probability of its being performed in different ways. If it was a four figured bass it could of course be harmonised in four ways only, which would vastly diminish the strangeness of the coincidence of the teacher, his pupil harmonising it in the same way. We should have before us also very strong testimony as to the credibility of the young lady and her teacher, and we may say in passing that the admission that the former had some power of thought-reading would lead any medical man to receive her testimony *cum grano salis*, as thought-reading is so often associated with the grossest mendacity. And even when the good faith of both pupil and teacher were established, we should still regard the *ex post facto* statement of the latter, that the young lady followed, in chalk, his mental images, with the gravest suspicion, for it is so easy after seeing or hearing anything done or said, to feel satisfied that that is just the way in which we had designed to do or say it. Only, if the teacher actually wrote down the passage according to his rendering of it, and handed the paper to some one else before his pupil attacked the black-board, should we have satisfactory proof of Dr. Wyld's allegation. A general similarity between his own mental version and the explicit version of his pupil might have led him honestly, but quite erroneously, to believe that they had exactly agreed. The fact that the young lady exceeded the expectations of her friends does not surely prove that she had extraneous supersensuous help, for nothing is commoner than for an evolving mind to blossom out on some special trial in a manner that excites surprise in those who had under-estimated its powers and stage of development.

Dr. Wyld has laboured with a very small mouse of a fact and brought forth a huge mountain of a theory, a mountain, however, which is only a wind-bag after all, and collapses suddenly when pricked by logic. He will not be surprised, perhaps, if we decline to discuss with him in this place his views as to the immortality of the soul, and merely express our belief that that doctrine must be in a bad way if it requires auto-noetic demonstration. To found man's highest hopes on the quackery of clairvoyance is like building a house on a filthy treacherous quagmire instead of on the rock of ages.

The remarkable impressions experienced on the approach of the unconsciousness induced by anæsthetics, referred to by Dr. Wyld, are well known to us. Dr. Oliver Wendell Holmes was so much struck by their sublimity and comprehensiveness that he convinced himself that if expression could, by a tremendous effort of the will, be given to them, the secret of the universe, the mystery of mysteries, would stand disclosed. Composing himself in his arm-chair, with writing materials close at hand, he inhaled chloroform. As unconsciousness stole over him and the most magnificent conceptions throbbed through his brain, he seized the pen and wrote, he knew not what, for almost instantly he fell back asleep. As he recovered he turned eagerly to the paper on which he had written, certain that he would find there the essence of philosophy; but he read only these words, in characters suggestive of inebriety rather than super-mundane exaltation, "A strong smell of turpentine pervades the whole." A strong smell of spiritualism pervades the whole of Dr. Wyld's writings, and he must excuse us if we turn up our noses slightly and decline further examination of that very offensive form of modern superstition.—Ed.]

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ROYAL COMMISSION ON PRISONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read with interest your leader in the *Medical Press* of the 31st Oct. on the Royal Commission on Prisons in Ireland, and bear my testimony to the courtesy of the Commissioners towards the witnesses examined. I hope that the evidence laid before it may show the Commission the necessity of not only recommending the appointment of a medical member of the Prisons Board, but also a medical inspector. That a medical member of the Board would be a great gain to the service there is no doubt; that it would be an advantage to have a medical inspector is admitted by prison surgeons; but when a reform is contemplated it ought to be thorough, and the extent of th surgeons' duties, the grave responsibilities entailed, and the way in which they interweave the future system, makes it essential for the benefit of the service that there should be both a medical member of the Board and also an inspector. Otherwise there would be a loss of time and force. An inspector would possess very little more power or weight than a prison surgeon with a purely lay Board. All he could do would be to report and recommend. On the other hand if there were only a medical member without an inspector that member would have to devote an undue amount of time to inspection and have less to give to general administration. The expense of a medical and lay inspector being the same it appears to me that there is no objection that can weigh against the undoubted advantages.

It is to be hoped that the Commission will not only recommend these appointments, but will also advise that they be made from the ranks of prison surgeons. Some of them probably would not feel inclined to accept these appointments, finding private practice more lucrative and having no taste for administration. Others might be glad to devote their time and talents to the problem of dealing with the criminal classes, and it would be only just that a prospect of promotion should be opened to them. It would be felt a hardship to have men unacquainted with prison work placed in positions of authority over those, who in the discharge of their daily duties, had become intimately acquainted with the needs and peculiarities of the service. As to ability, there are men in the service fully capable of discharging the duties, whose addition to it would strengthen the Board and inspecting staff, who could and would discharge with efficiency not only medical but general work, and who certainly would not fall into the error of attributing a decrease in committals within the last three years to an uniform system of discipline and treatment, when the statistics that are published in the same page show from 1858 to 1873, a period when there was not uniformity, that the committals were very much less than in 1882 and 1883.

In addition to the many weighty reasons for this reform which have doubtless been laid before the Commission a minor one, but on that account perhaps not less irritating, is the present system of issuing orders to the medical officers—all must come through the Governor. That is well enough in its way when that official is a gentleman, and carries out his duties with courtesy and politeness. But when the Governor is absent then the chief warder becomes Deputy-Governor, and the medical officer finds himself receiving orders from the Board and instructions as to his duty from his inferior officer. With a medical member of the Board and inspecting staff this anomaly would cease.

I am, Sir, yours, &c.,

"One Who Knows."

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THE ROYAL UNIVERSITY OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The annual meeting of Convocation was ordered by the Senate to be summoned for Tuesday, the 30th October, at one o'clock, in the University Buildings, Earlsfort Terrace, and, though matters were to be discussed possessing considerable interest, it was found impossible to obtain a quorum, and consequently the proceedings fell through. This was mainly due to the marked absence of all the members of the Senate, except the last two elected members. Indeed, the Senate evidently considered the meeting to be of small importance, as it actually had the Standing Committee transacting business at the same hour. This action on the part of the Senate is the more to be deplored as it has been freely stated that the Senate takes no interest in Convocation, at present, as it is composed for the most part of graduates of the late Queen's University.

It is hard to understand why this apathy in an important branch of a young University should exist, and it affords a powerful argument for one of the notices of motion which is, that the Senate be requested to summon Convocation to meet on a day, whilst the examinations are proceeding, so as to give examiners, fellows, &c., an opportunity of attending. The consideration of the resolutions with regard to the propriety of altering the dates on which the examinations are held, and admitting candidates to two examinations in the year was postponed in June to this meeting. Candidates who wished to have their cases examined being requested to send their applications to the Standing Committee for investigation. What was the surprise of these gentlemen when they did so, to learn from the secretaries, that this committee would not meet again until *after* the autumn examinations. It certainly seems a strange proceeding for the governing body of a university to adjourn from one examination until after another, as questions affecting an approaching examination must of necessity arise and require to be submitted to the authorities of the university.

Students were at first supplied with their marks *immediately* after an examination, thus enabling them to ascertain their weak subjects; now a student is simply told he is rejected, he cannot obtain his marks, and he is curiously enough refused all information, if unsuccessful, *until after the meeting of Convocation.* By such arrangements students feeling aggrieved are effectually debarred from bringing their cases forward for examination, and, if it is thought desirable to have no meetings of the Standing Committee between two examinations, in the interim let their cases be investigated by a representative committee of Convocation, and if a grievance exists, let this committee bring the cases under the notice of the Senate, who might hold a meeting before the examinations begin.

It is found on looking at the list of names proposed to form the annual committee, that the manner of selecting the committee is highly objectionable. Eighteen names are placed on it as the representatives of seven members. It was stated at the last meeting that each member would be requested to furnish some names to form this committee, but few were favoured with this invitation, and consequently just eighteen members were nominated by these seven gentlemen. And, if there had been a meeting on this occasion these eighteen would be elected mechanically. A committee so elected cannot be surely called a representative one, and could not possess the confidence of Convocation, no matter how highly these seven gentlemen may be personally appreciated.

I am, yours truly,

Charles Frederick Knight, M.D.

91 Harcourt Street,
Nov. 5, 1883.

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THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Following in the steps of Mr. Lennox Browne, I desire to answer Mr. Lunn in the fewest possible words, and without retaliation of his personalities, on the one remaining point which appears to me to require refutation.

Mr. Lunn thinks [see note (*b*), page 393, last issue of *Medical Press*] that he has discovered a blot in the photograph of my larynx singing E in falsetto which Mr. Lennox Browne has published in his recent paper in the *British Medical Journal*, because "the pictured fissure is not symmetrical, and is out of the median line," and he proceeds to state what the "sound produced PROBABLY represents." Any but a captious and uncandid critic would see at a glance that this appearance of slight asymmetry and divergence from the perpendicular is simply a question of photographic light and perspective, and illustrative of the genuine and untouched character of the picture.

Mr. Lunn returns to the charge that "the voice sounds 'harsh' under laryngoscopic observance, not because the laryngoscope is introduced" (he used to say differently, but he has a way of dropping points in his argument when they are refuted), but because "volition is infused into the sound-producing parts." Will he tell me how vocal sound could be produced without volition!

I emphatically deny that such sound is necessarily unmusical, not on my own *ipse dixit*, but on recognised authority. On October 2nd last I had an opportunity of giving a demonstration of my larynx in the act of singing to Dr. Stainer, H.M. Inspector of Music. I sang the same notes as produced for our purposes of photography, Dr. Stainer looking into the laryngeal mirror as I held it in my throat. After I had, at his request, sung alternately the same tones with and without the mirror, Dr. Stainer gave it as his opinion, in answer to my express appeal, and in the presence of musical and scientific witnesses, that no fault could possibly be found with the quality of the tones. I could bring equally strong testimony from the many musicians of eminence before whom I have lectured at the College of Organists, the Musical Association, the Tonic Sol-fa College, and innumerable institutions throughout the kingdom, but in consideration of the calls on your space I will ask to give but one more example. At the recent meeting of the British Medical Association in Liverpool, on the two successive mornings of August 1st and 2nd, I vocally illustrated the photographic pictures of the throat as they were exhibited on the screen by Mr. Lennox Browne, and afterwards showed my larynx in the act of singing to each in turn of the hundreds of medical practitioners who attended at those demonstrations. Not only did no one of them complain of the quality of the tones, but many even complimented me thereon, and expressed surprise and admiration at my power to give a complete view of the larynx without protrusion of the tongue or any other muscular distortion.

Surely such men, whose ears are daily trained to detect the minutest shades and differences of sounds by means of the stethoscope, and whose lives are occupied in constant observation, can say conclusively whether the sounds emitted were of the nature of "bellows, shrieks, howls, yells, screams, or what not, of utterly opposed sounds to beautifulness," or whether they were, as Dr. Stainer agreed, of pure musical quality.

Mr. Lunn has himself stated that "the aggregate of information beneficial to art has come from the members of the medical profession." Looking to the various running commentaries on his papers in the *Medical Press*—now happily concluded—I, at least, am not likely to disagree with him on this *dictum*.

I am, Sir, yours obediently,
EMIL BEHNKE.

35 Talgarth Road, West Kensington, W.,
9th November, 1883.

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Obituary.

DR. JAMES MOORE, OF BELFAST.

WE announced last week the death of this well-known surgeon and distinguished artist. Dr. Moore was born in 1819, studied at Edinburgh, where he graduated M.D. in 1842, taking his Membership of the English College of Surgeons in the same year. He was always a clever draughtsman, and when quite a young man prepared the illustrations for Syme's Surgery. He had a very successful career as a surgeon in Belfast, and held appointments to the Royal Hospital in that city, and to the Ulster Hospital for Diseases of the Eye, Ear, and Throat, besides numerous minor honorary posts. His skill as an artist was widely recognised. He received good prices for his pictures, and was elected an honorary member of the Royal Hibernian Academy, and an associate of the Scotch Academy. He was also an ardent geologist and archæologist. Sir Charles Bell bequeathed his case of surgical instruments to Dr. Moore as a recognition of his proficiency as a surgeon; Prof. Goodsir paid him a similar compliment in leaving him a silver case of instruments; and Dr. Thomas Reade, of Belfast, likewise left him his pocket surgical case, with the observation that he knew no man more competent to use it.

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Pass Lists.

Royal University of Ireland.—The following degrees and diplomas were conferred on Thursday, October 26th, by his Grace the Duke of Abercorn, Chancellor of the University:—

DOCTOR OF MEDICINE.—Honours, First Class: William H. Thompson. Second Class: David P. Gaussen, William J. Moynahan, John Sheedy. Upper Pass Division: W. Barter, H. Cooke Brannigan, Joseph J. Brownlee, James Cagney, Robert W. Henderson, James Meek, J. H. Swanton, William Watters, Patrick B. White. Lower Pass Division: Walter Atterbury, Robert Alexander Barber, Robert Barry, Edward Coey Bigger, John Welpy Bullen, W. Calwell, James Carroll, Archibald Dickey, Peter Johh Doyle, John Ellison, Richard Hall, Joseph B. Jackson, George Johnston, Richard Kelly, Thomas Dick Kirk, James Lennox, Alexander Lindsay, John Anthony Lynch, William McAlister, Matthew McAuley, John McCaw, Robert McElwaine, John McGlynn, John McIlroy, Joseph McNinch, J. Alex. Macaulay, Jeremiah McMahon, Henry Massey, James Mitchell, Archibald P. Moore, Samuel James Moore, Arthur Edward Morris, James O'Connell, Claudius O'Donel, Daniel O'Mahony, Patrick Quinlivan, Robert Sayers, Henry J. Taylor, Samuel Wallace, Edward Copley Ward, Barnett Wilson, Charles G. Woods.

BACHELOR OF MEDICINE.—Lower Pass Division: Daniel Lee, Joseph F. O'Carroll.

MASTER OF SURGERY.—Robert A. Barber, William Barter, Edward Coey Bigger, Henry C. Brannigan. Henry Edward Brown, John Welpy Bullen, James Cagney, William Calwell, James Carroll, William Good, William Graham, Richard H. Hall, Robert W. Henderson, Joseph B. Jackson, Alexander M. Johnson, Richard Edmund Kelly, Thomas D. Kirk, James Lennox, John Anthony Lynch, William R. McAlister, Jeremiah MacMahon, James Meek, Campbell M. Mitchell, Samuel James Moore, Arthur Edward Morris, William J. Moynahan, John A. Nealon, Joseph O'Carroll, Daniel O'Mahony, James Morrison Orr, Thomas Pritchard, Patrick Quinlivan, Robert Sayers, John Sheedy, James H. Swanton, Robert G. Thompson, William H. Thompson, Francis Green Tooker, Edward Copley Ward, William Watters, George Wetherall Weir, Patrick Bernard White, Barnett Wilson, Charles G. Woods.

DIPLOMA IN OBSTETRICS.—William Barter, Joseph John Brownlee, James Cagney, Richard H. Hall, William Gordon Hanna, George J. Johnston, Richard E. Kelly, Wm. McAlister, Wm. J. Moynahan, James O'Connell, Daniel O'Mahony, Patrick Quinlivan, Michael J. Sexton, John Sheedy, J. Hutchinson Swanton, Francis Green Tooker, Barnett Wilson, Charles G. Woods.

University of Glasgow.—The following candidates have passed the second professional examination for the degrees of M.B. and C.M.:—

A. S. Alexander, Archibald Auld, Alex. M. Bankier, George G. Bannerman, David R. Barrie, Colin Baxter, John Broom, Hugh D. Buchanan, John Buchanan, J. Wilson Cameron, Archibald Campbell, M.A.; Ivie E. Campbell, Wm. D. Campbell, Wm. W. Christie, Robert Cook, Charles Court, E. S. Cowen, Donald Currie, Wm. Davidson, John Dodd, James Dunlop, M.A.; Robert M. Fleming, Henry S. H. Foster, Adam Hamilton, Joseph Horne, John Hughes, Thomas B. Hutcheson, David G. Johnston, Hugh Kelly, John Martin, Trafford Mitchell, David C. Muir, Alexander Munro, James J. M'Arthur, John A. Macdonald, John Mackie, James N. Maclean, John A. Macquarie, Henry J. Neilson, John F. Orr, W. W. Paterson, William Rankin, Andrew Richmond, William Robertson, Pramath Roy, Walter Sandeman, W. M. Semple, William Seright, William Shand, Gregory Sprott, David H. Storer, John Thorburn, William Wallace, James Wands, Charles Whish, John S. Wright, John Young.

The following candidates have passed the third professional examination for the degrees of M.B. and C.M.:—

Harry Bamber, William T. Blakely, Wm. Brown, John T. Brownlee, James Cowie, James Crawford, Wm. Downie, James D. Farquharson, James Finlay, Andrew B. Fulton, C. O. Hawthorne, John Hay, James Hinshelwood, M.A., Francis E. Kendell, Alex. M. Kinghorn, Alex. Kirkpatrick, J. Begbie Laing, Robert Livingstone, Hugh Logan, W. G. Marshall, M.A., Robert A. Miller, R. G. Miller, David Moffat, Arch. N. Montgomery, Andrew Murdoch, Alex. MacDougall, Alex. M'Kean, Ernest Mackenzie, Charles Mackinnon, M.A.; Donald J. Mackintosh, Robert E. R. Macleod, James Ralley, Wm. Rankin, John O. Reddie, Henry Rutherford, M.A., Gavin S. Scott, Robert Scott, Miller Semple, John Sinclair, J. C. A. Smith, Wm. M. Smith, Francis Taylor, George Wilson.

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Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

TESTIMONIAL FUND TO DR. ROGERS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly insert the enclosed "Second List' of subscriptions to the "Rogers Testimonial" in the next issue of the *Medical Press and Circular*. Yours, &c.,

J. WICKHAM BARNES.

Poor-law Medical Officers' Association, London,
November 7, 1883.

Dr. Cogswell, 41 York Terrace, London ..	£5	0	0
Mr. J. A. Shaw Stewart, London (per Mr. E. Hart)	5	0	0
Mr. W. H. Michael, London	2	2	0
Dr. F. de Havilland Hall, London	1	1	0
Mr. J. F. Churchill ..	1	1	0
Mr. J. Raglan Thomas, Llanelly..	1	1	0
Dr. Samuel Benton, London (per Mr. E. Hart)	£1	1	0
Dr. Burchell, 2 Kingsland Road	1	1	0
Mr. H. Roberts, Lewisham High Road ..	1	1	0
Dr. Fegan, Blackheath ..	1	1	0
Dr. Gayton, Homerton	1	1	0
Dr. Fowler, London ..	1	1	0
Dr. Rayner, Middlesex Lunatic Asylum ..	1	1	0

Mr. Sutton (Manchester).—Your statistics might be valuable had you started on a correct hypothesis. The mean age at death in a given community depends upon the proportion of young and old in the population, and this proportion varies in different places; and in the same place at different times. For example, Dr. Guy calculates that the actual mean age at death, which is 29 years in England, is only 20 years in America. So also the mean age of death is useless as a test of the healthfulness of various professions or trades, unless we know the age distribution of the living engaged in these professions or trades. It is quite as absurd to put into figures that the consulting physicians and surgeons at our large hospitals attain a greater average age than assistant surgeons, as to compute that bishops live longer than curates. Logically, your computation simply amounts to this, that old people live longer than young ones.

Mr. Lennox Browne.—We cannot insert the letter, it being expressive of personal feeling rather than of argument.

Mr. H. Hendley.—Too late for publication; will appear next week.

Mr. Chas. Lunn.—We are unable to devote more space to the discussion of the subject in our present number. Your letter is therefore unavoidably held over.

One Just Qualified.—The estimated population of New South Wales is about 850,000. We have made inquiries of a practitioner long resident in the colony, now on a visit to this country, who informs us that the colony offers a fair field to young men of energy and ability commencing practice; but that at first they must be prepared to rough it. The climate appears to be much misunderstood in this country, where it is frequently represented as being unendurably hot. The climate varies considerably, according to the character of the districts. On the mountains and tablelands it is cool in summer and very cold in winter while in the coast districts it is mild during the winter, and something like an English warm July during the remainder of the year. The general healthfulness of the colony is beyond question.

Dr. Pierson.—The next Bradshawe Lecture at the Royal College of Surgeons will be delivered in December by Professor John Marshall, F.R.C.S. The subject is not yet announced.

Professional Baronets and Knights.—Since the year 1850, according to a Parliamentary paper just issued, sixteen members of the medical profession have received the honour of a baronetcy; and within the same time thirty-four knighthoods have been conferred on medical men, four of them by the Lord Lieutenant of Ireland.

Quite Unintentional.—Our contemporary the *Students' Journal* of Saturday last vouches for the truth of the following incident which occurred at Guy's Hospital a few days ago. *Scene*: The Lecture Theatre. *Lecturer on Surgery* (to class): "And now, can any of you gentlemen give an example of another kind of fistula, which from its position and difficulty in keeping it at rest on account of muscular contractions, is so difficult to heal?" Lengthy pause; intelligent student in corner, "Fistula in ano, Sir." "He has it, gentlemen," said the lecturer, looking proudly round, and he did not notice what he had said till the yells and laughter nearly deafened him, when he explained that it was the idea, and not the fistula, which his promising pupil had got.

Dr. Wise.—We believe that the proposed alteration of the Charter is not abandoned, but awaiting the passing of the Government Medical Bill.

Malmesbury.—Gubler, of Paris, was, we believe, the first to call attention to the medicinal properties of the plant. We have not heard of its use except in urinary troubles and diseases of the genital organs. In obstinate catarrh of the bladder we have known it to produce immediate and satisfactory results in doses of one fluid drachm. The active principles of kava are found, we understand, in the stem only, and the extract is known as liq. piper methystic.

Mr. E. S. Waller.—Opinions differ considerably upon the contagiousness of phthisis. In Germany, the chief of the Medical Department of the Army, in view of the prevalence of consumption, lays special stress upon the desirability, in view of recent discoveries, of separating those affected with the disease from the healthy troops, and the medical officers are expected to see that isolation is properly carried out. In all suspicious cases careful inquiry is to be made into the soldier's family history; he is to be kept under medical observation, and is to be examined at regular intervals

Mr. D. M. (Pontypridd) will see that his communication has been anticipated, on reference to our issue for October 10th.

A Member.—The qualification is absolutely essential; none but Fellows are elected on the staff.

A Student.—The book which your demonstrator recommends is in every way a meritorious production. For your anatomical studies you cannot do better that study Mears's "Schematic Anatomy." It is an original work drafted in such a way as to be the more readily remembered, especially to one like yourself, who confesses to a defective memory.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, NOVEMBER 14TH.

Edinburgh Obstetrical Society.—At 8 p m, President's Valedictory Address.—Report of Pathological Committee.—Prof. Stadfeldt (Copenhagen), On Fibrous Tumours of the Cervix expelled in an Unusual Way (communicated by Prof. Simpson).

Hunterian Society.—At 7.30 p.m., Council.—8 p.m., Mr. Charters J. Symonds: (1) A Recent Specimen of Dislocation of Femur; (2) Sequel to a Case of Lupus of Foot (patient and microscopical specimens to be shown).—Dr. Charlewood Turner, On the Etiology of Cerebral Hæmorrhage.—Dr. J. Herbert Stowers, On the Treatment of Acne Rosacea and Vascular Hypertrophy of the Nose.

Royal Microscopical Society.—At 8 p.m., Professor Abbe, On the Relation of Aperture to Power, Part 3.—Mr. Crisp, On Optical Tube Length.

THURSDAY, NOVEMBER 15TH.

The Parkes Museum of Hygiene.—At 8 p.m., Dr. Robert J. Lee, On the Disinfection of the Atmosphere.

Harveian Society of London.—At 8.30 p.m., Clinical Evening.—Dr. A. Routh, On a Case of Symmetrical Gangrene.—Mr. Malcolm Morris, On Cases of Scleroderma.—Mr. Noble Smith, On a Case of Deformity.—Mr. A. L. Silcock, On Chronic Peritonitis (specimen).—Dr. Ewart, On Two Cases of Disappearance of the Auscultatory Signs of Excavation in Disease of the Apex of the Lung.

FRIDAY, NOVEMBER 16TH.

Academy of Medicine in Ireland (Medical Section).—At 8 p.m., Living Specimens: Dr. J. M. Redmond, A Case of Compression Myelitis. Papers: The President, Inaugural Address.—Dr. J. W. Moore, Clinical Note on Typhoid Fever.—Dr. Gordon, A Communication.—Dr. R. A. Hayes, Note on Hyoscyamin.—Dr. C. F. Moore, Notes on a Skin Affection now prevalent.

Society of Medical Officers of Health.—At 7.30 p.m., Mr. Edward Nicholson, On the Water Supply of Troops in India.

Vacancies.

Great Yarmouth Hospital.—House Surgeon and Dispenser. Salary, £90, with board, &c. Applications before November 24, to Dr. Ducket, Hon. Sec.

Nottingham Dispensary.—Three Resident Surgeons. Salary of senior, £160; and of each junior, £140. Applications to the Secretary before November 30.

Appointments

Buck, L. A., M.R.C.S., House Surgeon to King's College Hospital, London.

Childe, C. P., M.R.C.S., Assistant House Surgeon to King's College Hospital.

Dacre, J., M.R.C.S., L.R.C.P. Lond., Assistant Medical Officer and Pathologist to the Bristol Royal Infirmary.

Dent, H. L. R., M.R.C.S., Physician-Accoucheur's Assistant to King's College Hospital.

Duncan, W. A., M.D., M.R.C.P. Lond., F.R.C.S., Obstetric Physician to the Royal Hospital for Women and Children, London.

Hill, R. B., San. Sci. Cert. Camb., Medical Officer of Health for the Borough of Oldham, and Physician to the Westhulme Hospital for Infectious Diseases.

Lilburne, J. T., B.A., M.R.C.S., Assistant House Accoucheur to King's College Hospital.

Lynam, R. G., M.R.C.S., Physician's Assistant to King's College Hospital.

Malcolm, W. A., M.B. Edin., House Surgeon to the Ayr County Hospital.

Pointon, J., L.R.C.P.L., M.R.C.S., Honorary Medical Officer to the North Dispensary, Liverpool.

Porter, W. S., M.D. Durh., L.R.C.P. Lond., Honorary Physician to the Sheffield Public Hospital and Dispensary.

Russell, R. H., M.R.C.S., House Surgeon to King's College Hospital.

Short, T., M.R.C.S., Assistant House Physician to King's College Hospital.

Spurgin, T., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Fourth District of the Ongar Union.

Stokes, A. S., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Weldon District of the Oundle Union.

Thomson, D. G., M.D., C.M. Ed., Senior Assistant Medical Officer to the Cane Hill Asylum.

Troup, F., M.D., Medical Officer to the Edinburgh Provident Dispensary.

Williams, H., L.R.C.P.L., M.R.C.S., Medical Officer for the West District of the Bingham Union, Notts.

Births.

Rayner.—November 6, at Hanwell, the wife of H. Rayner, M.D., of a son.

Sparrow.—November 5, at Haslemere, Southsea, Hants, the wife of Dr. G. Gordon Sparrow, of a son.

Wylie.—November 7, at Skipton-in-Craven, the wife of William Wylie, M.D., of a daughter.

Marriages.

Jay—Rawlins.—November 8, at St. James's, Piccadilly, London, Frederick Fitzherbert Jay, M.D., of Slough, to Annie, only surviving child of George Rawlins, Esq., of Upton, Slough.

Jones—Roxburgh.—November 10, at Holy Trinity, Paddington, T. W. Carmalt Jones, M.A., F.R.C.S. Edin., of 6 Westbourne Street, Hyde Park, to Helen, eldest daughter of Sir Francis Roxburgh, Q.C.

Moore—Pope.—November 8, at St. Sidwell's Church, Exeter, Surgeon-Major J. H. Moore, A.M.D., to Jessie, only daughter of John Pope, Esq., the Shrubbery, Exeter.

Deaths.

Deighton.—November 8, at Hills Road, Cambridge, John Deighton, J.P., M.R.C.S., L.S.A.

Frampton.—November 5, at his residence, Gloucester Terrace, Hyde Park, after a long and painful illness, Thomas Frampton, M.R.C.S., L.R.C.P., L.S.A., aged 63.

Nicholls.—November 7, at Chelmsford, Hebe Anna, wife of James Nicholls, M.D., F.R.C.S., aged 49.

Orme.—October 7, on board Royal Mail s.s. *Minho*, off Rio, suddenly, Campbell Orme, M.R.C.S., of Bedford Park, London, aged 41.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 21, 1883.

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Clinical Lecture

ON

PELVIC CELLULITIS FOLLOWING PARTURITION.

Delivered at University College Hospital

By W. M. GRAILY HEWITT, M.D., F.R.C.P. Lond.,

Professor of Midwifery and Diseases of Women in the College,
and Obstetric Physician to the Hospital.

GENTLEMEN,—I propose to bring before your notice an interesting case recently admitted into the hospital, and to offer some remarks thereon. The following particulars are drawn up by Mr. A. H. Mason, the obstetric assistant.

E. B., æt. 32, married, five children, admitted on September 14th, complaining of pain in the bottom of her stomach, loss of flesh, and weakness, dating from her confinement on June 9th.

Healthy woman up till eighteen months ago, when she had a miscarriage (at four months), since which she has never felt the same and her appetite has failed her. Her labours were all tedious, and followed by more or less hæmorrhage. She has suffered from cough, with purulent expectoration, since February this year, the violence of the cough causing her to vomit. During her last pregnancy she suffered much from sickness, and has taken very little food. Her loss of appetite was even more marked in the later months of her pregnancy. She used to take a little beer; in fact, she felt it was the beer "kept her up."

Present Illness.—Was confined on June 9th; labour lasted thirteen hours; then the child and placenta were expelled by a single pain. This was followed by pretty free hæmorrhage, which was checked by the application of ice to the abdomen, and a lump of ice was placed in the vagina; iced water was also injected. On the fourth day (June 13th) temperature rose to 105 deg., the rise being preceded by rigor, and continued high for some days, during which she was syringed out with Condy's fluid; it then subsided. She was also seized with severe pain in the right iliac fossa; there was nausea, but no actual vomiting. On the fourteenth day she got up and tried to work, but was obliged to lie down again; and has more or less laid up since, but has not taken regularly to bed. During last month increased frequency of micturition, patient being unable to hold her water more than an hour, sometimes even when she got about she was compelled to pass water every quarter of an hour; there was also great pain during and after the act. She had "shivering fits" nearly every day. During the fortnight previous to admission she had been troubled with considerable watery diarrhœa five or six times a day.

State on Admission.—Very pale and anæmic. The right thigh is flexed in bed and somewhat adducted; she perspires freely at night. There is a swelling extending from about the middle of the left Poupart's ligament to anterior superior spine of ilium on right side along the anterior border of pelvis; it measures about two fingers' breadth in width, and is tender, smooth, fixed, and resonant.

Vaginal Examination.—Cervix, high up; pushed a little to left side, and lacerated on the right side as far as the insertion of the vagina. Os, patulous. There is a hard swelling occupying the middle of the right half of pelvis, fixed and tender, evidently continuous with swelling above; cannot be traced in front of uterus or behind it.

Subsequent Progress.—Temperature has diminished, and patient progressed favourably towards recovery till October 7th, when she got up in the morning, but soon went to bed again. In the afternoon (3·30 p.m.) she was seized with shivering, and temperature went up to 102·8 deg., but has since gone down again.

Treatment.—At first: Spoon diet; injection with Condy twice daily at 110 deg. Fahr. ℞. Mist. gent. acid, ℥j.; mag. sulph., ʒj.; ter die sum. This was stopped in consequence of diarrhœa, and she is now taking: Tr. bellad., ♏v.; mist. ferri perchlor, ℥j.; ter die sum.; with a diet of chop, beef-tea, two eggs, a pint of milk, and two half-pint bottles of stout daily.

Some only of the many points of interest will be dealt with here.

1st. What was the cause of the cellulitis? Is it a common sequel of parturition? That it may be called a somewhat frequent complication of the puerperal state is certain. Probably the reason is that during the passage of the child the mucous membrane of the cervix uteri or other part of it is lacerated, bruised, or otherwise injured; in other words, the cellulitis has a *traumatic* origin in perhaps the majority of cases. Of late years considerable attention has been directed to injuries of the cervix during parturition, and the question of laceration has been freely discussed. The case before us is an illustration of the connection between the two things, the injury and the cellulitis. When the cervix is very much and very obviously lacerated there can be no question of its exciting injury in the vicinity. But in some cases there is only a slight tear, and no obvious laceration can be detected on examination, and yet cellulitis follows.

In such cases as the above, where there is considerable laceration, an infiltration of serum occurs in the immediate neighbourhood. This becomes hardened, and tissues assume a hardness and resistance. When once in this condition that is liable to remain for a considerable time—two, three, six months, or even longer. This exudation may break down, and then an abscess results; or it may remain in *statu quo*, or very gradually extend into the cellular tissues adjacent.

In the case of the patient we are discussing it evidently began on the *right* side, as the situation of the pain and the flexing of the limb showed. In all probability it was extra-peritoneal, situated in the broad ligament and spreading forward. One point in connection with the swelling deserves notice—it was *resonant* superiorly. The reason of this is that the exudation is not very thick. It is a thin layer of infiltration rising up out of the pelvis, and although sufficiently hard to give a distinct sensation of something solid to the feel, yet is not thick enough to muffle the tympanitic note yielded by the intestine lying behind it.

We have at this time another patient in the ward. The laceration is on the left side, and the cellulitis which has followed is also on the left side for the most part.

I may mention a case which came under my notice some time ago of a lady who had a lacerated cervix. Whilst I was considering as to the advisability of an operation she became pregnant. A few days after labour I was called in and found she was suffering from pelvic cellulitis. There was a swelling on the side of the uterus the size of the closed fist, in the vicinity of the old laceration. I gather from this that there is probably some liability to further injury in subsequent pregnancies when the cervix has once been torn.

A few words with respect to the treatment: A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential; but the nutrition requires careful consideration. With regard to the subject of food: Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present; or it may render an already existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is great indisposition to take food, and if only three stated meals a day are provided a very small amount is taken; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition articles capable of ready assimilation must be selected—Brand's essence, beef tea, milk, &c., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest.

As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitric muriatic acid with a little tincture of orange, is often useful as a stomachic and tonic; and later on iron and quinine may be given with advantage.

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BELLADONNA INJECTION.—A CURE FOR GONORRHŒA AND ITS CONCOMITANTS.

By JOHN ROCHE, M.D., Kingstown,
Retired Surgeon, Bombay Army.

Some thirteen years ago an officer on board one of the vessels of the Indus Steam Flotilla consulted me for a bad gonorrhœa with intense pain on micturition, and intolerable chordee at night. He implored of me to give him something to enable him to stand up for a day or two, as unless he could depart by the boat that was leaving for Mooltan next morning he would come under the head of reductions, and be removed from his employment. The case was so urgent I ordered him an injection composed of seven ounces of water, an ounce of mucilage of acacia, twenty grains of extract of belladonna, and twenty grains of sulphate of zinc, a tea spoonful to be injected immediately before and after micturating, and a similar amount the last thing at night, great care to be used in passing the injection fully down as far as the pain was most intense. An ointment of spermaceti and mercurial ointment, ʒiv. each, and ten grains of extract of belladonna, ten grains powdered opium, a paste to be smeared along the perineum and around the crura penis at night. The treatment answered admirably. My patient left next morning having had no chordee that night, and the pain of micturition disappeared by using the injection. Within a week there was complete cure. My patient communicated the gratifying news from a station on the river Indus, and from that time I have had numerous gonorrhœal cases of every type and stage, and I have caused to be used the injection in every instance, and without exception, with unfailing success. Not long since a shop assistant presented himself to me with a bad gonorrhœa, high fever, inflamed testicle, and chordee at night. With the application of the belladonna and opium ointment the chordee did not appear, and in four days after using the injection the running ceased, but after the first application the pain and running were much lessened. A suspensory bandage was worn, and with the daily use of the mercurial and belladonna and opium ointment the patient was quite well in less than three weeks. Patients have always stated that it is the injection and not the ointment which stopped the chordee carminatively. I have tried the anodyne treatment in various classes of people, from the dissipated nymphs of the Eastern bazaars to the well fed *roue* in the West; in the acute and in the chronic and gleety stages; in first attacks and in those making one of a series; and in cases complicated with inflamed testicle and chordee; and, I have no hesitation in saying that, I have not witnessed anything to contraindicate its use, nor to mitigate its success. I am firmly convinced that gonorrhœa is simply an inflammation, and nothing more specific so far as it is induced by inoculation with urinous pus in a urinous, and therefore foul passage, intractable and painful because subject to be washed frequently by a most irritating and heating fluid, the urine, and like other inflammations of mucous membrane liable to extend to the entire extent of parts connected, and as the part inflamed is highly sensitive, the subject is liable to be attacked with much constitutional disturbance. The consequence is the expressions of any other habitual disease, or of those ailments to which the diathesis of the patient may incline. Professor Hamilton, of Aberdeen, has shown that there is no change in the epithelium mucous membrane of the urethra in acute gonorrhœa, excepting analogous to what takes place in the bronchi in bronchitis. In fact there is no organic specific difference in the inflammation which takes place in the urethral membrane from that which occurs in the bronchial membrane.

I have ordered greater proportions of mucilage and belladonna, and have tried mucilage of tragacanth, and of starch, and equivalent amounts of aconiti hyoscyamus and morphia with alum, tannic acid, and chloride of zinc, but for the practical purpose of preserving the mucous membrane from being irritated by the urine, and forming an emollient dressing as it were over the inflamed urethral membrane, belladonna and acacia with sulphate of zinc are perhaps the best.

TREATMENT OF SYPHILIS AS CARRIED OUT AT AIX-LA-CHAPELLE.

A Synopsis of the Views of Dr. Bernard Brandis (*Geheim Sanitatsrath*), *of Aächen.*

Translated by HUGH AUCHINLECK, F.R.C.S.I.,
Lecturer on Forensic Medicine in the Carmichael School of Medicine.

At most watering places we find amongst the patients, accurately represented groups of diseases, and we know that these are treated at the several places with specially good result.

The Aächen Sulphur Springs—under which name, for the sake of brevity, I have included the Burtscheid wells—enjoy, with respect to the treatment of syphilis, a long established reputation, which sceptics and other opponents endeavour, in vain, to shake. Their reputation is, in fact, so great that the patients, in firm belief of their cure, follow out willingly and contentedly the instructions of their physicians. This is with no disease so important as with syphilis, for the task of cure is not easy, and the struggle is often long and irksome. The body is to be freed from a poison which has this peculiarity, that it can cling to it and cause it to suffer for months and years. So long as the poison remains in force the sickness cannot be overcome by the natural recuperative powers of the body, far otherwise !!! It becomes subject to various modifications, and when left to itself leads on to extensive destruction. The antidote to the syphilitic poison is mercury, with, however, this proviso, that it is properly employed. With insufficient application the disease will be allowed too much freedom of action, whilst in excess the mercury may, in turn, become a poison. So as to strike the mean between both conditions we not only observe precise limits in the doses, but we also take to help us those remedies which we know on the one hand will aid the introduction of the mercury, but on the other hand will prevent excess of its action. The Aächen wells fulfil both ends with such perfection that we may safely say thereon rests our cure of syphilis. We would not, however, do full justice to the Aächen waters if we represented them as merely adjuncts to mercury, as an anti-syphilitic remedy, for, indeed, their diaphoretic and diuretic properties are powerful enough to weaken the syphilitic poison. For this purpose they are allied with other remedies which produce watery excretions, such as the decoction of Zittmann, &c., whose value in combatting venereal affections stands high above all doubt. But they have the great advantage of being incomparably less offensive than these latter remedies.

Complete confidence in our springs can only be heightened by the fact that we seek to make known their efficacy, keeping strictly to facts, whilst we carefully avoid all mystery about them. Yet, even at the present day, people strive to spread abroad the doctrine, aye, even in a "quasi" scientific manner, to prove that our sulphur springs have the property of bringing into activity latent syphilis. To this end are set forth so-called "proof cures" with the view of ascertaining whether there is latent disease or not. In my many years of experience I have not met with an example by which that doctrine could be confirmed.

It may, of course, so happen that the latent disease shows new symptoms from natural causes, just at the time the "proof cure" is tried, and under such circumstances the latter gets the credit.

Immeasurably more numerous, however, are the cases in which the proof cures remain entirely without effect; and when, moreover, after a long or short time new venereal symptoms set in. As regards the administration of mercury, with us the inunction treatment holds the first place before all other methods, therefore of it only will I speak. Formerly indeed, the dread of inunction was well grounded; for the patients were confined to their rooms, and all ingress of fresh air, carefully avoided; salivation, mercurial fever, and even death itself, not seldom ensued.

Sigmund has the merit of having discovered the weighty fact, that "in the treatment of syphilis, we not only do not require the manifestation of mercurial poisoning, but that we cure venereal disorders more surely, in proportion as we guard the body from such manifestation."

Besides our sulphur springs and inunction, we employ a third agent, namely, iodide of potassium. This is principally serviceable because of its extraordinary and speedy action in special syphilitic affections; particularly in nocturnal pains of the bones. It is also useful in aiding the action of mercury: for instance, in cases where there is danger in delay, where it is of importance to render speedy and effective aid, iodide of potassium is of inestimable value. Likewise, where the mercury is temporarily suspended, and where, however, a specific action must be maintained. Finally, iodide of potassium is a good and convenient means of establishing the specific nature of an obscure disease.

One frequently meets with such cases; for instance, many disorders of the nervous system, the symptoms of which in the early stages are often so difficult to diagnose.

There are patients who base their own diagnosis on the fact that iodide of potassium has always afforded them relief; we even find that they, relying on this opinion, by these anti-syphilitic remedies, forbidden by medical authority, finally bring out their own *cure*.

I cannot omit this opportunity of stating "that iodide of potassium is often misused; it is not by any means a radical remedy for syphilis, although, during its employment many symptoms disappear, or at least diminish." On this account many patients accustom themselves to use iodide for every renewal or aggravation of their symptoms. This may go on for years, during which the patients drag out an endurable existence, but, they are not *cured*.

On the contrary, the iodide, in course of time loses its efficacy; the affections have not at all disappeared, and unobserved complications arise, which are never cured, or at any rate, with extreme difficulty. And it is not alone that the iodide loses its power, but it also happens that when at last a permanent cure can no longer be postponed, such patients display great resistance to the action of mercury. Having concluded these general observations, I now proceed to discuss our mode of treating syphilis.

Three points of interest are to be brought into consideration.

First Point.—The body must always be adequately prepared for the absorption of the mercury, and the grey ointment must always be administered carefully and in sufficient quantity. In general it is sufficient that the patients take a warm bath of half an hour's duration, and at a temperature of 28° R. (95° F.), so as to be prepared for the subsequent inunctions. From this rule we may be obliged to deviate for various reasons. A very frequent cause which compels us to allow another treatment to precede the specific treatment is mercurialism, the result of previous incautiously applied mercurial treatment. If we are to undertake the inunction cure it is necessary, as I have stated already, to pay attention to the state of the skin. With this object the patient must daily take a lukewarm bath of 28° R. (95° F.). And I must here repeat that the Aächen baths possess in a high degree the property of making the skin soft and absorbent. After the bath the patient must be most carefully dried, and immediately, in the bath-room, rubbed with grey ointment.

During the entire treatment it is advisable to allow the patients to drink the warm waters; two or three glasses should be drunk in the morning, and now and then in the evening also. In winter and cold weather they should be taken in bed; during summer and warm days whilst walking about. Nevertheless, we must carefully notice if the internal employment of the waters disturb the digestion, if it take away the appetite and thus interfere with the fulfilment of a very weighty indication, namely, the good nourishment of the body.

For removing the debility of the patients I rely, not on the use of the waters, but on the abundant drinking of warm milk, a remedy whose merits are not sufficiently appreciated.

I have hitherto spoken only of plain baths, which, indeed, in most cases are sufficient, particularly in the beginning of the treatment. Occasionally, however, it is necessary to subject the body to an energetic washing, for this purpose our douche baths, conducted by skilled hands and combined with friction and kneading of the body, are remarkably suitable. Before all, they are indicated where, in the latter details of the treatment, the mercury is absorbed with perceptible slowness.

I have still to speak of the vapour baths, with subsequent copious sweating.

In my experience they are indicated where the mercury no longer exercises its action on the healing process, and later on in spite of continuous employment of co-operating remedies appears not merely to remain inactive, but to give place to a new outbreak of the disease. As a rule, therefore, I direct the patients, possibly after the twentieth inunction, to take a vapour bath on three consecutive days, and after that to take the baths after each tenth inunction, during these days the rubbings must be discontinued. The vapour baths are administered in most cases early in the morning. To guard against syncope and congestion of the brain, I direct the patients a little while before it to drink a cup of coffee or tea. The patient remains in the bath a quarter of an hour, during which he slowly drinks the first glass of sulphur water, thereupon follows a half hour's sweating on a sweat bed specially provided for that purpose. The sweating is succeeded by the drinking of two larger glasses of the waters. From the sweat bath the patient proceeds to a warm bath at 28° R. (95° F.). In this he remains one quarter of an hour, and finally, for two hours lies on his bed in his room, where he takes his breakfast.

Of great importance is the method of performing the inunction. Only too common is the experience that the inunction cure does not produce the desired improvement, simply because the rubbing has not been sufficiently accurately applied. I ins therefore that they must be performed by experienced hands. If the patients wish to undertake it themselves, I convince myself first whether they possess adequate skill and perseverance for it. The ointment must be rubbed in with the entire surface of the hand, and with both hands conjointly, so that when, for example, the legs are subjected to the rubbing, the surfaces of the hands glide up and down simultaneously.

In the great majority of cases, however, I direct the operations to be performed by experienced rubbers. I employ only those in whose conscientiousness and experience I can place confidence. I positively prohibit the employment of a glove or of a pad covered with leather, because I am convinced that a considerable amount of the ointment accumulates in the surface of the leather, instead of penetrating the skin of the patient. Let any one weigh such gloves before and after the rubbings, and he will find that I am right. Moreover, the mercury is but slightly, if at all, absorbed by the surface of the hands; but they should be, as I always recommend, smeared with soap before the inunction, and well washed with soap and water afterwards. I have never known a rubber to contract stomatitis or other symptoms of poisoning, although many of them for long periods perform ten or fifteen inunctions daily. I direct each rubbing to last quite twenty minutes—ten minutes for the one half and ten for the other half of the dose, and see that it is rubbed in with adequate after-pressure. It is not advisable to direct the inunction to last longer than twenty minutes, for irritation of the skin is very easily produced.

It is best for us to follow the instructions of Sigmund: "On the first day rub both legs; on the second, both thighs; on the third, abdomen and breast; on the fourth, the back; and on the fifth, both arms."

Many patients, however, cannot endure the rubbing of the breast and abdomen; in such cases the sides of the body and the nates are employed. The daily dose varies with the body-weight and the susceptibility of the patients—between 4 or 5 grammes for adults and 1, 5, or 2 for children.

Second point: "The body must during the treatment be preserved sound."

Before all things I look to this, that the patients breathe fresh and pure air. The organ to which we entrust the absorption of the mercury is the skin, but not the lung; therefore I urgently recommend the patients during the treatment to inhabit airy and spacious rooms. In small and over-heated rooms the mercurial vapour naturally accumulates more than in larger and moderately heated chambers. An excessive action of the mercury, therefore, occurs far more frequently in the former.

It is doubtless better and more convenient to live in one of the bath houses; but convenience must not be considered in preference to roominess and good ventilation in the dwelling. A large chamber at a distance from the baths is far preferable to a small room at them. Excessive dread of catching cold, even at the present day so widely disseminated, causes frequently great harm. Of course every intelligent patient will protect himself from cold; but we frequently meet with people who make themselves ill by carrying their precautions too far. In the case of these very persons symptoms of mercurial poisoning set in so suddenly and severely that the physician must at once be summoned. But, besides the fact that the patients must breathe pure air at home, it is also important that they should spend a long time in the open air, the more, indeed, the better. They must, so far as their strength allows, take long walks, and this, too, at every time of the year. In cold weather, naturally, warmly clad, and their feet thoroughly guarded from wet by suitable boots.

I lay great weight, likewise, on the regular changing of bed and body linen. I have seen where two lay in one bed, and one underwent inunction, the other was salivated by inhaling the mercurial vapour produced in the bed.

At the first appearance of mercurial stomatitis, let the condition of the bed and body linen belong to the first prescription. With regard to nourishment, I explain, that syphilitic patients, in proportion to the severity of the attack, present the symptoms of anæmia, and also that they decrease in bodily weight; consequently they must not, by fasting, still further impoverish the blood.

The treatment of the mucous membrane of the mouth is also of great importance, for through the local treatment of it also must we strive against the commencement of mercurial stomatitis.

It is well known that different persons behave in very different manners in this respect; many are never attacked by it; some after a few days. There are a great many remedies which may be used for averting and curing mercurial stomatitis. The most important of all is the most scrupulous cleanliness. Frequent rinsing of the mouth and cleansing of the teeth. Among drugs I may mention mouth-water with chlorate of potash, tincture of myrrh, tincture of galls, and other tannin-containing media. But I know of none equal in activity to a solution of acetate of alumina; it is antiseptic and astringent at the same time. I employ a preparation made according to the following recipe; it is easily prepared, and quite suffices for our purpose; but it is absolutely necessary that it should always be freshly prepared for application. The prescription is as follows:—

℞ Pulveris aluminis,
Plumbi acetatis, aa 30,0 (465 grains);
Aquæ destillatæ, 300,0 (10 fl.℥).
Misce et filtra.

This solution may be used diluted with pure water, or some aromatic water, about two dessert spoonfuls in a glass of water. The mouth must be regularly rinsed out from the beginning of treatment ten or twelve times a day, or even more; even when taking walks the patients must carry a small bottle of the liquid; and in urgent cases they must even use it repeatedly at night. After each meal the teeth must be brushed with a mixture of prepared chalk and camphor. If, nevertheless, swelling of the gums, or even ulceration sets in, I touch them with pure lapis, and order rinsing with salt water to follow. By most carefully carrying out these measures, we generally succeed in averting salivation; but occasionally it may happen that we may be obliged to suspend the inunction for a time. One thing more is to be observed—namely: we may accustom even highly sensitive patients to tolerate mercury. If we know beforehand that we have to deal with such, we begin with small doses of the mercurial ointment, and gradually increase to larger. Or if we have the misfortune to induce stomatitis, and are obliged to suspend the remedy, we postpone resuming it until all symptoms have disappeared; we then begin again with small doses, and gradually rise to larger. It is not always quite simple to distinguish mercurial from syphilitic ulcerations; they both occur in the most different parts of the mucous membrane of the mouth, and may look very like one another. Before all, this holds good of those mercurial ulcerations which occasionally appear on the tonsils and on the soft palate. Here frequently only long-continued observation can decide the matter; if, however, we are still in doubt, the inunctions must be suspended; the mercurial ulcers will then heal, whereas the syphilitic ulcers will be aggravated. They also behave differently when cauterised with nitrate of silver. The mercurial sore stands an energetic cauterisation very well; in fact, its healing is furthered by it; whereas the opposite is generally the case with the venereal ulcers. Increased secretion of saliva may also occasion doubt, for at times syphilitic disorders which affect the cavity of the mouth directly produce salivation. Another disagreeable result of the inunction treatment is mercurial diarrhœa.

(To be concluded.)

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Mr. James Cuthbert, late of Old Street, has bequeathed £500 each to the Royal Hospital for Diseases of the Chest and the Royal Hospital for Incurables. The Coombe Lying-in Hospital, Dublin, has received a bequest of £400 from Mrs. Hewson. The Adelaide Hospital, Dublin, has also received a donation of £50 from Mr. Gervas Taylor.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Tubercular Meningitis—Death.

Under the care of Dr. ARMAND SEMPLE.

Notes by E. Tull. Trevor, Registrar.

J. L., boy, æt. 5, admitted under Dr. Semple on the 27th of October, 1883.

Family History.—Father and mother healthy. An aunt on the mother's side is consumptive. There are two other children in the family alive and healthy. Two children have died—one of diarrhœa when 10 weeks old, the other of bronchitis when 6 weeks old. Mother has had 3 miscarriages.

Personal Medical History.—Had thrush when a baby, and convulsions when teething. Has always been a delicate child. Had measles 14 months ago, and scarlet fever 12 months ago. After the scarlet fever had "low fever." Never had any chest trouble. Never had acute rheumatism, or rheumatic pains.

History of Present Illness.—Was first taken ill on the 18th inst, with intense headache and sickness; was also very feverish. He had no diarrhœa; in fact, the bowels were very much confined. Had no cough. On the 20th he was much worse, the fever and sickness continued, and he was kept in bed. On the 25th began to be delirious, and still complained of his head aching. Has passed plenty of urine. Mother says that the headache at the commencement was most severe, and quite prostrated him.

Oct. 27th.—*On admission*, the child is light-haired and thin, with blue eyes. Fingers not clubbed. No spots, except a few on the abdomen, which are probably flea-bites. Child seems very ill. Lips covered with sordes, and very dry. Tongue dry, covered with white fur. Is very fretful, and dislikes being aroused to answer questions. Well-marked tache on the abdomen and head. Even. temp. 100; pulse 102; resp. 36.

28th.—Morn. temp. 101; resp. 30; pulse 114. Has been restless and thirsty all night. Given an enema, which brought away a large number of currants. Does not take milk well. Lies on his back in a semi-conscious condition. Heart and lungs normal. The surface of the abdomen is retracted, and the skin inelastic. No tache can be obtained to-day either on the forehead or surface of the abdomen. Liver and spleen are not enlarged. No spots anywhere. Legs are drawn up, but are not rigid. In the mid-dorsal region there is a slight antero-posterior curve. Ordered a mixture containing chlorate of potash and acetate of ammonia every eight hours. Even. temp. 101; resp. 30; pulse 102.

29th.—Morn. temp. 101; resp. 36; pulse 120. During the first part of the night he wandered a good deal. Will not take nourishment. Lies on the right side half-asleep, and will not answer questions when spoken to. Pupils equal, rather dilated. Skin on the abdomen is inelastic. Abdominal wall greatly retracted. Tache well marked. Both legs are drawn up, but are not rigid. Head to be shaved, and an ice-bag applied. Ordered hydrargyrum cum cretâ, grana v. statim.

30th.—Quite unconscious, except for a slight moaning when he is disturbed. Left leg is rigid. Plantar reflex diminished on the left side, but normal on the right. Passes motions involuntarily. Morn. temp. 100·8; resp. 36; pulse 114. Even. temp. 100·6.

31st.—Morn. temp. 100; resp. 24; pulse 114. Breathing irregular. Ordered half a grain of calomel, as his bowels were rather constipated. Has been quite unconscious all night, but moans slightly when touched. Left arm is rigid and flexed; left leg also slightly rigid. Plantar reflex is quite absent on the left side, and weak on the right. Tache easily obtained on the forehead and abdomen. Is now unable to swallow anything; so nourishment is given by means of enemata. Even. temp. 100·6; resp. 36; pulse 96. Has managed to swallow a little milk in the evening. Nutrient enemata to be continued.

Nov. 1st.—Morn. temp. 98; resp. 24; pulse 120. Rigidity of limbs varies, being more marked some times than at others. Swallowed milk in the night. Still fed by nutrient enemata. Right pupil is more dilated than the left. Cornea covered with dust. Even. temp. 98·2; resp. 14; pulse 102. Still lies in the same state. Involuntary passage of urine and fæces.

2nd.—Morn. temp. 95; resp. 30; pulse 102. Lies quite quiet. Extremities are becoming cold. Brandy enemata administered, and hot bottles applied to feet and legs. Optic discs examined, and thought to be rather swollen and cloudy. Unconscious all day, and towards evening could not retain the enemata. Even. temp. 97·4. Resp. 42. Pulse 102.

3rd.—Breathing badly this morning. Temp. 104·6. Died at 11·5 a.m.

Autopsy made 48 hours after death.—Body a good deal emaciated. Rigor mortis well marked in the legs. Hypostatic congestion on the back and shoulders. The surface of the abdomen is becoming decomposed. Right pupil is more dilated than the left. On opening the skull the meninges at the top of the cerebrum were seen to be a good deal congested, but there was no lymph present. At the base there was a great deal of inflammation, and tubercles could be seen in great numbers about the optic commissure and interpeduncular space, and in the Sylvian fissure. The lateral sinuses full of dark fluid blood.

Brain.—Weight, 48 ounces. Lateral ventricles full of fluid, which was greatly in excess of the normal amount. Cerebrum and cerebellum otherwise healthy. The right tympanic cavity contained some muco-purulent material. Left tympanic cavity empty.

Larynx and trachea healthy.

Pleuræ.—Slight recent pleurisy at the left base.

Lungs.—No tubercle to be found anywhere. Quite crepitant, except at the bases, which were congested.

Heart.—Weight, 3½ ounces. Valves and tissues healthy. *Pericardium* healthy.

Peritoneum normal. *Kidneys.*—Weight, 5 ounces, rather congested. *Spleen.*—Weight 1¼ oz., soft; no tubercle; suprarenals healthy. *Liver.*—Weight 17 oz.; healthy.

On the left side of the anterior surface of the body of the 7th dorsal vertebra was a small sac in the connective tissue, as big as a small nut. This sac when opened contained a small quantity of thick, yellow, cheesy-looking pus. The 6th and 7th dorsal vertebræ were then removed, and the body of the 7th was found to be extensively diseased. The disease was chiefly confined to the anterior surface of the body, and more to the upper than to the lower half. The periosteum on the upper half was loose, and in one place destroyed, and the bone itself below was carious, and in one place quite cheesy. The upper epiphysial cartilage was loosened from the bone, which was carious beneath. The intervertebral disc between the 6th and 7th vertebra was present, also between the 7th and 8th, and the 6th and 8th vertebræ were quite healthy.

Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

THE monthly meeting of this Society was held on the 2nd of November, at the West London Hospital, Dr. L. S. W. THUDICHUM, President, in the chair. Nine new members having been duly elected, Dr. Thudichum proceeded to report on two cases which had been referred to a committee.

I.—THE COMPOSITION OF A CALCULUS REMOVED BY LITHOTRITY FROM A GIRL BY MR. J. R. LUNN.

In three operations 5·4 grammes of fragments were removed. They were white, and consisted of urate of ammonia, phosphate of calcium, and the phosphates of magnesia and ammonia. The powder of the calculus, on combustion, left 57·9 per cent. residue, giving 42·1 volatile matter, being uric acid, ammonia, water, and mucus. The calculus was probably formed in the progress of a febrile disease, causing retention and alkaline decomposition.

II.—ON DR. HOOD'S CASE OF HÆMATURIA.

The deposit in this case consisted of hæmatin only, no decomposed hæmaglobin being present, either as a deposit or in solution. The hæmatin dissolved entirely in alcohol and acetic acid, and gave the characteristic spectrum of that body.

Mr. KEETLEY then read a paper on

THIRTEEN CASES OF HERNIOTOMY FOR STRANGULATED HERNIA.

Five were femoral, seven inguinal, and one umbilical; three died. Of course, such small numbers were of no value statistically. For example, at St. Bartholomew's, in 1876, only two cases of inguinal hernia died, out of ten, while the very next year six died, out of seven. After discussing the probable cause of death in his two fatal cases, which he attributed in one, at least, to septic infection, the author said that with one exception, the chief indication of practice of antiseptic ovariotomists should be borne in mind by the herniotomists. The exception was the rule that in case of extravasation of blood or other fluid the abdominal cavity should be thoroughly sponged out and rendered aseptic. It was absolutely essential that in herniotomy, all extravasation into or septic contamination of the peritoneal cavity should be prevented. To attain this end he advocated the practice now coming into vogue both on the Continent and in this country, but especially in Liverpool, of tying the neck of the sac high up as soon as the strangulated bowel, &c., had been reduced. Thus the whole operation wound, including even the notch in the edge of the femoral inguinal ring would be entirely cut off from the peritoneal cavity. However, sometimes after cutting the constricting edge, the surgeon found it a work of difficulty and slowness to reduce the swollen intestines. In the meantime hæmorrhage was very likely taking place into the peritoneal cavity. Within certain limits strict antiseptic precautions made this a matter of indifference. Beyond these limits, it might become a serious matter. Hence, in such cases, Mr. Keetley suggested a second incision of the linea alba into the peritoneal cavity, just above the pubes, merely large enough to admit two fingers, with the help of which the intestine could be pulled back into the abdomen. When the hernia was known to be quite recent, it would be justifiable to attempt to reduce it by this proceeding alone, with no incision over the hernial aperture. It was so much more rational to attempt to *pull back* than to *push* back a soft and flexible loop through a tightly constricting hole. The same principle had long ago been applied to umbilical hernia by Crompton, of Birmingham, and more recently and successfully by Annandale and Bennett May. But Mr. Keetley had conceived the idea quite independently and without at the time knowing of these cases. He had not yet himself met with a case in his judgment demanding an application of this plan of a supra-pubic incision. He had done Crompton's operation in the case of umbilical hernia which died.

In the discussion which followed, Dr. TRAVERS laid much stress on the advisability of debating the subject of the above paper, owing to the apparent increase of strangulated hernia. He quoted thirteen cases on which he had operated, in each case the sac was opened, and in each the operation was successful, and he urged the necessity of general practitioners more frequently performing the operation themselves, rather than send the cases to the different hospitals, as the loss of time that would thereby be saved was most valuable.

Dr. ALDERSON referred to Mr. Spanton's operation, and questioned Mr. Keetley thereon, as he had seen several successful cases treated by that method.

Mr. BARROW considered the advisability of attempting a radical cure to depend on the severity of the symptoms before the operation, and on the state of the bowel.

Mr. EDWARDS spoke at some length on what amount of manipulation the gut will stand, and warmly advocated the use of animal tissue for sewing the external abdominal ring in preference to the use of metal wire.

Mr. BALLANCE mentioned that it would be impossible to retract the intestines in many cases, as it would have become swollen, and adhesions formed.

Dr. THUDICHUM regretted that radical cures were not more frequently attempted, as thereby, according to the late Professor Darwin's theory, we might hope to see less of hernia altogether, but he went on to remark that when a radical cure had been apparently achieved, the hernia would sometimes occur in after years. However, in such cases a truss was usually found to be sufficient.

In reply, Mr. KEETLEY said that he had not yet tried Spanton's operation, but he intended doing so. He had only twice tried suture (silver) of the pillars of the hernial aperture. The ultimate result of the first case was not satisfactory, but the patient had neglected to support the parts with a truss at first, that of the second was still *sub judice*. After a reasonable time had elapsed he hoped to be able to collect his cases of ligature and partial excision of the sac, and inspect them at one of the meetings of the Society. He agreed with Dr. Travers that the practitioner should not be deterred from operating himself because he had not at hand all the appliances of Listerism, but he urged that he should at least be careful to carbolise his hands, instruments, sponges, &c., as well as the parts operated on, and to be sure that the dressings were aseptic.

Mr. **Ballance** then read a paper on

AMPUTATION OF THE FOREARM.

Stump perfectly healed in fifteen days under one antiseptic dressing. The patient, a big, florid woman, 24 years 8 months, pregnant, tumbled down in the road, and the wheel of a van passed over her right hand and wrist. Amputation was performed a little above the middle of the forearm. Catgut ligatures, catgut stitches, and a decalcified bone drainage-tube were employed. Previously, the utmost care had been taken to make the skin of the injured limb antiseptic, and when all bleeding had ceased an antiseptic dressing was applied, and kept in place by an elastic bandage. This dressing was removed on the fifteenth day, when the healing process was found to be complete. The dressing contained only a little altered blood, and a few flakes of lymph. During the whole 15 days the thermometer registered a normal temperature, and the woman expressed herself as never having been better in her life. The bone drainage-tube could be felt for some weeks between the flaps, but gradually became smaller and smaller till a period arrived when it could no longer be detected.

Mr. **Barron** spoke in favour of infrequent dressing.

Mr. **Edwards** remarked that a great aid in avoiding frequent dressing was to use the elastic bandage.

Mr. **Keetley** laid much stress on the value of iodoform in preventing the necessity of frequent dressing. He also referred to Kocher's bismuth treatment and secondary suture.

Dr. **Thudichum** strongly advocated the use of the electro-caustic wire, as thereby the discharge was greatly reduced, owing to the closure of the lymphatic spaces.

Mr. **Ballance**, in reply, pointed out that the use of the electro-caustic wire left a layer of dead tissues between the uniting surfaces.

The meeting was then brought to a close.

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LIVERPOOL MEDICAL INSTITUTION.

The Third ordinary meeting was held at the Institution, on Thursday, November 8th.

Mr. T. S. **Walter**, President, in the chair.

Dr. **Davidson** showed a case of

SYPHILITIC STENOSIS OF BRONCHUS

taken from a man who died in the Royal Infirmary. The patient, æt. 30, was admitted suffering from intense and persistent pain in the left temporal region, which became worse at night. Vomiting was also present. Syphilis being suspected as the cause, notwithstanding firm denial on the part of the patient that he had ever had syphilis, although he acknowledged having suffered from gonorrhœa, moderately largely doses of iodide of potassium were administered, and blisters were applied to the head, and in a short time the patient was discharged cured of his headache. Four and a half months later, however, he was re-admitted with chest symptoms. He was breathless, weak and emaciated, suffering from cough, with muco purulent expectoration. The breathing was stridulous, and bronchial râles were present. On laryngoscopic examination the epiglottis was found to be red, and the vocal cords covered with mucus, but the larynx was otherwise healthy. The patient complained of pain in the trachea and a feeling of obstruction referable to a particular part of it. He died a month after admission, the immediate cause of death being broncho-pneumonia, with commencing pericarditis. The specimen showed considerable ulceration of the lower part of the trachea, the cartilages being exposed, and stenosis of the bronchi. The brain showed thickening of the dura mater of the left side, and a patch of opacity, and within, a thin organic membrane. The latter appearances are interesting as throwing light on the pain from which the patient was suffering, when first admitted into the hospital.

He then showed a case of

SYPHILITIC DISEASE OF LUNG WITH THROMBOSIS OF PULMONARY ARTERY.

The patient on admission into the Royal Infirmary, had the outward appearance of one suffering from emphysema. There were difficulty of breathing and blueness of the lips. On physical examination, however, dulness was found behind the sternum, with diminution of breath sounds, a loud systolic murmur was also present. On examination after death a thrombus was found filling the pulmonary artery. The record in this case was imperfect and scanty, as the man was admitted but shortly before his death, and no precise history was obtainable.

Mr. **Reginald Harrison** related the history of

A CASE IN WHICH A PIECE OF BONE PASSED FROM THE INTESTINE INTO THE BLADDER.

He remarked at the commencement that histories of such cases were very rare. He had only met with two, one reported by Mr. Brownbill, in which a hairpin, accidentally swallowed, was removed from the bladder twenty-seven months afterwards; the second one, reported by Mr. A. Roberts, of Sydney, in which a piece of slate pencil, which had been swallowed by a boy, was removed from the bladder six months after. A gentleman consulted him in April, 1882, who was suffering from a tumour in the lower part of the abdomen. Intestinal irritation had been complained of for some months, the bladder also was irritable, and the urine contained pus. The act of micturition terminated in a "fizzing" sound, from the escape of gas along with the urine. No stone could be detected by means of the sound. On the urine being examined microscopically, it was found to contain pus and various kinds of bacteria. In June the patient was better, but by this time the urine was discoloured with distinct fæcal matter, and a substance was passed which the patient thought was a stone. This was submitted to Dr. Barron for examination, who reported that it was an expanded end of a rabbit's femur. After this air and fæces still continued to pass, but gradual improvement took place, and finally complete recovery.

Dr. **Logan** then read some clinical notes of

CASES ILLUSTRATING THE USE OF THE CARDIAC TONICS—DIGITALIS, STROPANTHUS, SQUILLS, AND CONVALLARIA.

The observations were all made in the Liverpool Northern Hospital, on patients suffering from advanced mitral regurgitation. The notes were graphically illustrated by sphygmographic tracings taken before and after the administration of the various drugs, and by coloured charts showing the pulse and breath rates, and the quantity of urine passed, also before and after the action of the medicine had taken place. His attention had been drawn to the great value of stropanthus whilst in Edinburgh, which as a cardiac tonic had showed itself superior to dgiitalis as usually administered. He thought it possible that, if the latter drug could be given after a more perfect method, its results might be much improved. With this object in view he obtained permission to treat a number of cases of mitral regurgitation, with larger doses of digitalis than are usually given. His observations were made upon six cases. The digitalis was given in the form of the tincture in ten minim doses every hour, and continued from eighteen to forty-eight hours. The results were astonishing, after twelve doses the patient could sleep, the pulse fell and the urine immediately increased in quantity. After the pulse fell to normal, the digitalis was continued in 10 minim doses twice daily. In a case narrated, the patient was a man, æt. 20. The drug was given every hour for six hours, when great improvement set in. The pulse fell from 128 to 72, the respiration from 36 to 26, and the urine increased from 20 to 30 ozs.. Some nausea then came on. Squills given in the like dose and manner, also effected considerable improvement, but showed itself inferior to digitalis. Convallaria was then tried. Ten minim doses of the liquid extract were given every hour. The results obtained were almost identical with those obtained by digitalis. Notes of one case were read as an illustration. The patient was a man, æt. 42, who, like the rest, was the subject of mitral regurgitation. He was suffering from orthopnœa with an uncountable weak pulse, the heart beats, however, were ascertained to be 126 per minute. The convallaria was given as mentioned above, and continued for forty-eight hours. In twelve hours the pulse fell to 62, and the urine increased from 37 to 72 ozs. In the other cases in which the drug was employed, the results observed were similar, a rapid corresponding improvement of the general condition being noted in all.

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The sum of £500 has been voted by the Total Abstinence Society of Melbourne as a nucleus to found a Temperance Hospital in the Colony, on similar lines to the London Temperance Hospital.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, NOVEMBER 8TH, 1883.

H. F. BANHAM, M.D., President, in the Chair.

MR. BALDWIN exhibited Abbot's papers for note-taking.

Mr. GARRARD showed the kidneys from the second case referred to in his paper on the "Surgical Treatment of Renal Calculus" on October 26th, for the description of the condition of which, vide p. 399, *Medical Press and Circular*, Nov. 7th, 1883.

Mr. RECKLESS exhibited a portion of placenta which had been retained for five weeks without undergoing decomposition.

FAMILY CONGENITAL ABNORMALITIES.

Mr. PYE-SMITH gave notes of a family, most of whose members present congenital abnormalities of certain joints, and exhibited one of them with congenital dislocation of the radius.

Extended notes of these cases will appear in our next issue. The woman shown is one of a family of eleven, eight of whom have peculiarities of the joints.

Mr. PYE-SMITH read a paper on

IDIOPATHIC ANÆMIA,

and related two cases which had recently been under his care. He quoted Addison's original description of the disease—the extreme anæmia, without wasting and ending fatally, presenting no post-mortem morbid appearance except fatty degeneration of the heart, &c.—and traced, from an article by his brother, Dr. Pye-Smith, in the Guy's Hospital Reports for 1882, the course of subsequent investigations, referring especially to the microscopical characters of the blood, the retinal hæmorrhages, the irregular pyrexia, and the value of arsenic as a remedy. *Case I.* was a man, æt. 61, who had been growing pale for two years, and had, for six months, suffered from shortness of breath with increasing lassitude and loss of strength. On examination, no organic disease could be detected, but he was extremely anæmic, had slight œdema of the legs and a systolic (hæmic) bruit. The urine was normal. The blood showed no increase of white cells, but was pale in colour and the red corpuscles were very abnormal in appearance. They were for the most part oval or pyriform in shape, had lost their biconcave flattening and did not form rouleaux. Most of them were larger than normal, but there were also present some very minute corpuscles (microcytes). The patient was ordered rest, together with a nourishing diet, wine and iron, but as he did not improve at all, twelve days later he was put on two and a-half minims of liq. arsenicalis, three times a day. From this time he began to get better, and after four weeks' treatment (the dose of arsenic having been increased to four minims of the liquor) he had lost all his bad symptoms and had regained his colour and strength. The bruit had disappeared and the blood had resumed, almost perfectly, its normal microscopical characters. After a fortnight at the seaside, the patient returned to his work, in a steel warehouse, and when seen two weeks later was keeping in good health. *Case II.* was a man, æt. 47, who had syphilis 23 years previously. He came under treatment for two ulcers on the right shin. He was very anæmic and languid and did not improve under iodide of potassium, quinine and iron, &c. After two months he was suddenly seized with an attack of vomiting, together with delirium and high temperature (104·6° F.), without discoverable cause. The urine was normal, but the blood presented microscopical appearances precisely similar to those found in the other case. The retinæ also had numerous ecchymoses. Arsenic, as well as other remedies, was administered, but the patient died on the fifth day. At the post-mortem examination the only lesions found were fatty degeneration of the heart and œdema of the lungs. All the organs were pale. After remarking on the rapid action of arsenic in the first case, Mr. Pye-Smith urged the importance of diagnosis, and adverted to some of the chief points for discriminating this disease from anæmia of other origins and from leuchæmia.

The President (Dr. BANHAM), Drs. DYSON and THOMAS, and Mr. BERNARD WALKER took part in the discussion.

Special Articles.

EPIDEMIC PNEUMONIA.

WHAT appeared to be an epidemic of pneumonia occurred in Tregnano (Verona), in the months of March and April of the present year, for a description of which, we are indebted to Dr. Roberto Massalongo, of Verona, who published the account in the *Gazetta Med. Ital.*, in July and August.

The scene of the outbreak, from its isolated situation, rendered the observations peculiarly interesting and valuable. Tregnano lies in a rather narrow valley, and contains about 2,000 inhabitants. They are spoken of as of a healthy constitution, and as having never been subjected to any epidemic sickness before the one under notice. No peculiar meteorological phenomena were observed previous to the outbreak. The disease first began as an epidemic, *i.e.*, as attacking numerous individuals in rapid succession, in a circumscribed portion of the town, hard by a pond in which washing was carried on. The bottom of the pond was in consequence covered with a layer of mud, the water was of a green colour and had a disagreeable odour. In the whole about one hundred persons were attacked. The mortality reached about 30 per cent. All ages were attacked alike, but the proportion of cases occurring among males, as compared with females, was about 4 to 1. The first cases were observed in a cluster of houses standing in close proximity to each other, and in each of these, two, three, four, and even five individuals were attacked. From these houses as a starting point, the disease advanced from door to door, gradually encroaching upon the neighbouring localities, until the whole town was subject to it. Those first attacked were children, then followed those of middle age, and last of all the old people. No instance was observed in which the attack was preceded by a "cold." The various members of a household were not attacked simultaneously, but in succession; the one in attendance on the sick was usually the one to give way. Prodromal symptoms generally preceded the attack by some days; these were a feeling of *malaise*, loss of appetite, headache, &c., in no instance was a rigor observed. Delirium and stupor gave the disease very much the appearance of typhus. The temperature was never observed to be higher than 40·7 C., and its course was not so regular as usual. In some cases, during the whole febrile period, no localisation was ascertainable in the lungs, but in all the others it was often one or two days, never on the first. Simultaneously with the appearance of local symptoms, in the majority of cases the spleen was also observed to enlarge, very frequently also the liver, and sometimes at the height of the disease there was in addition to the above, enlargement of the heart. Principally, and at first, the upper portions of the lungs were attacked, and after them the lower; in the great majority of cases both lungs were affected and almost always simultaneously. A simultaneous pleuritic effusion was only observed in four cases. The stage of hepatisation lasted usually from seven to nine days, never less than five, and in one-third of the cases it lasted more than twelve. Herpes labiales was observed in four cases only. The urine almost invariably contained albumen, the quantity increasing during the usually protracted period of resolution. Many cases were complicated by symptoms of meningitis and articular inflammations in one or more joints. Convalescence was very irregular, very protracted, the patients were very low, suffered from constipation with painful stools, want of appetite, nausea, sleeplessness, vague muscular pains, palpitation on the slightest exertion, the pulse weak, rarely as high as 50. It was remarked that three of the individuals attacked were suffering from phthisis, but none of them had previously suffered from pneumonia. Only two persons suffered relapses. The disease ran a chronic course in one case. In those cases in which the disease proved fatal, in the majority of cases the fatal termination came on in the period of commencing resolution, very rarely at the height of the disorder. In two cases it occurred suddenly during convalescence. After death putrefactive changes came on with striking rapidity. The period of incubation lasted from three to, at most, six days. The treatment consisted mainly in the exhibition of stimulants, Antipyretics were but little employed, and with but little effect. Ice-bags were, however, more useful. In the sputa, by means of the Weigert-Koch method, the author was able to determine the presence of micro-organisms, which perfectly resembled those described by Klebs, and which are supposed to be characteristic of pneumonia; their number was greatest in the advanced stages of resolution.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 21, 1883.

THE PRESS AND THE PROFESSION.

DURING the past week there have been indications of a desire on the part of a certain section of the public, to press home the charge of illegal experimentation preferred against Drs. Sydney Ringer and W. Murrell, and published in the *Standard* newspaper. At the same time, also, expressions of sympathy have been forthcoming towards these gentlemen, both from individual members of the profession, and from the majority of the organs of professional opinion. From the general tone of discussion excited by the occasion it is possible to distinguish a very widespread feeling of indignation at the treatment first accorded to the authors of the paper on Nitrite of Sodium as a Toxic Agent, which formed the subject of incrimination by the *Standard's* original correspondent.

Under these circumstances we are the more profoundly astonished at the action taken by the *Medical Times and Gazette*, which paper, in a leading article contained in its issue for November 10th last, assumed an attitude of virulent reproach towards Drs. Ringer and Murrell, and indulged in language which we do not hesitate to describe as intensely disloyal to that profession ostensibly served by the paper in question. It must be a matter of grave concern to the proprietors of an old-established and hitherto carefully-conducted periodical to find it thus opposed to the best interests of Medicine, at the very moment when it is announced with impressive force that a new era is being inaugurated in the management of the journal. If its changed constitution is to be developed on the lines exhibited in this most unseemly disregard for the traditions and amenities of professional life, then we cannot help but prognosticate miserable failure for the paper in its new struggle for pre-eminence in the affections of medical readers. No confidence can be reposed in those who seize the first opportunity of endorsing irresponsible criticism of a kind adverse to the proceedings of men whose whole public life has been a vindication of their devotion to scientific humanity; and we repeat, that the *Medical Times and Gazette*, by attacking the character of the two physicians already held up to censorious criticism by a lay newspaper, has been guilty of treason which will not readily be forgotten or forgiven.

Respecting the further exhibitions in support of the *Standard's* censure, we shall only refer to the letter of a "Hospital Physician" which appeared in our contemporary's issue for Tuesday, the 13th inst. This epistle is most characteristically narrow and bigoted, and directed as it is, anonymously, against the objects of its attack, it affords a very melancholy and miserable example of the extreme bitterness and cowardice of which even medical men can sometimes be guilty. Whether there may be any kind of connection between this communication and the *Medical Times and Gazette* editorial we need not inquire; but that the same want of *esprit de corps*, and the same lamentable misappreciation of the honourable relations which ought to exist between members of the profession, are shown in the one case as in the other, is most certainly apparent. The fact demanded notice; we trust it may be very generally observed.

Of all long lived absurdities, mistaken prejudices are most tenacious of existence; and whenever ignorance and interest are combined in their defence, it becomes so much the more difficult to effect their final demolition. Anti-vivisection in all its forms is rapidly attaining the proportions of a national abuse; each and every incident that can by any exercise of ingenuity be tortured into an illustration of the fancied enormities pictured by societies formed to totally abolish science, with other like aims, is forthwith made the basis of renewed appeals for sympathy—and funds. In the past, such persecutions as that to which Dr. Ferrier was subjected have shown the truth of this generalisation; and now we are about to witness a fresh attack, the victims of which will be the authors of the paper on Sodium Nitrite. The coming contest is, we feel convinced, likely to be a more important one, perhaps, than any that have preceded it; and it is of the utmost necessity that the public itself should be able to take an intelligent interest in the struggle. Indirectly, Drs. Ringer and Murrell will be instrumental in performing a service on behalf of humanity that is sorely needed, and the benefits of which must be of incalculable extent; for the outcome of the approaching controversy can be none other than to teach the people on what principles of observation and inquiry the treatment which restores them from illness or soothes their passage to eternity now rests. On this account we welcome, most heartily, the agitation that anti-vivisectors are busy in promoting; and, though with different emotions to their own, we shall hail the success of their efforts as the first promise of the nation's delivery from the thraldom of their persecution. What, above all, is desirable as a solution of the difficulties of the present, is that a knowledge of the means of therapeutics should be communicated to the masses of mankind, who, once they are acquainted with the mode whereby their ailments are removed, will speedily rally to the defence of their benefactors.

In the way of vindication nothing is required from Drs. Ringer and Murrell, so far as the profession is concerned; but, as we ventured to predict, a full and satisfactory explanation of the circumstances governing their observations on sodium nitrite has been published. What is wanted, however, is that the laity should comprehend the vital importance to its own members of improved knowledge concerning the powers possessed by various drugs over diseased bodily conditions; how, when even the specific action of a given remedy is known, it still remains for a long time an empirical weapon, until by oft-repeated observation the effects of constitutional differences are ascertained in respect to it; how, nothing short of frequently-repeated administrations, varying with every change of diathesis, can give confidence in its powers as a therapeutic resource, and convert it in the hands of the physician from a probable to a positive specific agent. Instances innumerable will occur to every experienced practitioner, in which his expectations of the results to be obtained with particular drugs have undergone modification in proportion as he has employed the remedy with greater frequency. Sometimes, for instance, that most invaluable antipyretic, soda salicylate, fails to conquer as speedily as is commonly observed; and, slowly but surely, we are arriving at the truth that there do exist certain obstinate cases of acute rheumatism which will not yield to the influence of salicylic acid, except under conditions other than those obtaining in the common run of patients so afflicted. Are we to deny such unusual examples of suffering the advantages of other treatment? Having recognised that there is a peculiar constitutional state which demands additional resources, are these to be withheld?—are such patients to suffer prolonged agony, and run the risk of certain death, because the physician is sought to be prohibited from exhibiting a remedy, the action of which he can only infer from previous experience with it in other and uncomplicated diseases? This, in effect, is what is sought to be done by the moral influence exerted by the *Medical Times and Gazette*, and the *Standard's* anonymous correspondent; and this is what the united voice of humanity and Medicine will spend its last utterance in asserting to be the worst iniquity the physician can commit—the worst evil the sick can endure.

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THE EFFECTS OF TRANSFUSION OF SALINE FLUIDS AFTER LOSS OF BLOOD.

The subject of transfusion in cases of dangerous hæmorrhage has come to the front in recent times, both on the Continent and at home, and now assumes a practical importance that renders apology for reverting to it unnecessary. With a view of ascertaining what is the best fluid to make use of in cases in which transfusion seems indicated, Dr. von Ott of St. Petersburg, has been making a series of comparative experiments, the results of which he has published in Virchow's Archiv. Bd. 93, Hft. I. In employing the various fluids for comparison, he determined in each case, before and after the transfusion, the organic constituents of the blood, and continued the examinations until complete restitution had taken place; at the same time he counted the red blood corpuscles. In the experiments with a ·6 per cent. solution of common salt, he observed a decided hydræmia in dogs from which one half to two-thirds of the whole amount of blood had been withdrawn, a hydræmia that was greatest immediately after the transfusion, but, which completely disappeared in the course of a few weeks. Notwithstanding the hydræmia, however, the amount of organic substances in the blood remained greater than could have been expected. The number of blood corpuscles decreased enormously, but afterwards they not only reached the original amount but exceeded it, sometimes considerably. When the loss of blood exceeded two-thirds of the amount in the animal's body, death took place in spite of transfusion. The question then arose whether other fluids would do more towards saving life than the solution he had employed. The first employed was blood serum from horses and dogs. These experiments showed that the effects of these fluids were exactly similar to those following the transfusion of the saline solution as far as regards hydræmia, diminution in number of red blood corpuscles, and the time required for complete restitution. In regard to the excess of blood constituents contained in the serum as compared with the saline solution, it must be understood that these do not remain in the system, but are excreted as shown by Forster. Further experiments with the defibrinated blood of other dogs, and with that of the dog experimented on showed that the red blood corpuscles were not retained, but that they were destroyed. Neither was undefibrinated blood of more service. The same hydræmia and oligocythæmia followed, not quite to so great an extent as with the saline solution, but with the latter complete restitution was always more quickly obtained than with the others. The experiments thus showed that the simple saline solution is in no way more unsuitable for transfusion than defibrinated or undefibrinated blood, whilst at the same time it is freer from danger. The danger from extreme loss of blood, when this reaches two-thirds of the total amount in the economy, lies in the want of proportion between the volume of the vascular contents and their capacity, and this danger is met by the volume of fluid introduced whether this contains albumen and blood corpuscles or not. The proper restitution however, is brought about by the regenerative activity of the organism, as whatever of serum or blood corpuscles is introduced into the system, is in all cases decomposed and excreted. Only in cases in which more than two-thirds of the blood volume is lost, in which case the momentary hydræmia is of itself dangerous, is the injection of blood to be preferred. In such a case the introduction of blood corpuscles might avert the danger momentarily, and the corpuscles might serve the purposes of respiration until they were destroyed.

PAPER-VOTING AT COLLEGIATE ELECTIONS.

Having strongly supported the proposition for non-personal voting in the London College of Surgeons, we might reasonably be accused of having inconsistently resisted the introduction of a similar system in the Irish College. We think it necessary to explain that the circumstances of the two collegiate constituencies being altogether diverse, the practice which might be desirable in one would be disastrous in the other.

The constituency of the London College of Surgeons numbers between 1,200 and 1,300, of whom not more than one in eight are engaged in teaching in London. In the metropolis alone there are, we believe, at least 300 Fellows of the London College who have no money interest whatever in the perpetuation or enactment of regulations which, while they may be profitable to teachers, could not be defended as being advantageous to the student or to medical education. These 300 independent Fellows may always be present at the meetings of the London College, and their votes are always sufficient to carry any motion for educational reform which may commend itself to their independent judgment. In such case, the provincial Fellows may be absent and their voices may be silent, except at election times, and yet there will be no serious danger of interested votes carrying the day against reforms of examination or curriculum.

In Dublin this state of things is exactly reversed. The Dublin College has a Fellow constituency of about 380 voters, of whom not more than 200 are possibly available to vote on any question. In fact, not more than 150 ever do vote, and of these at least two-thirds are resident in Dublin and engaged in teaching. There is therefore only a small minority of the Fellows who can be expected to look at questions of educational change from a perfectly independent standpoint, and, by their votes, to neutralise the sturdy opposition of teachers to any change which might limit their profits.

If, therefore, the provincial vote be not exercised in England it may be hoped that educational reform will go on backed by the sympathies of the non-teaching electors in London; while if the provincial vote in Ireland be withdrawn from the decision of questions in the Irish College of Surgeons, there remains no influence capable of neutralising the self-interest of teachers, and, consequently, any attempt to carry reforms which threaten that interest will be hopeless.

In our ardour, therefore, for educational reform and our fixed determination to put down the scandalous corruption which has disgraced and—in a minor degree—still disgraces medical teaching in Ireland, we oppose and will continue to oppose paper-voting or any other proposition which encourages the independent voter to abstain from exercising his vote in the decision of matters which are discussed by the Irish College of Surgeons.

If the advocates of paper-voting—who cannot be brought to see that they are seeking to limit the vote of provincial Fellows to elections, and are proposing to exclude them from participation in collegiate debates and decisions—can suggest some means of permitting and encouraging Irish provincial Fellows to vote as much on collegiate questions as on elections we will give them our heartiest support; but as we look at election as an insignificant function in comparison with the decision of questions which involve thought and experience, we shall, at any cost, resist the extension of the system of paper-voting to the Irish College until we are provided with some solution of the difficulty to which we have referred.

Notes on Current Topics.

Action against the Irish Government by the President of the Royal College of Surgeons in Ireland.

On Thursday next the interesting and important case comes on in which Mr. Wheeler, President of the Irish College of Surgeons, sues the Irish Government for his fees for attendance on Mr. Sheen Carter, of Belmullet, who was shot in the knee by the "Invincibles" last year.

The following narrative of the circumstances was published by us on the 15th of November, 1882, when the subject was brought under the notice of the House of Commons by Mr. Gibson, M.P. Mr. Wheeler's claim is for £1,147 18s. On the 15th of March of that year, Mr. Carter was shot at Belmullet, and his knee shattered to pieces; whereupon the Irish Government, on being informed of the occurrence by telegraph, came to the conclusion, as it appears, that the best available surgical aid should be provided. Accordingly the gentleman who was acting on behalf of the Government called at Mr. Wheeler's house, and, not finding him at home, left a note requesting him to call in all haste at the Castle, which Mr. Wheeler did. The gentleman then informed him of the occurrence, and requested him to go forthwith to see Mr. Carter, adding that, if that gentleman was not able to pay the proper fees, Government would "take the claim into the most favourable consideration." Mr. Wheeler had then no knowledge as to Mr. Carter's competency to pay, but acting upon these instructions, he left Dublin the same evening for Belmullet. That place is situated at the extremest north-western point of Ireland, forty-two miles by car, across a sparsely inhabited, almost savage, and greatly disturbed district, to the nearest railway station

(Ballina). This journey occupies seven hours going, and seven hours returning, and he (Mr. Wheeler) had to be guarded on each occasion by constabulary on the car, while the journey had to be performed on an open vehicle, mostly at night, and in any weather which happened to present itself. The railway travelling from Dublin to Ballina occupied alone eight hours going and the same returning, so that any person requiring to go to Belmullet and back, from Dublin, must travel for two nights and a day continuously, without taking any legitimate rest whatever.

Arrived at Belmullet, Mr. Wheeler seems to have at once ascertained three facts—first, that Mr. Carter's leg must come off; second, that the operation could not be done until shock had passed away; third, that Mr. Carter could pay no fees whatever; and it has since been stated that he had no other means of maintaining himself and his family than about £200 a year of unpaid rents.

Therefore, having done all that was expedient or possible for the patient, Mr. Wheeler returned to Dublin, and on the day of his return went to the Castle and reported the state of affairs to the same official, informing him that, in his opinion, Mr. Carter would need an operation and several visits, and that, as the patient was quite unable to pay any part of the fees, he required to know whether the Government wished him to continue his attendance. He asked what his fee would be, and he named 125 guineas a visit; and on being told that £100 was the fee last paid by Government, he replied that he could not accept less than the fee he had named, considering the distance to be travelled and the time lost. Mr. Wheeler was then requested to call back in a couple of hours, so that his proposal might be submitted to the superior authorities of the Government. Having done so, he received a written memorandum to the effect that, if Mr. Carter was unable to pay, he (Mr. Wheeler) might submit his claim for such attendance to the Government, and it would receive favourable consideration. This guarantee, coming as it did immediately after Mr. Wheeler's definite refusal to accept less than the fee he considered adequate, induced that gentleman to go again to Belmullet three days subsequently. Finding Mr. Carter still unfit for operation he was obliged to return to town, but, a few days afterwards, he went again to Belmullet, bringing with him two assistants, and amputated the leg. It is not necessary to pursue the history of the transaction further than to say that, as soon as Mr. Carter was fit to be moved, Mr. Wheeler went down and brought him to Ballina, where he visited him once subsequently on a threatening of pyæmia, and that he afterwards brought him to Dublin and visited him there over 100 times, until he was well. Altogether, he made five visits to Belmullet between the 15th of March and 8th April, operated, remained eight days in attendance, escorted him to Ballina, and visited him twice there, brought him to Dublin and attended him daily there for nearly three months, and paid all his own expenses.

We believe that the foregoing narrative will be sworn to in court, and that it is in all respects accurate, but we refrain for obvious reasons, from expressing any opinion at present on the merits of Mr. Wheeler's claim. The trial was set down for Tuesday (yesterday), but was postponed until to-morrow (Thursday), at the request of the Government counsel. The case will, we believe, be tried by Mr. Justice Lawson, and Mr. Wheeler will be represented by Messrs. J. Gibson, Q.C., Walker, Q.C., Monroe, Q.C., and Serjeant Hemphill, Q.C., as senior counsel, and by Mr. Hemphill as junior. Mr. A. H. Middleton being solicitor in the case for the Crown, we presume that the Attorney-General for Ireland and Mr. Naish, Q.C., will hold briefs.

Cambridge University.

The sum of £300 has been voted by the University of Cambridge for the purpose of providing additional teaching for the classes in animal morphology, conducted by Dr. Donald Macalister, during the current academical year. This grant, which was made also in 1882, has been given at the suggestion of the Special Board for Biological Studies and its renewal may be accepted as proof of the satisfaction experienced by the University authorities at the excellent results already obtained through its well-timed liberality.

Royal College of Surgeons' Calendar.

The Calendar of the Royal College of Surgeons of England, dated July 12, 1883, has just been issued to the public, and it contains a large amount of information of interest and value to all who are in any way concerned with the fortunes of the institution. In addition to giving a complete list of Officials, Fellows, and Members of the College, the work affords details of the results of examinations held during the year, of the receipts and expenditure of the College and Museum, and on other matters connected with its history and administration. For the Fellowship examination 17 candidates out of 34 who presented themselves before the examiners succeeded in obtaining the diploma; 769 candidates for the pass M.R.C.S. went up, and 281 were rejected, the majority for six months. For the primary Fellowship test 68 passed out of 122; and for the corresponding Membership examination 1,119 candidates presented themselves, the number who succeeded being 795, leaving 324 rejections. Only 2 candidates out of 25 who applied for the licence in dental surgery failed to satisfy the examiners. The College muster is now made up of—Fellows, 1,166; Members, 16,258; Licentiates in Midwifery, 971; and Licentiates in Dental Surgery, 521. The receipts of the College totalled £19,374 19s. 2d., to which examination fees contributed £16,249 2s., the remainder being derived from rents, dividends, and other fees of small aggregate amounts. The expenditure reached £19,446 18s. 5d., examiners' fees and other items of examination outlay absorbing £7,964 11s. 2d.; working expenses of secretary's office, stationery, binding, &c., represent £3,067 16s. 3d.; alterations, &c., £2,142 11s.; museum, £2,400 18s. 6d.; library, £779 9s. 9d.; and pensions, £279 12s. The remaining expenditure includes outlay from trust funds for lectures, minor expenses, and the investment of upwards of £1,000. In the library are now 15,351 works and 39,753 tracts, pamphlets, &c. Considerable care and attention have been bestowed in the preparation of this Calendar, which is further rendered useful by containing the questions set during the year at the various examinations; and it will doubtless become a very general volume of reference to those who intend to be, as well as to existing, Fellows and Members of the College.

Death of Dr. Marion Sims.

We regret to announce the death of the widely-known and respected American gynecologist, Dr. J. Marion Sims, which occurred at New York on Tuesday, Nov. 13, last. Dr. Sims had become a familiar friend with great numbers of medical men both in London and Paris, as well as in New York, he having practised his profession extensively in all three cities at different times. Though in his seventy-first year, he was active and energetic to the last, and succumbed finally to angina pectoris. Two years ago he was ill while on a visit to this country, having been laid up with pneumonia, from which he was at one time hardly expected to recover. As a gynecologist Dr. Marion Sims held a position the foremost in the profession, and many valued improvements in this department of medicine are traceable to his genius, the successful treatment of vesico-vaginal fistula being almost the first operation by performance of which he achieved renown. During the Franco-German war the deceased physician rendered most acceptable service in connection with the ambulance department; and while in Paris in 1878 he performed cholecystotomy, which had previously been attempted by no other surgeon. His loss will be felt as a personal blow by a very large number of his professional brethren in Europe, and the whole medical world will unite in regret at the death of the distinguished founder of modern gynecology.

The Water Supply of Troops in India.

The views entertained by Brigade-Surgeon E. Nicholson on the water supply of troops in India, which were reported in the daily papers of last Friday, will certainly not be endorsed by the profession, but will be received with profound astonishment. He appears to discredit the very general belief that certain diseases prevalent in India are attributable to contaminated water. In his opinion but few diseases can fairly be traced to bad water. Goître, he says, cannot arise from drinking water, because the disease is not endemic in Southern India. So with reference to calculus. He cannot, however, speak with as much certainty about elephantiasis, although it is, he admits, a fact that in districts where this disease prevails the natives will send long distances for water rather than use that close at hand—an unnecessary piece of trouble, as boiling the water before using it would have been as effective. The natives evidently prefer to be on the safer side rather than follow the doctor's advice in this particular. Diseases produced by parasitic worms, Mr. Nicholson says, will arise from polluted water, "and no filtering would prevent this, but boiling the water would"—that is, if you can enforce it upon natives and soldiers at all times and in all places, which, from personal experience, we know cannot be done. As to the draining of the paddy fields into the water supply, this is always going on, and can hardly be said to have engendered ague—at least, proof is wanting. Cholera and enteric fever can scarcely be traced to polluted water. Indeed, true enteric fever is not indigenous to India; it did not originate among the native population; consequently it must have been "generated *de novo* among Europeans," and communicated to the native tribes. The habits, too, of the natives conduce to the spread of enteric fever when it has made its appearance. The same may be said of European soldiers, who, on their arrival, are addicted to roaming about the bazaars, and quenching their thirst by drinking water from the filthy water-bags or skins of the natives. The propagation of cholera by drinking water, although generally accepted in India, is still, in Brigade-Surgeon Nicholson's opinion, not proven, and he has been able to trace the spread of cholera to other causes when troops are on the march. No one will doubt this; but surely we are not expected to accept conclusions at variance with facts, and for the most part opposed to those of very many eminent men who have had a large, and probably more extensive, experience of the propagation of disease in India. Will it not also seem to most persons that Mr. Nicholson has put himself to an unnecessary trouble and expense in contriving and building a new form of filter-cart to secure, as he tells us, a more wholesome supply of water for troops on the march under his charge? Moreover, can the spread of untenable and unsound views on so important a matter as that of pure water by members of the medical profession hope to combat those of the more ignorant, who write letters to the lay press totally denying the deleterious nature of sewer water for horses and cattle, and who appear to believe with Mr. Herman Biddell, that because these animals drink black and noisome farm-yard water, they do so because they *prefer it* to clean and wholesome water? Such people evidently hold to the opinion that "drinking in a circle" is good for man and beast.

Hunting Risks.

The risks incurred through indulgence in the excitement of the hunting-field have never probably been unduly under-rated, even by the most enthusiastic follower of hounds; but it may be questioned whether they are not sometimes discounted too freely at moments when the prospects of a "run" are held to outweigh all considerations of prudence or safety. How very grave the danger sometimes is has been illustrated with a force and frequency that cannot be recalled without utmost regret when we remember the lives lost and bodies maimed as the price paid for this amusement. Especially is this feeling strong just now, when we are called upon to chronicle a fatal accident to a highly-respected member of the medical profession, Dr. J. C. Logie, of Morpeth, who was last week thrown from his horse while hunting, and died a few hours afterwards from the injuries he had sustained. Everything that could be done to avert the threatened danger and save the life of Dr. Logie was done, and in addition to local aid rendered by professional brethren, Dr. Heath, of Newcastle-on-Tyne, hastened to afford the injured gentleman all the assistance in his power to give. Notwithstanding every effort, however, death ensued, and thus closed a life of much usefulness to the neighbourhood in which Dr. Logie's practice lay, and which has excited very general sympathy on behalf of the family and friends left to deplore his untimely end.

Leprosy at the Cape.

Considerable alarm exists among medical men and others at the Cape, in consequence of the undoubted increase of leprosy among the lower classes of the population there, the disease having attained such extensive proportions that a select committee of the House of Assembly was appointed to investigate and report on the facts during the last session. This committee affirms that leprosy prevails extensively at the Cape, and that it is steadily spreading amongst both white and coloured classes. It advises the passing of a "Compulsory Leper Act" under which all affected persons shall be isolated in special institutions, in building and endowing which the Government is urged to lose no time. As to the causes influencing the progress of the disease no definite statements are made, but uncleanly habits, neglect of personal and general hygiene, indulgence in fish diet, are all named in this connection. Some interesting details representing transmission of leprosy to the lower animals are given in the reports; but opinion is divided among the observers on the spot as to its contagiousness. From the information that has been furnished it may be assumed that the question will become a "burning" one for discussion in the next Cape Parliament, and that the remedy proposed by the commissioners will probably be adopted.

Medical Women for India.

A meeting on the subject of Medical Women for India was held on Monday afternoon, October 29th, at 1 Adam Street, Adelphi, Strand, when Surgeon-General Hunter, M.D., F.R.C.P., took the chair at 4 o'clock, and Mrs. Garrett-Anderson, M.D., Dr. Frances Hoggan, Mr. Kittredge, of Bombay, Miss Beilby, Dr. Francis (formerly Principal of the Calcutta Medical College), and others interested, took part in the proceedings.

The first resolution—"That this meeting hears with satisfaction of the opening to women of the Calcutta Medical College, and other places, for facilitating the medical training of women in India"—was moved by Dr. Frances Hoggan, seconded by Dr. Francis, and supported by Miss Beilby and by Dr. Lutner, of the Punjab University. Another resolution, expressing the hope that guarantee funds would be raised in other parts of India, was moved by Mrs. Garrett-Anderson, M.D., and seconded by Mr. Martin Wood, of Bombay. Both motions were unanimously adopted, and a vote of thanks to the chairman terminated the proceedings.

Nineteenth Century Depravity.

Regarded in the light of an investment, the purchase of another man's wife for sixpence does not seem an extravagant transaction; but from the point of view of abstract morality, such a proceeding indicates an amount of depravity on the part of the high contracting parties, such as it is difficult to conceive existing in this age and country. And yet, during the past week, in Lancashire, a judge has been called upon to investigate a case in which a woman was purchased from her husband by a fellow-labourer for the price of a quart of beer. The most striking feature about the occurrence, however, consists in the shocking ignorance exhibited by all the persons concerned in it, none of whom appeared to regard the part played by him or her as being in any way remarkable or blameable. It cannot but strike anyone who reflects on the manners and customs of such classes of the population as contributed these law-breakers, that it is absolutely hopeless to look for any assistance from them in carrying out those details of personal hygiene, on the due observance of which by individuals the health of the community so greatly depends. The ignorance which can permit a man to strike a bargain, openly and in evident good faith, like that referred to, is typical of every act dependent on an exercise of reason or reflection; and so long as we have amongst us whole masses of people so overwhelmingly steeped in brute depravity, we must continue to be constantly exposed to the dangers incurred by wilful neglect of important rules of health and cleanliness. In itself the incident could hardly call for comment here, but as showing urgent need for further education in the labouring centres, and further efforts to ameliorate the savage condition of many thousands of our fellow-beings who inhabit the regions of industrial life, it is both significant and suggestive.

The Genesis of Parasites in Contagious Diseases.

At the meeting of the Paris Academy of Medicine, M. Bouchardat read a paper on the above subject, and commencing his observations by speaking of *tuberculosus*, he proposes to finish them by discussing the etiology of typhus fever. The following are the principal heads under which he divided his remarks:—1. That the germ of typhus fever does not exist everywhere; 2. That it is called into existence by the transformation of normal organic structures caused by depreciation—this latter being the result of famine or contagion; 3. The germ is at its greatest strength immediately after it leaves, and while it is still in the proximity of, the infected person; it does not cause the disease at a distance from the patient; it is dangerous to approach those suffering from typhus, and the danger is increased according to the number of patients in close proximity; 4. That the parasite becomes less harmful in its mode of action on the human economy by a series of transmissions, after which it gradually fades away. The principal ways to prevent the spread of typhus fever are to avoid overcrowding and famine among the poorer classes, and to fumigate well the room of the patient, and those leaving it. Above all, if it be remembered *that the typhus germ does not exist everywhere*, and can only be caused to develope by starvation, or received into the system by infection, it is far easier to battle with those epidemics which often prove so disastrous.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 22, Paris 21, Geneva 13, Brussels 20, Amsterdam 24, Rotterdam 20, The Hague 17, Copenhagen 16, Stockholm 17, Christiania 16, St. Petersburg 25, Berlin 25, Hamburg 22, Dresden 23, Breslau 29, Munich 27, Vienna 23, Prague 29, Buda-Pesth 24, Rome 21, Turin 19, Venice 19, Lisbon 30, New York 22, Brooklyn 18, Philadelphia 19, and Baltimore 19.

Action of Strychnine on Cardiac Dilatation.

M. **Maragliano** states that he has used strychnine in cases of cardiac dilatation with very good results. At the first examination he carefully found out the dimensions of the heart, and after the internal use of this medicine for a day or two, he discovered the dilatation was greatly reduced in size, and when he had continued the treatment for a week the diminution was very marked indeed. If the strychnine is not continued for some time the beneficial results disappear, but when given in the form of sulphate in doses of two or three milligrammes three times daily, it gives great relief.

Patent Medicine Statistics.

The *Chemist and Druggist* quotes a table supplied by the Board of Inland Revenue which presents the striking fact that in twenty years the sales of single packages of patent medicines in Great Britain have increased from 6,661,657 to 18,457,990. Although the quantity disposed of seems large, the opinion arrived at, after reflection, is that it might have been expected to have been larger. The retail distribution of these medicines is effected by 19,404 dealers. Of these it may be reckoned that about half, not more, are chemists and druggists. The increase in the number of vendors during the past twenty years, from 10,193 to 19,404, is no doubt attributable almost entirely to the influx of persons, not chemists and druggists.

Canadian Honey.

We gather from the *Pharmaceutical Journal* some curious facts with regard to the production of Canadian honey. It appears that all the honey is extracted without heat, and by means of a centrifugal machine; in this way the comb is uninjured. The comb is afterwards replaced in the hive, and in about four days, if the "flow" is good, is again refilled by the bees, and ready for treatment. In this way the same comb will last for perhaps two seasons, when, if it is dark, dirty, or broken, it is melted and made into "foundation" by a machine devised for that purpose. This foundation is completed by the bees, which put on the finishing touches, and are thus relieved of all the heavy work, devoting their time to the pure business. Attempts have been made to reverse matters, so that instead of the bees making wax for man, man makes wax for the bees. Paraffin has been tried as a foundation, and is received with all thankfulness; but, alas! when the heat of summer comes the foundation melts and the house becomes a ruin. From this it will be seen that bees-wax is now seldom or never collected, except for the use of the bees themselves, and Canadian wax may practically be said to be out of the market. The present supply is principally obtained from Africa, where the bee is yet unused to the refinements of civilisation.

It is announced that Dr. Corby, of Cork, has been appointed to the Professorship of Midwifery in the Queen's College, rendered vacant by the resignation of Dr. Henry Macnaughton Jones. Dr. Corby has had considerable experience as Physician to the Cork Maternity. For many years he was also the House Surgeon of the North Infirmary.

Compulsory Notification.

The hardy band of physicians and sanitarians who, headed by Dr. Carter and Dr. Hamilton, have been fighting against the proposition to make the doctors into detectives in Liverpool have scored another win on which we congratulate them.

At a meeting of the Liverpool City Council on November 9, it was moved that the Insanitary Property and Artisans' Dwelling Committee should consist of twelve members, only one of whom was a medical man. There are three other medical men on the Council, and Mr. Stephens at once moved as an amendment that the Committee should consist of fifteen members through the addition of these three councillors. Mr. Forwood, the leading advocate of compulsory notification of infectious disease, objected to Dr. Hamilton, especially on the ground that he was antagonistic to notification, and therefore would not work harmoniously with himself and the other members of the Committee. On a vote being taken, Dr. Hamilton was added to the Committee by a majority of two to one, Mr. Forwood being thus thwarted in his design of packing the Committee with notificationists.

The Hospital Saturday Fund.

That the working classes of London should at length have been brought to recognise the value of the privileges they enjoy in respect to obtaining at all hours and times for themselves and families the best of medical and surgical treatment free of cost at our hospitals is a fact of significance and importance. It implies, also, something more—that they have received a lesson in thrift, since even the best paid among the artisan class rarely or ever made any provision for times of sickness of their wives and children; as a rule, they were relegated to charity and the charitable, to hospitals and dispensaries. That the efforts of the promoters of the Hospital Saturday Fund should have been so far successful in obtaining an annual contribution of some five or six thousand pounds towards the cost of maintaining hospitals and dispensaries from a class who formerly contributed nothing is a very encouraging sign, albeit we should like to see the amount greater. Mr. Burdett, who wants to set all our hospitals in order, has received an effective and full answer from Mr. Hamilton Hoare, the treasurer of the fund, and Lord Brabazon, one of its promoters and supporters, has likewise shown that it deserves encouragement in every way. Fault-finders and objectors to a good work seem to be ignorant of the fact that before the Hospital Sunday Fund was established some five or six thousand pounds a year only was raised by the efforts of the clergy and ministers of all denominations towards the support of the London hospitals and dispensaries.

The Committee of Management of the Monkstown Hospital, near Dublin, having realised £285 by the bazaar held in the Town Hall, Kingstown, have devoted it towards the cost of recent alterations, and to the enlargement of the out-patient department. They have also appointed Dr. Head, Senior Physician of the Adelaide Hospital, to be the Consulting Physician to the institution, and Dr. H. Greenwood Mahon to be its Resident Medical Officer.

Oophorectomy.

A successful case of this nature was reported by the operator, Dr. Gairdner, to the Montreal Medico-Chirurgical Society, whose proceedings appear in the *Canada Medical Record*, August, 1883, p. 242. The patient was a charwoman, æt. 36, unmarried, and never pregnant. Began to menstruate at 17, the flow was always copious, with clots, and attended with hypogastric pain. In other respects she had fair health till a few years ago, when, after reaching over head to wash a ceiling, she suffered increase of the pelvic and lumbar pain, with "painful sitting," and aggravation of the dysmenorrhœa and menorrhagia. When she first came for advice, the menses had continued for a month. The uterus was enlarged, retroverted, the endometrium granular, and from the surface of the womb internally and high up, depended a fibre cellular polypus the size of a cherry, which passed into the cervix uteri, the channel of which was tortuous. In spite of the removal of the polypus, the use of the curette, swabbing the lining membrane with Churchill's tinct. of iodine, careful tamponing of the vagina with cotton soaked in glycerine, with iodoform, painful menstruation continued to an excessive degree, attended by vomiting and general prostration. The removal of the ovaries and Fallopian tubes was safely accomplished; recovery though slow was steady, and as the result all the symptoms were greatly mitigated; indigestion was disappearing, and defecation which formerly was agonising was almost painless.

An action for libel has just been commenced against the conductors of the *Australian Medical Gazette* by a "Dr."—whose name, by the way, we cannot find in the *Medical Register*, and therefore decline to mention it—because attention was called to the said individual's playful advertisements offering his services in uterine diseases and *accouchements of either sex* in the columns of that journal. We sympathise with our contemporary, and hope it will be backed up with the support of the profession in the colony, as we were in this country under similar circumstances.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·5 per 1,000 of their aggregate population, arranged in order from the lowest as follows:—Derby Portsmouth 13; Norwich 14; Plymouth 15; Brighton 17; Leicester, Wolverhampton, Birkenhead 18; Nottingham, Bradford, Birmingham 19; London, Sheffield, Bolton, Huddersfield 20; Edinburgh, Salford, Sunderland, Bristol, Halifax 22; Glasgow, Cardiff 23; Blackburn, Oldham, Hull, Liverpool 24; Dublin, Preston 25; Manchester 27; Leeds 28; Newcastle-on-Tyne 31.

The highest annual death-rates from diseases of the zymotic class in the large towns last week were—From scarlet fever, 4·7 in Leeds, 2·8 in Newcastle-upon-Tyne, 2·2 in Manchester, 2·1 in Preston, and 1·9 in Sheffield; from measles, 1·6 in Salford, 1·4 in Plymouth, and 1·2 in Huddersfield; and from "fever," 2·1 in Preston, 1·6 in Portsmouth, and 1·0 in Newcastle-upon-Tyne. The 49 deaths from diphtheria included 22 in London, 8 in Glasgow, 7 in Edinburgh, 2 in Plymouth, 2 in Leeds, 2 in Hull, and 2 in Newcastle-upon-Tyne. Small-pox caused 2 deaths in London, one in Birmingham, and one in Sunderland.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

A Triangular Confederation.—Rumours are afloat that the breathing time allowed the Corporations before the meeting of Parliament is to be employed in effecting some startling reforms. The three Corporations are to form a united brotherhood for a certain period to enable them to see if they can work together. We are to have no more of that unseemly running from one Corporation to another by "chronics" anxious to get on the register on the easiest terms. The separate qualifications are to be abolished, examinations equalised, and the Fellowships are only to be granted after the candidates have undergone severe examinations. The picture is so beautiful that one feels inclined to rub one's eyes and ask, "can such things be," "and why not before"? The action of the Corporations reminds us of the story of that hoary-headed sinner who refused to repent till he was assured by his physicians that his recovery was hopeless. The hard fight for existence which took place last session has not been without its beneficial results, and these may to a great extent be credited to the flood of light poured in upon the doings of the Corporations by "some of the London papers," which, from all accounts, have nothing better to do than meddle in other people's business.

Waste Forces.—Besides the relief and cure of the sick, which is of course the primary duty of those attached to our hospitals, it appears to us that the publication of the history of important cases, together with an account of the methods of treatment adopted, is also incumbent on those who from their position have the means of enlightening their less favoured brethren. We are, therefore, surprised at the difficulty which we often meet in obtaining the record of cases treated in some of the Northern hospitals of the Kingdom.

The Faculty of Physicians and Surgeons of Glasgow.—The Faculty of Physicians and Surgeons of Glasgow, it appears, is about to institute an experiment of doubtful expediency—viz., a Fellowship by examination. It is stated that this step arises in consequence of the charge that the Faculty merely "sold its Fellowship." Now, in point of fact, this is not the case, for the Fellowship of the Faculty has always been regarded rather as a social than a professional distinction, and the Faculty can no more be said to have sold its Fellowship than any of the Glasgow or other clubs in the country to have sold their Membership. Farther, the mere payment of the entrance fee did not necessarily ensure the "distinction," for objectionable individuals—men who had opinions, and had been guilty of the unpardonable sin of giving them expression—have been known to have been "black-balled." Should this resolution be enforced, as there is every reason to believe it will, there is simply another medical qualification added to the much too numerous ones already in existence, and it is more than likely that aspirants to the Fellowship will become few and far between; and it will lead to a meaner estimate of the value of the mere licence by the public. This Faculty seems afflicted by a few restless geniuses, who threaten its premature extinction, and from whom it ought fervently to pray to be saved.

Murthly Asylum.—Dr. Colin McIvor Campbell (son of the late Principal Campbell, of Aberdeen University) has been appointed Medical Officer for Murthly Asylum, in the room of Professor McIntosh, resigned. Dr. Campbell was formerly Assistant Medical Officer in Durham County Asylum, and last year he temporarily filled the place of Dr. McIntosh.

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 10th inst., was 97, and the death-rate 21 per 1,000. Diseases of the chest accounted for 45 deaths, and zymotic causes for 12, of which one was due to fever, 3 to diphtheria, 3 to scarlatina, and 4 to measles—the intimations of these diseases for the week being 10, 5, 47, and 107.

Tercentenary of the University of Edinburgh.—We understand that, at a meeting held in the Senate Hall, on Saturday, the 10th inst., it was finally resolved that the celebration of this event, so interesting, not only to Edinburgh, but to former *alumni* and others in all parts of the globe, shall take place on the 16th, 17th, and 18th of April next. It is confidently believed that not only the civic authorities, but the citizens generally, will cordially co-operate with the University authorities in giving due *éclat* to this great ceremonial.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 10th inst., were at the rate of 23 per 1,000 per annum, against 25 in the previous week, and 24, 28, and 28 in the corresponding periods of 1882, 1881, and 1880 respectively.

Assistant Obstetric Physician to the Royal Infirmary, Edinburgh.—We understand that the Governing Body of the Infirmary have determined to institute a new post in the Infirmary, that of Assistant Obstetric Physician, and that there are several candidates for the new office.

To Medical Graduates.—The registers of the General Councils of the Scottish Universities for 1884 are made up on the 30th inst., and changes in the designations or addresses and deaths of members should be intimated to the registrars before that date, so as to ensure correctness in the registers. Graduates who have not yet availed themselves of their right to become members are in time up to the end of this month to have their names placed on the next register.

The Fever Epidemic in Dundee.—According to the *Dundee Advertiser* the outbreak of fever in Dundee has not yet abated. Between the 1st and the 12th November, 19 cases of typhoid, 19 cases of scarlet, and 2 cases of typhus fever, besides 2 cases of diphtheria, were reported at the Sanitary Office. During one week there were nine removals to the Infirmary. The cases were chiefly from the Eastern and North-Eastern districts of the town.

Stonehaven.—Epidemic of Scarlatina.—A considerable amount of panic prevails in the town of Stonehaven at present regarding an outbreak of scarlatina, and as a result large numbers of parents are withholding their children from school. The two School Boards having the oversight of the town have met and discussed the situation, and have resolved not to shut the school, but to adopt precautions which will prevent children attending school from families in which there is fever until medically certified to be clear of the disease. Two deaths occurred.

Scotch Vital Statistics.—The following is an epitome of the Registrar-General's Quarterly Return of the death-rate in the principal towns of Scotland :—The mortality from all causes was 2,179 in July, 2,204 in August, and 2,019 in (equalised) September; whilst from specified causes the deaths were 2,160, 2,190, and 2,003 respectively. From the zymotic class of diseases 412 succumbed in July, 455 in August, and 431 in September, thus constituting 20·4 per cent. of the total deaths during the quarter referred to from specified causes. From measles 92 deaths occurred in July, 40 in August, and 31 in September; from scarlet fever, 34 in July, 59 in August, and 58 in September; from diphtheria, 18 in July, 22 in August, and 30 in September; from croup, 19 in July, 9 in August, and 37 in September; from whooping cough, 97 in July, 73 in August, and 61 in September; from typhus fever, 8 in July, 10 in August, and 7 in September; from typhoid fever, 13 in July, 29 in August, and 28 in September; from diarrhœa, dysentery, and cholera combined, 87 in July, 147 in August, and 125 in September; and from rheumatism, 6 in July, 8 in August, and 9 in September. To syphilis 7 deaths were ascribed in July, 8 in August, and 15 in September. From delirium tremens or the direct effects of intemperance, 11 deaths occurred in July, 13 in August, and 8 in September. From dropsy, 13 deaths were reported in July, 12 in August, and 10 in September; and cancer caused 45 in July, 51 in August, and 50 in September. To diseases of a tubercular nature, 417 deaths are ascribed in July, 395 in August, and 329 in September; and of these phthisis is accountable for 298 in July, 261 in August, and 230 in September. Diseases of the brain and nervous system caused 230 deaths in July, 261 in August, and 214 in September; and those of the circulatory system 136 deaths in July, 136 in August, and 105 in September. Diseases of the respiratory organs, other than phthisis, caused 398 deaths in July, 290 in August, and 323 in September, or 15·9 per cent. of all deaths from specified causes during the quarter fall under this order. Diseases of the digestive organs caused 104 deaths in July, 139 in August, and 129 in September. The deaths ascribed to diseases of the urinary organs were 45 in July, 47 in August, and 52 in September. To developmental diseases of children were accredited 92 deaths in July, 104 in August, and 86 in September. The deaths from puerperal fever and childbirth were 11 in July, 25 in August, and 23 in September. To old age 78 deaths were ascribed in July, 91 in August, and 72 in September; and to sudden death from unascertained causes, 12 in July, 5 in August, and 10 in September; 88 violent deaths occurred in July, 73 in August, and 75 in September; 5 of these being homicide and 15 suicide.

Munificent Bequests to Aberdeen Medical Charities.—By the will of the late Mr. David Roberts, Aberdeen, who died on the 31st December, 1875, his trustees were authorised upon the death of his last survivor to divide the residue of his estate among such charitable institutions as should appear to the trustees to be most deserving at the time of the division. The last surviver having recently died, Mr. Roberts' instructions with respect to the residue have now become operative, and allocations have been made out of the deceased's estate to the following institutions. The various bequests amount in all to the large total of £4,225 :—Aberdeen Royal Infirmary (Improvements and Building Extension Fund), £1,000; do., for Convalescent Hospital, £200; do., for Samaritan Fund, £100; Aberdeen General Dispensary, £100; Hospital for Persons labouring under Incurable Disease, £200; Hospital for Sick Children, £100.

The *Chemist and Druggist* says that a parcel of no less than 29 tons of citric acid has come on the market during the past month, being a return from Russia, whither it had been sent during the war. It was damaged, and has been sold at low price.

Literature.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON. (a)

This volume of Obstetrical Transactions differs from its predecessors in no notable respect. It forms a well-edited, and well-published narrative of the proceedings, of the London Obstetrical Society for last year, and includes the average number of exhibitions, communications and discussions. The latter are, we notice, very fully reported, and we venture to think that, forming as they do a running critical commentary upon the matters submitted to the Society, they fully warrant the space allotted to them in the volume. We find in these Transactions seventeen papers upon obstetrical or gynæcological topics, together with descriptions of a number of pathological specimens. Some of the papers—perhaps not the least valuable—possess an interest which is almost limited to specialists. As, however, it is impossible in a notice like the present to review critically each of the seventeen papers we shall confine our observations to those papers only which are possessed of general interest to the practising physician.

The annual address of the President of the session, Dr. J. Matthews Duncan, is chiefly taken up with obituary notices of Fellows of the Society who had died during the previous year. Among these we find sympathetic sketches of the life and life-work of Thomas Radford (of Manchester), of Otto Spiejelbry (of Breslau), and not least of Alfred H. M'Clintock (of Dublin).

Dr. Playfair writes a short paper upon Emmet's operation for the repair of a lacerated cervix. Though Dr. Playfair had nothing new or striking to add to the literature of this subject, we concur with him in thinking that the time had fully come when English gynæcologists should no longer allow a jealous scepticism to stand in the way of its fair discussion. One might have thought that an operation which came to us endorsed by the cordial support of such authorities as Emmet, Thomas, and Goodell, would have found many here who were ready at least to examine the grounds upon which its acceptance was claimed. To be judicial is not necessarily to be sceptical, though the latter was no doubt the mental attitude assumed towards trachélo raphé until little more than a year ago. Later experience, if it has failed to justify the somewhat exuberant enthusiasm of some among its American advocates, has at least confirmed the accuracy of Dr. Playfair's conclusion that there are many cases of cervical laceration which give rise to much irritation of the uterus, lead to important secondary results, and which may be completely and rapidly healed by Emmet's operation. It would appear to be the opinion of those who joined in the discussion upon Dr. Playfair's paper that in America there is a danger of running into excesses in the frequency of the performance of the operation. No doubt many, if not the large majority, of lacerated cervixes heal under proper treatment during the puerperal state without injurious after effects, while in others the effects of the laceration may be successfully treated without operation. Allowing this it cannot be denied that Emmet by his investigations on this subject has not alone materially added to our knowledge of uterine pathology, but has given us a new and very valuable means of relief.

Two of the most original and elaborate papers in the volume refer to the symptom dysmenorrhœa. Dr. J. Williams writes upon "The Natural History of Dysmenorrhœa," but confines most of his remarks and conclusions to examples of primary as opposed to acquired dysmenorrhœa. His paper is a very valuable contribution to the history of dysmenorrhœa as studied under the least complex conditions, though some of the speakers in the lengthy discussion which ensued upon its reading seem scarcely to have appreciated the limitations of the subject as defined by the author. We give the most important of the conclusions to which Dr. Williams was led by a critical review of 873 cases of primary and 22 of acquired dysmenorrhœa—all unmarried women when the symptom first manifested itself. Dysmenorrhœa in unmarried women is almost invariably primary, and in rare cases only ceases spontaneously in the course of a few years. Sterile marriages augment the suffering, while childbearing cures a large number of cases. One in twelve subjects of primary dysmenorrhœa is sterile after marriage. The menstrual flow is profuse in about two-fifths of the cases, and scanty in about half. It contains clots or shreds in about three-fourths. The uterus is imperfectly developed, too short or too small. The cervix may be conical, and the os small or round, but stricture of the canal is infinitely rare in any part of its course. Dysmenorrhœa may produce in time slight hypertrophy, erosion, and eversion of the cervical mucous membrane, and catarrh. The slight hypertrophy is probably caused by periodically increased muscular action. Ovaritis and perimetritis are possible results. The pain is due to uterine spasm, excited by the separation and discharge of decidual shreds and clots in an unduly sensitive organ.

We are unable of course to criticise these conclusions in detail, but we believe that in time most of them will find general acceptance. Dr. G. E. Herman writes "On the Relation between Backward Displacements of the Uterus and Painful Menstruation." He assumes as a matter of practical experience that some cases at least of painful menstruation must result solely from the displacement, since replacement and maintenance in a normal position by pessaries is sometimes sufficient of itself to cure the pain. The connection between the pain and the displacement has been explained on three distinct hypotheses. The first of these is that the flexion causes a narrowing of the uterine canal at the point of flexure, and this results in an obstructed outflow of the menses marked by pain. The second is that the nutrient and emergent vessels of the uterus are "kinked" at the seat of flexure, with resulting congestion of the uterus and a special form of "congestive dysmenorrhœa." Both of these hypotheses, Dr. Herman contends, are entirely unsupported by anatomical evidence, as well as made improbable by various clinical experiences, chief among which is that the dysmenorrhœa in retro-displacements is not confined to cases of flexion, but may also, though perhaps not so often, be observed in pure versions. Dr. Herman concludes that the pain results from congestion caused by the pressure of the utero-sacral ligaments on the veins in the broad ligament, a pressure which may easily be demonstrated to exist when the uterine fundus is pressed forcibly backwards and downwards into Douglas' space. Strong reasons are given for believing this view upon clinical, as well as anatomical, grounds.

The President, Dr. J. M. Duncan, contributes a paper on "Puerperal Diabetes," in which he narrates what is known concerning the influences which this complication had upon the twenty-two pregnancies of fifteen women, all of whom were, with one exception, multiparæ. These cases include all that Dr. Duncan could obtain notes of, and certainly do not seem to show that the pregnant or puerperal woman is specially predisposed to such a complication. We question, therefore, very much whether Dr. Duncan is justified in creating an analogy as regards nomenclature with "Puerperal Nephritis." No doubt, as he says, "all diseases, including surgical accidents, have puerperal variations," though this fact hardly renders it needful or wise to talk about "puerperal fractures." We should have preferred had he entitled his paper "The Effects of Diabetes upon Pregnancy, Parturition, and the Puerperal State," and avoided intimating that there was a special form of diabetes which resulted from any of these conditions, as indisputably nephritis may.

In many of the cases collected in this paper death resulted from collapse rather than from coma. There were four fatal endings during the puerperal state, one of which followed premature labour induced because of approaching death. Hydramnios were frequent, and the liquor amnii was proved in one case, and probably did in another, contain sugar. "In seven of fourteen pregnancies, in fourteen mothers, the child died during the pregnancy, having in all of these reached a viable age. In two more the child was feeble and died a few hours after birth, making an unsuccessful result of pregnancy in nine out of nineteen pregnancies. In one other case the child had diabetes. The dead fœtus is sometimes described as enormous, or its weight is extraordinary, and this probably results from dropsical infiltration." The histories show also that diabetes may come on during pregnancy, that it may be absent at other times, that it may cease after pregnancy and subsequently recur;

(a) Transactions of the Obstetrical Society of London. Vol. XXIV. For the year 1882. London: Longmans, Green, and Co., 1883.

that it may come on soon after parturition; that it may not return in a pregnancy occurring after its cure; that pregnancy may occur during diabetes; that pregnancy and parturition may be unaffected by the presence of diabetes; and that pregnancy is very liable to be interrupted in its course when diabetes exists, and probably always by the death of the child.

Dr. C. Chaubayian, of Paris, writes "On the Treatment of Post-Partum Hæmorrhage by Hypodermic Injection of Ergotine," the true alkaloid of ergot of rye. According to the author, all the preparations known under the name ergotin are simple extracts, while only three grains of the alkaloid, ergotinin, are to be obtained from one pound of fresh powdered ergot of rye. One two-hundredth and one one-hundredth grain doses in hypodermic solution of the alkaloid were used by Dr. Chaubayian in a number of cases of hæmorrhage in the Rotunda Hospital with the consent of Dr. Atthill, and with apparently very good results. The trials were made, however, in cases where the bleeding seems, from the reports contained in the paper, to have been in no way excessive, and Dr. Chaubayian himself thinks that in severe post-partum hæmorrhages no absolute reliance on this method of treatment could be safely placed. Indeed, we are not sure that all the reported cases can fairly be called hæmorrhages at all, as the ergotinine was used immediately on the appearance of an even inconsiderable amount of blood, and is usually stated to have quickly induced uterine contractions and prevented further flow. None the less it is probable that in this treatment we may possess a valuable adjunct therapeutic means for promoting uterine contractions, and thus avoiding the severe cases of hæmorrhage. A decided advantage of ergotinine is the little bulk (10 minims) of the solution containing a full dose, while neither local accidents or general intoxication resulted in any case. Dr. A. W. Edes reports a very interesting case in which Cæsarean section was performed in consequence of epittielioma of the cervix. The operation, performed by Mr. H. Morris in the Middlesex Hospital, with very signal success, since seven months afterwards both mother and child were living, and the epithelioma in the former did not appear to have made any great advances.

Dr. G. E. Herman also reports two cases of labour complicated by cervical cancer. In Case I. the diseased tissue was removed with scissors and actual cautery, and the child delivered (living) by forceps. A vesico-vaginal fistula resulted on the fourth day of childbed; the patient suffered phlegmasia dolens coming on at the end of the second week and died on the eighteenth day. In Case II. the disease had existed for probably nearly two years in a multipara, aged 45. The cervix was removed during labour by an ecraseur, remaining soft malignant growths torn down by the fingers, and the child delivered dead but not decomposed by the forceps. The patient recovered well during childbed, and remained fairly well six months afterwards. Dr. Herman concludes from this case that difficulty in delivery is proportional to the hardness of the new growth, and that masses of cancer may be removed during labour without any evil results.

Among other interesting papers in this volume we may specially notice the report by Mr. Knowsley Thornton on a "Case of Extra-Uterine Fœtation Treated by Antiseptic Abdominal Section, with Removal of Fœtus and Placenta," followed by recovery. Also two papers by Dr. Champneys, one on the obliquely contracted pelvis, and the other on the kypnotic pelvis.

No pathological specimens of very great interest or rarity were presented during the year.

A GUIDE TO THE MICROSCOPICAL EXAMINATION OF WATER AND AIR. (a)

DR. MACDONALD held for many years a high position as one of the teachers of hygiene at Netley. The late Dr. Parkes was his friend and colleague, and he had the exceptional advantage of his advice and assistance in the preparation of the first edition of this excellent guide to the microscopical examination of water. Moreover, it is well known that he possesses a thorough acquaintance with the subject, and that anything from his pen must be thoroughly practical and useful. Dr. Macdonald in his preface tells us that his book has been written for the benefit of officers of health and officers of the Army and Navy, who are constantly called upon to say whether this or that particular water is hurtful or not; but we believe the profession generally will find most useful information in his pages on the nature of the suspended and infused matters which abound in nearly all river and lake waters employed for domestic uses. The lithographic plates, twenty-five in number, will be found useful, quite independently of the accompanying text, as a kind of ready reference in the determination and classification of the vegetable and animal matters, the figures having all been drawn by the author from life with pen and ink for the stone. These, of course, cannot pretend to the fineness and delicacy of steel engravings; nevertheless they are carefully drawn, and are artistic in effect, whilst they have the advantage of lessening expense of publication, a substantial gain to students. This second edition presents several improvements, one of the boldest being the removal of the whole of the Flagellata from the Protozoa to the Protophyta. Modern researches prove the propriety of the change. A very useful chapter has also been added on the microscopical characters of the air we breathe, and the mode of collecting it; but, as the author observes, the busy spider and his cobweb is the unconscious preparer of many interesting specimens for the hygeist, for whatever the nature of the suspended matters in the air, they will be sure to be entangled, and may be placed on a glass slip for examination under the microscope.

We venture to think a little more might have been done to bring that interesting group Bacteriaceæ up to date. The classification of Eherenberg and Cohn will be regarded as a little antiquated; recent researches tend to show their deep sanitary significance, and unmistakably appear to link particular forms with special effects.

Officers of health should assuredly possess a fair knowledge of the microscope; and Dr. Macdonald's book will certainly be found an efficient and trustworthy guide in the examination of water, and the identification of animals and vegetables found in it, and which may give rise to certain grave disorders.

THE IRISH EDUCATIONAL GUIDE AND SCHOLASTIC DIRECTORY FOR 1883-84. (a)

THIS volume forms a very handy compendium of Irish, English, and a good deal of foreign education, both general and professional. All the educational institutions in the country are described; and all particulars as to their professors, curricula, and expenses are succinctly but clearly set forth. Besides the official text, there are educational advertisements from all parts of the Kingdom; and, in fact, this work is indispensable, both to teachers who want to see what other teachers are doing, and to parents who require to know where the best educational value can be got for their children. It may be observed that the book gives information both as to male and female colleges and schools.

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THE MEDICAL BILL.

WE are able to state, and we do so with much satisfaction, that it is the firm determination of Lord Carlingford, Mr. Mundella, and of the Government, to make the Medical Reform Bill a feature of the coming session of Parliament, and to pass it within the next six months, unless some unexpected hindrance intervenes. The realisation of this determination is due to the profession, to the public, and to the Royal Commission, who devoted so much care to the elucidation of the subject; and we have every confidence in the enthusiasm which the Lord President and the Vice-President of the Privy Council have evinced in dealing with the matter.

We earnestly trust that the licensing bodies who are so nearly concerned in the settlement of the questions which have been a disturbing element in medical affairs for years past will show true wisdom in exchanging the old policy of mulish opposition for a more reasonable policy of conciliation and compromise; and, on the other hand, we venture to express the hope that Ministers will assume a more yielding temper towards the opponents of the measure than was evinced in last session.

(a) "A Guide to the Microscopical Examination of Water and Air." By Dr. J. D. Macdonald, F.R.S., Inspector-General of Hospitals and Fleets. London, 1883. Second Edition. Churchill.

(a) "The Irish Educational Guide and Scholastic Directory for 1883-84." Dublin: John Mara. Med. 8vo. Pp. 126.

There can be no doubt that if Government are thwarted and annoyed by an unreasoning resistance they can and will pass the Bill in the teeth of all opposition; but, on the other hand, it is clear that the licensing bodies can interpose endless obstacles if their views are not reasonably considered by Government. We advocate a middle course of conciliation so long as the principles of the Bill are not sacrificed, and we believe that most of the licensing bodies will be quite willing to act in a not unfriendly spirit towards the Bill if they are afforded a *modus vivendi* for the future.

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The election of a Master of the Coombe Lying-in Hospital, Dublin, in room of Dr. Kidd, whose period of office has expired, will take place on the 13th of December. Drs. Roe, Mason, Neville, who have served as Assistant Masters in the Hospital, are eligible for the vacant office.

We also note with extreme satisfaction that the Governors of the institution have appointed a committee of investigation to inquire into the causes of the excessive expenditure of the Hospital, and to ascertain why it costs £72 to keep a bed in the Coombe Hospital while the sister institution, the Rotunda, can maintain a bed for £58 with apparently equal efficiency. The committee of inquiry is the outcome, we believe, of strenuous remonstrances addressed to the Governors by the Board of Superintendence of the Dublin Hospitals, whose action in the matter may be credited to their attention being called to the subject by the *Medical Press*.

When the Board of Superintendence has satisfied itself that the Coombe Hospital outlay has been reduced to a level fairly consistent with efficiency it may with advantage turn its attention to Cork Street Fever Hospital, in which institution every bed maintained costs £100 0s. 5½d., of which monstrous sum no less than £71 7s. 2d. goes on "establishment," while only £28 13s. 3d. is expended for the immediate benefit of the patient.

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We regret to state that Mr. Croly, Surgeon of the City of Dublin Hospital, and one of the Court of Surgical Examiners in the Irish College of Surgeons, has been seriously ill. He has suffered for ten days past from severe and continuous headache, but we understand that the attack has now resolved itself into typhoid, and that since the fever has developed the head symptoms have been relieved, and the disease is taking a favourable course. Drs. Finny and Gordon are in attendance.

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Correspondence.

THE DEBATE ON PATELLAR SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In referring, in your issue of the 14th, to the recent debate at the Clinical Society on "Patellar Surgery," you speak thus of a speech of mine, of which you give a very imperfect report:—

"Mr. Holmes' exaggeration of modesty in attributing his failure to obtain a good result because his colleague omitted to wash his hands with carbolised water previously to drawing the suture into place, failed to evoke the sympathetic derision it seemed designed to call forth; nor can it be anticipated that flippant criticism of Mr. Lister's earnest warnings to be careful will command very general appreciation among thoughtful men."

I should have hardly thought it possible that any one would have so misunderstood my meaning, but as your critic has done so, it seems necessary for me to say that my conjectural explanation was a perfectly serious one, perfectly in accordance with the antiseptic theory, and accepted as perfectly adequate by Mr. Lister's assistant, Mr. Watson Cheyne, in his prize essay on antiseptics at the College of Surgeons. I have little doubt that the matter is also referred to similarly in his published work on the subject; but I have not the book by me for reference. Nothing would have surprised me more than to find my speech received in any assembly of well-informed surgeons with any "derision," whether "sympathetic" or not.

I do not know whether you meant the last clause of the sentence to apply to me, but if so, I must again protest against its injustice. I have never treated "Mr. Lister's earnest warning to be careful" with "flippant criticism," but on the contrary have always contended that his success depends on this minute care and cleanliness. That success I have always been forward to acknowledge, both in public and private, and have done my best to imitate it and the care on which, as I think, it depends. If I hesitate to admit the germ theory as applied to surgery to the extent for which Mr. Lister and his followers contend, I am supported in that view by some of the most eminent surgeons and physicists of the day, and if I hesitate to admit that the suture of fractured patella can be devoid of danger, by whomsoever performed or with whatsoever precaution, I am supported by the fact that operation has proved fatal in the hands of some of Mr. Lister's colleagues, and in those of one of his most ardent followers.

I am, Sir, yours, &c.

T. Holmes.

18 Great Cumberland Place,
November 15th.

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THE PHILOSOPHY OF VOICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me to thank Mr. Jakins for his information contained in your issue for November 7th. I dislike responsibility, and am ever pleased to throw it on to others. He has given me information that, in my restricted sphere, I could not otherwise obtain.

As regards Dr. Wyllie, I wished *him* to have the credit of the logical conclusion from his premises. I *knew* the false cords have as much to do in *true* voice-production as the lips have in forming the letter V, or the tongue in the letter Z, but I wished to be spared the claim of originality in this physico-acoustical discovery.

And now I come to Mr. Lennox Browne. In 1876 he wrote in his "Medical Science in Relation to the Voice as a Musical Instrument," as follows:—"I am well aware that I have left altogether untouched many points of great importance in *voice-production*, as, for example . . . the influence of the ventricles of the larynx in controlling both the entrance and exit of air in the glottis."—p. 12. Will he eat his own words?

But I go on to his present letter (in the *Medical Press* for November 7th), Paragraph 1 is untrue, and Mr. Browne must have known it to be so. What! Three high wranglers refuted in hydrostatics? When? Where? And by whom?

2. There is another reason why I am entitled to "consideration" and it is this:—I have learned my profession, and write as the mouthpiece of its highest representatives. I do not dabble in what I have not learned.

3. Now for Mr. Browne's exposure of my "fallacy." He writes: "The above extraordinary theory of (approximation of ventricular bands in) voice-production is avowedly founded upon 'Observations on the Physiology of the Larynx,' by Dr. John Wyllie." This is not so. It is founded on Cataneo's training, into which Dr. Wyllie's physiological discoveries fit. By "extraordinary," I presume Mr. Browne means novel. There is nothing "extraordinary" in a solid ruling a fluid in measured escape, and all discoveries are novel at first, the only "extraordinary" thing, therefore, in the matter is that so obvious an internal application of natural physics should have remained so long unknown.

What Mr. Browne, by accepting Dr. Wyllie's valvular theory, has tacitly pledged himself to prove is, that while the false cords close in complete suspension of escaping breath, the false cords have *not* the power of modifying their capacity in varying degree. It is a physiological point, and I demand proof.

Mr. Behnke asks me to tell him "how vocal sound could be produced without volition?" My reply naturally is, by reflex action. The first cry of infant life is not made by volition, neither is the sneeze of an adult.

Yours, &c.,
CHARLES LUNN.

Edgbaston, Birmingham

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I had not intended to trouble you again in this matter, but since Mr. Lunn, referring to the photograph of the larynx recently published with my paper in the *British Medical Journal*, presumes to lecture me on acoustics, I beg permission to transcribe the following paragraph from his own writings, which will show your readers that, "inebriated with the exuberance of his own verbosity," he is nevertheless utterly ignorant of the most elementary laws of sound :—

"The voice-trainer has to be able to analyse the *simple* tones into their *component parts* (!) and detect what upper partials are wanting to improve the tone, or what upper partials exist in excess to the detriment of it; he has to cut off some and add others according to the angles of incidence and reflection." ("Vox Populi: a Sequel to the 'Philosophy of Voice.'" London: W. Reeves, 1880, page 51.)

I will not inflict on your readers any further quotations, for they have probably by this time had quite enough of Mr. Lunn's "philosophy." I think it will be generally agreed that, notwithstanding his self "usurped position as the mouthpiece of both the medical and vocal professions," he has taught nothing new to those competent of forming an opinion on the value of his papers.

I am, Sir, yours, &c.,
LENNOX BROWNE.

36 Weymouth Street, W.,
November 14th, 1883.

[This correspondence must now close.—ED.]

Pass Lists.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College on Monday, Nov. 12th :—

Alexander, T. Gray, M.B.Glas.
Barry, T. D. C., L.K.Q.C.P.
Blower, B., L.R.C.P.Lond.
Cardew, G. Schuyler, M.B.Ed.
Davies, H. A. B., L.R.C.P.Ed.
Ellis, Sidney, L.S.A.
Faulkner, Herbert.
Fenwick, H. M., L.R.C.P.Ed.
Giddings, R. Ritchie, M.B.Ed.
Gilbertson, J. Henry.
Hart, Arthur Herbert, L.S.A.
Hutchinson, J. A., M.B.Durh.
Johnston, Matthew, L.R.C.P.Ed.
Lawrence, S. C., L.R.C.P.
Lockwood, Harry, L.S.A.
Macfadyen, Allen, M.B.Ed.
Manders, N., L.R.C.P.Lond.
Ranson, William E., L.S.A.
Reid, George More, M.D.Ed.
Stafford, William, M.B.Glas.
Whyte, John Mackie, M.B.Ed.
Wigmore, F. Henry, L.S.A.
Wilson, J. Grant, L.S.A.

The following were admitted Members on Tuesday, Nov. 13th :—

Blaxland, Walter, L.R.C.P.Ed.
Brown, John Henry, M.B.Ed.
Cotton, James Milton, M.B.
Edmunds, D. T., L.R.C.P.Ed.
Graham, George Herbert, L.S.A.
Hooper, Henry W., L.R.C.P.
Moore, Hugh W., L.R.C.P.Ed.
Mukerji, Upendra N., M.B.Ed.
Rook, Albert E., L.R.C.P.
Smith, Montagu, L.R.C.P.Ed.
Steedman, John Francis, L.S.A.
Tomson, Walter B., M.B.Durh.
Turner, Nathaniel Henry.
Vassie, Richard, M.B., M.C.Ed.
Williams, Montagu W., L.S.A.
Wood, J. W. A., L.R.C.P.Ed.

The following were admitted Members on Wednesday, Nov. 14th :—

Carmichael, William.
Crawshaw, Samuel.
Edsall, S. B. Alfred.
Greenwood, Cecil D., L.S.A.
Howard, Wilfred, L.R.C.P.Ed.
Irving, D. Bell, L.R.C.P.Lond.
Jefferis, James E.
Knaggs, R. L., L.R.C.P.Lond.
Leaver, C. B., L.R.C.P.Lond.
Milner, S. G., L.R.C.P.Ed.
Naylor, John H., L.R.C.P.Ed.
Nunnerley, P. J., L.R.C.P.
Salvage, John Valentine.
Stevens, Percy Richard.
Swain, James.
Syree, Anton Hugh.
Townsend, Stephen Chapman.
Walker, Charles Pope.

The following were admitted Members of the College on Thursday, Nov. 15th :—

Bowhay, Albert.
Bowker, Robert S., L.R.C.P.Ed.
Bush, F. A. A., L.R.C.P.Ed.
Doidge, Maurice John.
Fowler, Walter.
Greenhill, E. F., L.R.C.P.Ed.
Holyoake, Ralph.
Ley, Herbert.
Lyon, T. Glover.
Martin, J. Price.
Maurice, W. James.
Millhouse, George.
Robinson, Louis, L.S.A.
Ruck, D. Naunton.
Salmon, L. E. A., L.R.C.P.Ed.
Simmons, E. Walpole, L.S.A.
Waller, O. Brooke, L.S.A.
Wilson, W. Emmett.

The following were admitted Members of the College on Friday, Nov. 16th :—

Bentlif, P. Barnett, L.S.A.
Buckmaster, G. Alfred.
Chadwick, C. S., L.R.C.P.Ed.
Dovaston, M. Edmund.
Hadley, W. James, L.S.A.
Herbert, George, L.R.C.P.Ed.
Josling, C. Langford, L.S.A.
Kealy, J. W. Gregory, L.S.A.
Larking, A. Ernest, L.S.A.
Lee, G. Thomas.
Leeming, R. Whinerey, L.S.A.
Lipscomb, E. R. S., L.S.A.
London, J. Edward, L.S.A.
Matthew, C. Pynsent, L.S.A.
Molyneux, J. F., L.R.C.P.Ed.
Moorhouse, B. Michael, M.B.Ed
Mumby, L. Philip, L.S.A.
Oglesby, H. N., L.R.C.P.Ed.
Powell, J. Harry, L.R.C.P.Ed.
Spencer, Walter, L.R.C.P Ed.
Williams, J. Henry, L.S.A.

Edinburgh Royal College of Physicians.—The following candidates were successful during the recent examination for the licence of this College :—

Arblaster, Charles.
Bowker, Robert Steer.
Brown, Arthur Livingstone.
Bush, Francis Alexander A.
Chadwick, Charles Scott.
Coates, Gilbert Herbert.
Cochrane, Charles Edward.
Close, Edward Napier.
D'Arcy-Ellis, Hyacinthe.
Dawson, George Herbert.
Dixon, George Frederick.
Elliot, Edmund Arthur S.
Greenhill, Edward Fowler.
Herbert, George.
Jenkins, Jenkin.
Johnston, Mathew.
Jones, Arthur.
Langstaff, John Elliot.
Macdonald, George Childs.
Milner, Samuel George.
Molyneux, John Francis.
Naylor, John [illegible].
Oglesby, Henry Newsome.
Phillips, William.
Prothuroe, John.
Ray, William Barker.
Richards, Thomas Decimus.
Robinson, Hugh Shapter.
Salmon, Laurence Ernest A.
Smith, Montague.
Walker, Andrew Wallace.
Watson, Albert Durand.
Weller, John.
Wright, John George.

King and Queen's College of Physicians in Ireland.—At the November examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

Medicine.

Buggey, John Joseph.
Cole, Arthur.
Cronin, Cecil Spencer.
D'Arcy, Richard J.
Graves, C. H. P. D.
McCartan, Michael Joseph.

Midwifery.

Buggey, John Joseph.
Cole, Arthur.
Cronin, Cecil Spencer.
D'Arcy, Richard J.
Graves, Charles H. P.
McCartan, Michael J.
McMahon, Jeremiah.
Meek, James.
Mitchell, James.
Symes, W. L.

The following gentlemen have been admitted Members this month :—

Kerans, Thomas George.
Kennedy, John William.
McCarthy, Charles W.
Owen, William Hall.

Notices to Correspondents.

TESTIMONIAL FUND TO DR. ROGERS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly insert the following additional list of subscriptions to this Fund, and oblige

Yours, &c.,
J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
3 Bolt Court, Fleet Street, London, November 14, 1883.

Morell Mackenzie, Esq., M.D., 19 Harley Street, London ..	£5	5	0
Septimus Sibley, Esq., F.R.C.S., 7 Harley Street, London ..	1	1	0
G. G. Whitwell, Esq., M.B., C.M. Edin.	1	1	0
Alfred Carpenter, Esq., M.D., Croydon	1	1	0
Douglas M. Ross, Esq., M.B., 9 Pavilion Parade, Brighton ..	1	1	0
Dr. Haward, 9 Harley Street, London	1	1	0
J. Grosvenor Mackinlay, Esq., 15 Stratford Place, London ..	1	1	0
J. Murray Lindsay, Esq., M.D., Mickleover, Derby	1	1	0
Thomas Johnston, Esq., Belper	1	1	0
C. T. Aveling, Esq., M.D., Lower Clapton	1	1	0
J. R. White, Esq., Kelvedon Hatch, Brentwood	0	10	6

MR. SANDISON.—The information you ask for will be best obtained from the Secretary of the College in question. The regulations apply equally to all those who present themselves for examination.

DR. CARRINGTON.—Infusion of kousso is prepared by adding four ounces of boiling water to a quarter of an ounce of the drug in coarse powder, and omitting to strain the product. The dose may vary from four to eight ounces. It frequently acts successfully, but occasionally excites vomiting.

DR. WILLIAMS.—There have been several occasions on which the usual proceedings have been varied, the convenience of the President having to be considered in this connection. Timely notice, however, of any change is invariably given, and thus any disappointment is obviated.

F. G. H.—The report you send concerns no one except the persons directly interested, and would scarcely be appreciated outside of the locality in which the occurrence took place. It is always pleasant to hear of the recognition of a medical man's deserts, and frequently it is desirable to give publication to the fact. In this case the rule, however, hardly obtains.

DR. L.—The report was compiled from information afforded by a resident in the neighbourhood, and a medical practitioner. Our regret, as expressed in the note, will be very great if such an undesirable course is persisted in by either party to the misunderstanding.

MR. TEBBUTT.—On consulting our annual Students' Number, published September 19 last, you will find a full account of the requirements in question.

MR. COMPTON.—We shall be glad to receive the articles mentioned in your note.

SCIATICA.—A correspondent, writing to the *Medical World* on the treatment of sciatica, records a case in which perfect cure resulted from injection of 1-16th of a grain of sulphate of atropia, the spot selected for the operation being the subcutaneous cellular tissue immediately over a tender point behind the trochanter major on the affected side. The symptoms produced by the drug, viz., dryness of the fauces, dilated pupils, hallucinations, &c., developed in about two hours, and persisted for about the same length of time, and were succeeded by calm, painless sleep. Fourteen months later the sciatica [illegible] returned.

DR. TYSON.—Given in small doses at intervals, assafœtida will be found to give much relief in flatulence; and though a somewhat repulsive remedy, it has been found of great service where children are concerned.

MR. CROWTHER.—Nitrite of amyl *capsules* may be purchased from most chemists, and form the most convenient mode of administration.

AN OLD MEMBER OF THE COLLEGE.—Sir Anthony Carlisle died at his house in Langham Place, on the 2nd of November, 1840, aged 73. He was Professor of Anatomy at the Royal Academy from 18[illegible] to 1824.

DR. W. H. PEARSE (Plymouth).—Your paper on "Cholera and Epidemics hypothetically viewed in relation to Evolution and Continuity" is marked for early insertion.

DR. H. G.—We hope to take up the subject fully, so soon as the necessary inquiries have been instituted.

MR. WATSON.—You cannot have been an attentive student of current literature, or you would hardly have sent us your "original theory" for insertion in the *Medical Press*. The same was propounded to our knowledge a quarter of a century since, and that probably was not the first time; in any case it has been refuted over and over, and proved both logically unsound and physiologically impossible. Sorry therefore we have no room for it.

LEON & CO. (London).—We must decline to advertise your "wonderful discovery for the removal of small-pox marks" in our columns. We fear our readers are not the clients likely to purchase your "obliterator," and our publisher is too conscientious to take your money with the conviction that you would obtain no equivalent.

DR. COATS will please receive best thanks.

MEETINGS OF THE SOCIETIES.

THURSDAY, NOVEMBER 22ND.

THE PARKES MUSEUM OF HYGIENE.—At 8 p.m., Dr. George Murray, On the Potato Disease.

HARVEIAN SOCIETY.—At 8.30 p.m., Harveian Lectures: Dr. Broadbent, On Prognosis in Heart Disease.

FRIDAY, NOVEMBER 23RD.

ACADEMY OF MEDICINE IN IRELAND (Obstetrical Section).—At 8 p.m., Dr. Atthill, Specimen of an Encapsuled Intra-uterine Tumour, with Notes.—Dr. Macan, (1) A Twin which died early in Pregnancy, the second being carried to full time; (2) An Inverted Uterus of 18 years' standing removed by Exhibitor's Operation. Dr. Purefoy, On the Successful Induction of Premature Labor, with illustrative cases.—Dr. Horne, On Salpingo-oöphorectomy.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At 8 p.m., Mr. W. B. C. Treasure, On Recreation.

CLINICAL SOCIETY OF LONDON.—At 8.30 p m., Dr. Thin, On Cases of Thickened Epidermis treated by Salicylic Plaster.—Dr. Dawtrey Drewitt, On a Case of Myxœdema.—Dr. Cayley, On a Case of Pneumothorax occurring in the course of Typhoid Fever.—Dr. S. West, On a Case of Complete Recovery from Idiopathic Pneumothorax without Effusion of Fluid.—Living Specimen (8 p.m.): Thrombosis of the Inferior Vena Cava, by Mr. Mansell Moullin.

TUESDAY, NOVEMBER 27TH.

MEDICAL TEMPERANCE ASSOCIATION.—At 4 p.m. (Rooms of the Medical Society of London), Dr. Richardson, F.R.S., President, will deliver an Introductory Address.—Dr. Drysdale, On the Comparative Death-rates of Assured Abstainers and Moderate Drinkers.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p m.—Royal London Ophthalmic, 11 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.

TUESDAY—Cancer Hospital, Brompton, 3 p.m.—Guy's 1.30 p.m.—St. Mark's, 9 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 3 p.m.

WEDNESDAY—Great Northern, 2 p m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—S Bartholomew's, 1.30 p m.—St. Mary's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Centra London Ophthalmic, 1 p.m.—Charing Cross, 2 p.m.—Hospital for Diseases of the Throat 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—King's College, 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal South London Ophthalmic, 2 p.m.—Roya Westminster Ophthalmic, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.

SATURDAY—King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a m. and 2 p.m.—Royal London Ophthalmic, 11 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

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Vacancies.

Ballyshannon Union, Belleek Dispensary.—Medical Officer. Salary, £120. Election, November 30.

Clifden Union, Renoyle Dispensary.—Medical Officer. Salary, £120, and fees. Election, December 7.

Gesto Hospital, Edinbane, Skye.—Resident Medical Officer. Salary, £275, with furnished house, fire, and light. Applications to MacLennan Portree, before December 1.

Great Yarmouth Hospital.—House Surgeon and Dispenser. Salary, £90, with board, &c. Applications before November 24, to Dr. Ducket, Hon. Sec.

London Hospital.—Surgical Registrarship. Salary, £100. Applications to the Secretary before December 17, of whom full particulars are obtainable.

Nottingham Dispensary.—Three Resident Surgeons. Salary of senior, £160; and of each junior, £140. Applications to the Secretary before November 30.

Royal Free Hospital.—Assistant Surgeon on the Staff. Candidates must be Fellows of the Royal College of Surgeons of England. Applications to the Secretary before December 5. (See advt.)

Young's Mineral Oil Company.—Medical Officer for the Addiewell Works, West Calder, N.B. Married. Salary, £300 per annum, less medicines, with permission for private practice Applications to John Fyfe, Managing Director, 8 West George Street, Glasgow.

Appointments

BURD, G. V., L.R.C.P. Ed, M.R.C.S., Medical Officer of Health for the Okehampton Urban Sanitary District.

CARTER, K. G., M.R.C.S., L.R.C.P. Ed. (late General Infirmary, Leeds), Dispensary Surgeon to the Bradford Infirmary.

GOULD, A. P., M.B. Lond, F.R.C.S. Eng., Surgeon to the Royal Hospital for Diseases of the Chest.

HEAD, H., M.D., F.C.P., Consulting Physician to Monkstown Hospital, Dublin.

LEWIS, C. J., M.D., M.R.C.S., L.R.C.P., Assistant Surgeon to the Ear and Throat Infirmary, Birmingham.

MACDONALD, G. C., L.R.C.P. & L.M. Ed., a Resident Physician to the Royal Infirmary, Edinburgh.

MALIN, H. G., L.R.C.S.I., Resident Medical Officer to the Monkstown Hospital, Dublin.

PULLIN, T. H. S., M.D., F.R.C.S. Ed., Medical Officer of Health for the Sidmouth Urban Sanitary District.

RUSSELL, F. R., M.D., C.M. Ed., Assistant Medical Officer to the Royal Surrey County Hospital.

Births.

ADCOCK.—November 11, at Great Yarmouth, the wife of John Adcock, M.D., A.M.D., of a daughter.

DUDLEY.—November 12, at Durrow, Queen's County, the wife of Henry N. Dudley, M.D., T.C.D., of a daughter.

Marriages.

GRAVELY—BOXALL.—November 15, at parish church, Wisborough Green, Sussex, Frank Gravely, M.R.C.S., of Newick, to Kate, elder daughter of the late Henry Boxall, F.R.C.S., of Wisborough Green.

HEDGES—DOWDING.—November 15, at Trinity Church, Barking Road, E., John Alexander Hedges, M.R.C.S., of Leighton Buzzard, to Selina Woodman Dixon, only daughter of William Dowding, of Southampton.

Deaths.

BROWN.—November 10, at Eastbourne, Charles Robert Brown, M.D., formerly of Beckenham, aged 87.

BLYTH.—November 14, Louis Gwyn Blyth, M.R.C.S., late of Martley, Worcestershire, aged 40.

BORCHARDT.—November 15, Dr. Louis Borchardt, of Swinton House, Fallowfield, Manchester, aged 67.

FAGGE.—November 19, at his residence, 76 Grosvenor Street, London, C. Hilton Fagge, M.D., F.R.C.P. Lond., Physician to and Lecturer on Pathology at Guy's Hospital, aged 45.

HEWSON.—November 10, at Coton Hill, Stafford, John Dale Hewson, M.D., aged 66.

IRVIN.—November 7, at his residence, Belleek, of congestion of the lungs, William Irwin, L.R.C.S.I., for many years Medical Officer of the Belleek District.

KANE.—November 4, at Kingston-on-Thames, William Kane, M.A., L.R.C.P., aged 72.

MYLES.—November 18, at Abershrule, co. Longford, Dr. John Thomas Myles.

PEREIRA.—November 14, at Tunbridge Wells, Louisa Ann, widow of the late J. Pereira, M.D. (author of "Materia Medica").

SCATLIFF.—November 6, suddenly, at his residence, Clapham Common, John Parr Scatliff, M.D., M.R.C.S.E., aged 64.

TYLOR.—November 13, at Weston-super-Mare, Maria, wife of the late Joseph Savory Tylor, M.D., aged 69.

WHITE.—November 11, at Rockfield, Roscommon, of typhus, caught in the discharge of his duty, James F. White, M.D., M.Ch.Q.U.I., aged 28.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 28, 1883.

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Original Communications.

CONGENITAL ENCEPHALITIS. (a)

By RUDOLF VIRCHOW, M.D.
Professor of Anatomy in the University of Berlin.

ABOUT twenty years ago I noticed first in a series of cases of stillborn infants that an appearance was present in the brains that had never been made the object of investigation—namely, numerous granular cells widely diffused in the white substance of the cerebrum, whilst the grey matter showed absolutely no trace of them. I first communicated this discovery at the Hanover meeting of the Society of German Naturalists and Physicians in 1865, and later on in a detailed report in my *Archiv*, and believed myself compelled to refer the phenomena to inflammatory causes and designated the condition as *encephalitis congenita*.

As regards the fact itself, all inquirers have hitherto agreed that it is of exceedingly frequent occurrence, so frequent, indeed, that the question arises whether it is not a normal condition.

First of all, Hayem, of Paris, made some communication on the subject. He examined about a dozen cases, and found the granular cells in all. Jastrowitz then sought to prove that they stood in some natural relation to developmental processes in the brain.

How far the appearance is congenital is not completely shown in every individual case. In a series of cases in which the children were either stillborn or died within a few hours there can be no doubt. After this, however, the question becomes every day more doubtful. I have not been able to convince myself of the physiological basis of the phenomenon. The elements which are found in the brain are undoubtedly regular granular bodies. Of the various cells that contain fat there are three kinds—first, those in which the taking in and retention of fat within the cells is part of the nature of the cells of the structures in which they exist; next, those in which the appearance of fat is the precursor of the destruction of the cells, which break up, and in the place of which a milky detritus appears, in which organic structure is no longer met with. Between the two lies a series of such cells as take up fat for a time, but from which it again disappears, whilst in other cases it is retained for a longer period. These three categories must to all appearance be still in substance retained. Whether, however, such a process is physiological or pathological cannot be decided from the form in which the fat is met with, for we find all three forms as much physiological as pathological.

What is the significance, then, of the process in the brains of new-born infants? No one is likely to look upon it as a process of fat development, for that carries with it the assumption that after a certain period fatty structures make their appearance in the brain.

As regards the two other possibilities, that of the transitory taking up of fat, and that of fatty metamorphosis, Jastrowitz last year indicated that possibly the appearances might depend on the consumption of fat, and associated this with the thought that in the brains of new-born children numerous processes of development are carried to perfection in connection with which some amount of destruction may be assumed, the products of which are then taken up by the cells. That constituent parts of decomposed cells are taken up by other cells has long been known, and is not disputed. In the question before us, however, those cases in which marrow is met with in the cells are to be absolutely excluded, as it affects only those in which fluid fat is found. Granular cells are also occasionally met with in the brain that resemble fat cells, but they are to be distinguished from them by the fact that their contents are at once dissolved by alkalies, whilst ordinary fat offers resistance to them. There can be no need to speak of the taking up of marrow and of identification with marrow granules. What other fat can be taken up I am not able to comprehend. The supposition that essential constituents of the brain are metamorphosed in large quantities into fat in the period immediately succeeding birth or before it, and that the whole masses of neuroglia could be filled out again is for the present beyond speculation. I am rather convinced that the condition in question is a true fat metamorphosis in the strictest sense of the word, and for this reason that all the sequences, from intact cells to granular cells, and finally to collections of fat, as we see them regularly in other processes, may be here observed, and because these processes lead to a destruction of elements. It is to be noted that, independent of the diffuse form, there is a second, in which collections of fat are more or less seen, and whilst the diffuse form offers to the naked eye no point for recognition, on account of the minute division of the individual elements in the brain substance, the moment these collections are seen, the naked eye recognises opaque, slightly yellow patches that are beginning to soften in places. These patches of softening are distinguished by the fact that, in addition to a large development of granular cells, a peculiar change of the axis-cylinder, consisting of a club-shaped swelling, is exhibited.

(a) Paper read before the Berlin Medical Society, Oct. 17th, 1883.

If a certain number of cases be compared, it will be seen that in no way does any kind of law exist as between the diffused and the patch forms, but that the latter is a result of a local increase of the process met with elsewhere; no boundary line can be drawn between them. These patches fall into the category of softening centres, and correspond to that known as encephalomalacia.

But according to Jastrowitz, the condition is a normal one, but he concedes, however, that he looks upon it as pathological when he meets with unusual patches, or at a time when the process of brain development is completed. If the condition in any given case is congenital, the brain is, of course, not fully developed and the process, according to Jastrowitz, is normal. This supposition is based on a single consideration, viz., the frequency with which the condition is met with. Now, during the course of the past summer, I have made extensive examinations of brains in the Pathological Institute, amounting in all to forty-two. Of this number twenty-two were of still-born children; five died during labour; fifteen had lived to the fifth week. In the strictest sense of the term, these were congenital cases.

Of the twenty-seven children only sixteen showed these appearances in the brain, and only eight of these to any great extent. From this it is seen that the majority of those brains that were in process of development were free from the appearance under discussion, and a not inconsiderable number of the cases were those of immature fœtuses—there were nine of these and in three of them the condition was not present—yet amongst the matured still-born children there were six in which no changes were ascertainable. Of the whole twenty-two still-born children, twelve showed no changes, ten did show such changes, but four of them only in a slight degree. Of the five cases that died during birth, two showed the appearances and three did not. Seventeen children that lived after birth were examined; of this number only three were perfectly free, amongst them—and what is more characteristic—two that died of atrophy in a fortnight and one that died five days after birth with symptoms of debility and slight scleroma of the skin. On the other hand, the brain appearances were found in fourteen cases, but sparingly in five and copiously in nine. It is still to be noticed that of the children examined, five were affected with congenital syphilis—three of these were still-born, in whom no brain changes were observed, whilst two showed them, one, however, but in very small numbers. Three cases died three weeks after birth of general atrophy, and only one of them showed any changes.

From the examinations then made it results at once that there is not any such constancy that we can conclude from it that the process is a normal one, but there is a relatively large number of children that are absolutely free, and if on the other hand there is amongst the stillborn children a not inconsiderable number that present these appearances, it does not follow that the other children must have them.

Neither is there any ground for the assumption that these appearances are part of a general disturbance of nutrition, as Parrot sought to interpret them. The answer to this is that a number of thoroughly well nourished infants showed the appearances extensively. In those cases in which fat makes its appearance in the brain in consequence of defective nutrition, it is principally concentrated upon the walls of vessels, even to the capillaries, in which the changes take place in a very imperfect manner. It was formerly thought that this fatty metamorphosis in the walls of the smaller arteries and capillaries was an important factor in the origination of paraplegia. It was believed that these changes lowered the resisting power of the blood vessels, so that the pressure of blood within easily produced a rupture. I have convinced myself in the course of time, however, that this conception is incorrect. But these changes that take place on blood vessels should never be mistaken for the granular cells above described, which are structurally totally unconnected with blood vessels, so that the interstitial parts of the vessels are seen, as it were, strewn with thick stars. I am of opinion that fatty metamorphosis of the spinal column or of the retina in consequence of general disturbance of nutrition does not take place in the child, and that it is consequently not possible for these appearances to be the parallel to fatty metamorphosis of muscles. The process that I have designated congenital encephalitis is invariably one of irritation, and two appearances have mainly decided me to assume that this irritation does exist, the one a previously existing enlargement of cell (great neuroglia cells) and the second the advancing division of nuclei that can be observed within the cells.

The question is whether such an encephalitis gives rise to distinct symptoms, and some other points in connection with the subject I do not approach at present, as by doing so the purely objective question would be complicated.

◆

ON THE RELATIONS BETWEEN DENTAL LESIONS AND DISEASES OF THE EYE. (a)

By HENRY POWER, M.B. Lond., F.R.C.S.,
Ophthalmic Surgeon to St. Bartholomew's Hospital, and Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

The connection between dental disease and affections of the eye is not at first sight very apparent, but it has been noticed, though for the most part only casually, by many writers. I have taken some trouble in looking through the treatises of those authors on ophthalmic diseases who have written in the course of the last hundred years, and the first writers I have met with who distinctly refer to the teeth are Travers, who speaks of strabismus caused by difficult dentition, and Frick, who, in 1826, speaking of the causes of strabismus, remarks that it is "often concomitant with difficult dentition;" whilst Welbank, who translated Frick's book, in a note on the treatment of amaurosis, states that he has obtained good results from the employment of carbonate of iron in cases of amaurosis "proceeding from disease of the dental nerves." After this period, difficult dentition and dental disease are often mentioned incidentally amongst other causes of ophthalmic disease.

I presume that you will all accept as a fact, that which is admitted by all ophthalmic surgeons, that there is such an affection as reflex or sympathetic ophthalmia, that is to say, that irritation of one set of branches of the fifth will affect those of the opposite side. If any ophthalmic surgeon be asked why he believes in reflex irritation of the globe and its appendages, his mind at once reverts to many cases in which injury to one eye, especially of the ciliary region, has been followed, after a period of very variable duration, by inflammation of the uninjured eye of a low but steadily progressive type, generally involving all the tissues, and leading to more or less serious impairment, or even to complete loss, of vision.

(a) Read before the Odontological Society of Great Britain, Nov. 5th, 1883.

If the question be put, How does the irritation or inflammation of one eye come to affect the other—by what path, or paths, does the irritation travel? the reply given, both by exact clinical observation and by pathological investigation is, that in the vast majority of cases there is a neuritis which travels along the ciliary nerves, but in a few instances along the optic nerves, and we shall see that this conduction of the morbid process along the sheaths of the nerve is of considerable importance in enabling some explanation to be given of the occurrence of reflex troubles where the teeth are the seat of the primary lesion.

Injuries affecting the branches of the first division of the fifth pair are well known to affect the eye of the same side, and there are good reasons also for believing that affections of other branches of the fifth pair of nerves may be the cause of ophthalmic troubles.

In 1853, M. Decaisne, staff surgeon of the Belgian army, presented to the Academie de Belgique, (*a*) under the title of "Sur les dents œillières," a note on the disturbances of vision consequent on alterations of the teeth, in which he states that he saw an officer struck on the forehead with a piece of wood in the course of the frontal nerve, which caused complete blindness, and then remarks that it is not uncommon to see diplopia, or even complete loss of vision, supervene, either with or without ulceration of the cornea, as a result of disease of the maxillary sinus.

That injuries to the supra-orbital nerve are occasionally followed by amaurosis seems to be well established. Thus Nossi (*b*) reports a case where a peasant was struck by a knife which cut the brow. M. Nicaise (*c*) states that he has on various occasions noticed the coincidence that exists between affections of the nasal fossæ and those of the eye. He believes he has thus been able to recognise a connection between the occurrence of nasal polypi and glaucoma, attributable to irritation of the many branches of the fifth pair which are distributed to the mucous membrane lining the nasal cavity. Demours (*d*) gives a case of amaurosis supervening after extirpation, *secundum artem,* of a sebaceous cyst of the size of a hazel nut; the same evening inflammation of the eye supervened, and the next morning the eye was lost.

In 1870 M. Delestre published an essay on accidents following extraction of the teeth, and reports several cases which tend to prove the existence of visual troubles. He remarks that odontalgia is often accompanied with weeping and redness of the conjunctiva, with sudden darts of pain, and winking of the lids. He considers that there is at first irritation of the branch of the dentary nerve supplying the affected tooth, and which is, therefore, one of the branches of the superior or of the inferior maxillary nerve. This irritation of one part of the fifth extends to other parts of the fifth, and particularly to the ophthalmic, which leads to lachrymation, and redness of the conjunctiva.

My object to night is to bring before you some evidence of the occurrence of ophthalmic affections as a consequence of dental disease. And the grand difficulty that I have met with in drawing any definite conclusions, is the extreme frequency with which dental affections present themselves. Thus, to take one affection alone, I was desirous of ascertaining whether dental caries and phlyctenular ulcer of the cornea stood to each other in the relation of cause to effect; but on examining the teeth of my young patients with phlyctenulæ, I found they all had carious teeth. It might be said, Is not that evidence that there is a close relation between the two affections? but, unfortunately for this view, the disease can readily be cured—in many instances—by the means usually adopted in ophthalmic practice without the extraction of the offending teeth, so that they only fulfil half the old adage constituting a *vera causa,* "*præsens morbum facit, sublata tollit.*"

Having, however, established the existence of reflex irritation of the eye, it will perhaps be the best mode of treating of the various modes in which that irritation may express itself, if we consider it under the three following heads:—

1. Reflex irritation affecting striated and unstriated muscle.
2. Reflex irritation affecting the mucous membrane and cornea.
3. Reflex irritation affecting the optic nerve and retina, and intra-ocular tissues.

In regard to reflex irritation affecting muscular tissues, we may mention—

1. Paresis of the ciliary muscle.
2. Paresis of the intra-orbital muscle.
3. Paresis of the muscular fibres of the iris.
4. Paresis of one of the ocular muscles.
5. Paresis of the orbicularis palpebrarum muscle.

One of the commonest forms of visual disturbance, induced by dental disease, is *loss or failure of the power of accommodation.* By power of accommodation is meant the faculty which the eye possesses of adjusting its refraction so that well-defined images of objects situated at different distances from the eye may be formed upon the retina. This is accomplished, as is now well known, by the action of the ciliary muscle, which, by contracting, causes the lens to become thicker.

The influence of dental lesions on the accommodation has been particularly investigated by Dr. Hermann Schmidt, of Berlin. This observer examined the eyes of ninety-two patients, who presented themselves at his clinic, suffering from some form of dental disease—such, for example, as caries, periostitis, or neuralgia. Considerable pains were taken to determine the range of accommodation in both eyes, and to compare that on the sound with that on the unsound side; whilst reference was made to the tables of averages for each eye given by Donders. Amongst the ninety-two cases Schmidt found there were only nineteen cases in which the range of accommodation was normal, or better than normal; in the remaining seventy-three cases the range was lowered, and in most instances considerably reduced. In unilateral odontalgia, the range of accommodation was reduced on the same side in thirty cases. In fifty-one cases there was no difference in the diminution of the range of accommodation perceptible. In one case, the eye of the side opposite to the unsound teeth, was the weaker of the two. In nine cases the teeth were carious on both sides. It appeared further that the influence of dental lesions on the accommodation was more frequent, the younger the patient, the ages between ten and twenty being those in which the paresis was most marked. After thirty years of age the impairment of the power of accommodation was much less frequently observed.

In regard to the locality of the dental lesion; in forty-one cases in which the upper maxilla was affected, paresis of accommodation was observed seventeen times. In thirty-nine cases in which the lower jaw was affected, the paresis was observed nineteen times. Disease of the teeth of the *lower* jaw, therefore, appeared to be somewhat more effective in producing failure of accommodation than that of the upper.

The nature of the dental lesion appeared to be of little importance, great impairment of accommodation accompanying comparatively slight disease, whilst extensive disease of the teeth, accompanied by severe pain, was associated in some instances with only slight paresis of accommodation.

The explanation of this remarkable effect of dental lesion is not quite clear. Two views may, it appears to me, be taken of it. We may regard it as a reflex character, and as being analogous to that weakness or paralysis of certain muscles observed in some of the reflex paralyses of infancy, and which we may consider to be of the nature of an inhibitory influence, since they

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(*a*) Bull. de l'Acad. Med. Belg., T. xiii., 1853, and "Archiv. Med. Mil.," 1854.
(*b*) Himly, i, 89.
(*c*) Gaz. Med. de Paris, 1871, p. 150.
(*d*) T. I, p. 173.

rapidly supervene and rapidly vanish; or we may regard it as a simple result of the generally lowered tone of the system, consequent on the depressing influence exerted on the nervo-muscular and circulatory systems by prolonged toothache. There can be little doubt that the sympathetic nervous system and the unstriated muscles participate in this depression; and we can easily understand how there is a corresponding diminution in the power of the ciliary muscle, and failure of accommodation.

Schmidt himself advances a very different explanation. He believes that in these cases a reflex stimulation of the vaso-motor nerves takes place, leading to increased intra-ocular pressure, and consequently to impairment of the power of accommodation. But when Schmidt's paper was written the action of the vaso-motor nerves was less known than at present. And such reflex stimulation would seem calculated to lead to a diminution, rather than to an increase, of intra-ocular tension.

Another class of cases in which a reflex influence appears to be exerted upon muscular tissue is that in which the muscular tissue of the iris is affected. This condition is termed *iridoplegia*, or *mydriasis*. In it the pupil is widely dilated and motionless, owing, as is generally believed, to paralysis of the sphincter pupillæ, which is supplied by the ciliary nerves containing branches of the third nerve; but it is possible that it may be due to contraction of the dilatator iridis, if such a muscle really exists, and this might be produced either by irritation of the branches of the sympathetic or of the fifth pair, which Bilogh believes supply it. (a) It is remarkable and suggestive of its mode of origin that mydriasis rarely, if ever, occurs simultaneously on both sides, and in many cases that I have seen in past years I have scarcely ever been able to trace the ætiology, though I must admit that I have not paid special attention to the teeth. It is instructive to find that in one case recorded by Desmarres, a cure was effected by the extraction of a carious molar, and in future I shall certainly, in any case of the kind that may present itself, make a careful examination of the teeth.

One case, and so far as I know one case only, of *exophthalmia* has been placed on record. It is contained in a recent number of the "Recueil d'Ophthalmologie" of Galezowski, p. 441, and is reported by Weinberg. The chief facts of the case are that a widow presented herself in the out-patient department with an exophthalmia, accompanied by severe pain of the right eye. She had suffered for thirty-five years from epileptic vertigo and cramp of the stomach. In the month of March of last year she had an attack of phlebitis of the left femoral vein, and on examination she had varices in this leg, and some œdema of the left leg. For five weeks previously she had experienced noises in the right ear, with fronto-temporal cephalalgia of the same side and pricking sensations of the eye, which lost its normal aspect, and she had intermittent sleeplessness. The pricking sensations gave place to lancinating pain, the eye reddened, and the bulbar conjunctiva was strongly injected. For four days previous to her appearance the vision had become hazy.

On examination the tension was found to be + 1, and there was exophthalmia of the right eye. The cornea was hazy; the palpebral and bulbar conjunctiva were much injected; the movements of the eye outwards and inwards were insufficient. Ophthalmoscopic examination showed floating particles in the vitreous, and as she was myopic acrescent, the peripheric retinal veins were injected. The whole retina was redder than natural; near the macula were several hæmorrhagic spots. The heart, arteries, lungs, and the urine were normal. She could read No. 1 at three inches distance. Two leeches were ordered to the right temple; alternating instillations of atropine and eserine were ordered, but the former gave pain and was discontinued.

Ten days later, severe periorbital pain being experienced, with acute chemosis, the teeth were examined, and two carious teeth and a stump were found and promptly extracted. The results were remarkable. In the course of three days the patient was greatly improved in health, the chemosis had disappeared, as well as the injection of the conjunctiva, and above all the exophthalmia.

In such a case as this we might attribute the relaxation of the vessels spoken of as conjunctivitis to paralysis of the vaso-motor system, and consequent passive dilatation of the conjunctival capillaries; whilst the protrusion of the globe may have been due to relaxation and loss of tone of Turner's periorbital unstriated muscle and of the several recti muscles, as well as to relaxation of the vascular and lymphatic systems behind the globe—all conditions that are explicable on an inhibitory influence being exerted by the damaged tooth.

That *strabismus* may be induced by dentition, and especially by difficult dentition, is, I think, generally admitted. Travers, as long ago as 1824, wrote: "Strabismus is also a symptom of irritation arising from difficult dentition." Yet the opinion that dentition is a cause of strabismus seems to rest on a general consensus of opinion only, rather than upon any special well-authenticated cases, and the frequency with which it is referred to in recent books is much less than was formerly customary; in fact, in some of the more recent treatises in Germany and France it is not even mentioned. This is attributable to the important generalisation of the ætiology of strabismus made by Donders, that in by far the greater number of cases it is due to hypermetropia.

Other striated muscles that have been noticed as being occasionally affected in a reflex manner by disease of the teeth have been the levator palpebræ and the orbicularis palpebrarum; the former supplied by the third nerve, the latter by the seventh; the paralysis or paresis of the former leading to more or less expressed *ptosis*, the latter to *lagophthalmos*. Ely (a) has recorded three good cases of such affections, in one of which there was paresis of the orbicularis palpebrarum, with irregular spasm of the ciliary muscle and monocular diplopia. In another there was paresis of the rectus internus and ciliary muscles, and in a third case partial paresis of the third nerve.

An affection that is not unfrequently observed is that which is termed *blepharospasm*, or incessant winking of the lids, the movement being sometimes limited to the orbicularis palpebrarum, but at others extending to other muscles, such as the zygomatici and levatores anguli oris. This affection is well known to be associated with the error of refraction known as hypermetropia, when a powerful effort of contraction of the ciliary muscle is demanded. The impulse emanating from the brain, instead of being limited to the nerve supplying the ciliary muscle, has a strong tendency to radiate through other channels, and consequently to affect other muscles; whilst in some instances the secreto-motory fibres of the fifth nerve are excited, and a copious discharge of tears results.

But that similar conditions may be established in a reflex manner by some lesion of other nerves is well shown by a case that was reported many years ago, by Von Gräfe, to the Medical Society of Berlin. In this instance the blepharospasm ceased almost instantaneously when pressure was made upon a point situated below the alveolus of the third inferior molar tooth. At this point an incision was made down to the bone, but without modifying the blepharospasm in any appreciable degree. But having then established the fact that compression of the sub-orbital nerve and of the temporal branch of the malar materially diminished the spasm, section of these nerves was performed. The spasm immediately ceased, and the case was thought to be cured, but it re-appeared at the expiration of a fortnight. The section of the inferior dental nerve performed within the month ultimately caused the blepharospasm to cease entirely, and it had not re-appeared four weeks after. A case of convulsive tic, as he terms it, has also been recorded by

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(a) Wecker, i, 407.

(a) *New York Med. Record*, Nov. 11

Mitchell, which, supervening spontaneously, was propagated to the muscles of the neck and arms, and which entirely disappeared after the removal of several teeth.

As additional evidence of the influence of the stimulation of other and distant parts of the nervous system on the orbicularis may be mentioned the observations of Claude Bernard; for this experimenter found that section of the sympathetic is followed by partial closure of the lids, and inversely if blepharospasm is induced in an animal by irritating the cornea with some caustic substance it may be removed by galvanising the sympathetic in the neck, when the lids open immediately, as by magic.

(To be continued.)

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TREATMENT OF SYPHILIS AS CARRIED OUT AT AIX-LA-CHAPELLE.

A Synopsis of the Views of Dr. Bernard Brandis *(Geheim-Sanitatsrath), of Aächen.*

Translated by HUGH AUCHINLECK, F.R.C.S.I.,
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(Continued from page 439.)

At first I considered this sickness to be merely a casual one; but when I came to see it more frequently, and always attended with the same symptoms, I was forced to regard it as a direct result of inunction. It may set in at any time of year; and I have never yet succeeded in deciding why from time to time it sets in with special frequency. This much, however, is certain, that some patients are more disposed to it than others.

For example, I was treating a gentleman who, during a course of several months' duration, was seized with diarrhœa after each seventh inunction: but even this patient, who never showed the slightest sign of any other mercurial symptoms, became at last accustomed to the remedy; and at last bore a long series of inunctions without again falling ill. Mercurial diarrhœa always sets in suddenly; the evacuations follow one another very rapidly, accompanied with violent pain in the bowels, and obstinate tenesmus; they are scanty, and nearly always slimy and bloody: sometimes, however, considerable quantities of blood are discharged with them. Spasm of the bladder is occasionally present at the same time; on one occasion I observed reflex spasms of the extremities and facial muscles. A subcutaneous injection of morphia soon arrests the symptoms, but they return in a few hours, to yield again to the same treatment. Having attained the conviction that diarrhœa is the direct result of the inunction, I interrupt the treatment so soon as it appears. The most usual remedy for it is a dose of 20 or 30 grammes of castor oil together with opium. This is usually followed by several easy and abundant evacuations, and speedy diminution of the troubles. In some very rare cases the above-described affection of the bowels is accompanied by an obstinate catarrhal condition of the intestinal mucous membrane; in such a case we must employ tannin-containing remedies, and suspend the inunctions for a longer period.

The third form of mercurial symptoms which occur during a course of inunction affects the skin. There are some persons whose skin shows a kind of idiosyncrasy against mercury. Thus, I know a gentleman who suffers from "pruritus ani," and who on two separate occasions, by the advice of two different physicians, used the "white precipitate" ointment for it. On each occasion there arose, on the very day of application of the ointment, both feverish symptoms and also an acute eczematous inflammation of the skin; the eruption spread over the nates, the thigh, and the abdomen, and made the patient seriously ill for some days. On many occasions I have seen a similar eruption, attended with high fever, spread over the entire body, after the usual inunction performed for the cure of constitutional syphilis, and that, too, with male as well as with female patients. The eruption usually lasted three or four days, and ended with general desquamation of the skin. Of course there cannot, whilst the exanthem lasts, be a word about continuing the rubbings; but hitherto, after it has healed, I have always succeeded, by carefully regulating the dose, in obtaining tolerance of the remedy.

Far otherwise is the behaviour of the local rash which sets in with most patients, even after the first inunction. It appears on the extremities as small groups of pimples, which form around the hair follicles. Under the use of the Aachen hot baths this eruption heals rapidly, and only requires that the place of inunction should be changed as is necessary, but never demands an interruption of the cure.

Finally, I must mention one more symptom which is occasionally observed, directly resulting from mercurial inunction—namely, sleeplessness. Patients who suffer from this complain that each time after a certain number of inunctions their night's rest is disturbed; as soon as they were remitted they slept again as well as formerly. I have never observed any injurious result from this symptom.

I now arrive at the alteration in body-weight during a course of inunction. One who passes out of an illness into convalescence usually gains in weight. This rule, from which we naturally exclude all diseases which in themselves consist in general or partial increase of body volume, such as dropsy, obesity, tumour, &c., holds good in syphilis. The peculiarity here is that the recovery takes place under the action of a powerful remedy which in a more or less normal body injures the health and reduces the body weight. I have frequently been able to convince myself that mercurial inunction exercises the last-mentioned action; it occurred in the case of patients who, from some cause or other, were experimentally subjected to inunction, but obtained no relief to their sufferings. Even when no sign of mercurialismus appears in such subjects it usually happens that they become thinner. As we never push these experimental cures—of which I will say more presently—beyond a certain limit, when the result is unsuccessful, there is only a trifling decrease in weight—at the most only a few pounds, which are temporarily lost. In contradistinction to this, the syphilitic patients gain in body-weight so soon as they, under the inunction treatment, pass into the stage of convalescence; and this occurs even though they are under the influence of a drug which, as above said, usually possesses the quality of producing emaciation; and this fact we observe in recent as well as in old-standing cases. The syphilitic poison is conquered, and the body might develope itself again freely, were it not impeded by the mercury, which henceforth is acting only as a poison. It is really wonderful what increase of body takes place further on, when some time after the completion of a cure both the syphilitic and the mercurial poison have ceased to act; and the constitution is left to its own development of strength. Mercurial stomatitis reacts most unfavourably, because it, according to its intensity, produces more or less emaciation. The increased difficulty of imparting nourishment; the pain, the disturbance of night's rest; lastly, the septic infection proceeding from the mercurial ulcers on the mucous membrane of the mouth, are the causes of frequent reduction of weight, of from five to six pounds in a few days. Just as quickly do we find the weight increase so soon as we have conquered the mercurial stomatitis. Mercurial diarrhœa likewise, and the more severe forms of mercurial inflammation of the skin produce emaciation of the patient.

I have spoken above of inunction being carried out by way of experiment. These experiments are by no means adopted in Aachen alone, for, indeed, they can scarcely be avoided. The most various affections which cannot be clearly diagnosed at the time give occasion for their employment, if the patients under treatment have previously suffered from constitutional syphilis. The fact that patients suffering from carcinoma are not seldom subjected to an experimental mercurial treatment is all the more explicable because it is unfortunately certain that constitutional syphilis may degenerate into carcinomatous disease. If I am to judge from my own individual experience, it occurs amongst cancers, most frequently in cancer of the tongue, that we may set our hopes once more on an inunction cure. But it is just in these sad cases that the necessity shows itself of carefully observing the body-weight during the treatment. For only too easily does a rapid destruction of tissue set in under the inunction treatment; and before we can look about us we may be surprised by profuse hæmorrhage. A more pleasing picture is presented to us by those cases in which the name "experimental treatment" only applies to the commencement of the course; because they, so to speak, are undertaken contrary to the generally-recognised indications; but in the end astonish the physicians above all, by their strikingly beneficial action.

There still remains for me to speak of the local treatment of venereal affections during the inunction treatment. Apart from diseases of the eyes, especially syphilitic iritis, which should never be treated without the application of atropine, and which may occasionally demand local blood-letting, as well as subcutaneous injection of morphia on account of accompanying ciliary neuroses, it is only suppurating ulcers which demand our attention. In respect of this symptom certainly mercury is by far the most effectual remedy; but local treatment is of high importance. The ulcers must above all be cleansed and kept clean, in whatever stage, and on whatever parts of the body they may be found. Salves or compresses of lunar caustic, carbolic acid, thymol, salicylic acid, or iodoform, may be applied. The Esmarch's irrigator should be diligently used with hidden ulcers in the vagina or in the rectum, but nowhere more than in the nose. The most beneficial alleviation follows from thorough cleansing of the nostrils, which often requires a long time to accomplish. Our thermal waters are signally adapted for cleansing the nose. The nose should never be cleansed with cold water, but only with warm liquids, because the introduction of cold fluid into the Eustachian tube may be fatally injurious to the organs of hearing; it is advisable, therefore, that this operation should always be performed in the bath. In this operation I employ no nozzle, but introduce the blunt end of the india-rubber tube directly into the nose. The left hand of the patient holds up the vessel, whilst the right holds fast the introduced end before the nostril. As the cleansing is performed only with gentle pressure, and the flow is tolerably thick, a very mild and at the same time thorough action takes place. Fortunately we attain, through regular repetition of this procedure, in the great majority of cases, the desired result. The more severe methods, which require to be carried out under the influence of chloroform, such as scraping out with a scoop, more or less violent removal of sequestra, and suchlike, only become necessary in the worst and most obstinate cases.

Third point: "The inunction treatment must be carried out long enough." As our task consists in healing the symptoms of the disease, and, as much as possible, in averting relapses, the earlier the syphilitically infected person is brought under mercurial treatment, the milder is the course of the illness. It is desirable that doctors should agree in the opinion, that the subject affected with an induration should be at once placed under a course of mercury. The best form of which is a well directed course of inunction, rather than wait for the subsequent setting in of secondary symptoms. As I myself have not always held the view, that it is necessary to act with decision in the primary stage; and as I have had occasion to follow out a great number of cases, even to posterity, I have learned to estimate fully the worth of early treatment, by which the point of the mysterious sting of the disease is broken off; in comparison with the tardy treatment which is sometimes altogether too tardy. Furthermore, when I run over the history of my collected cases up to the moment when the parties came under my treatment, I find that a remarkable number were never, or only for a short time, free from syphilitic symptoms, because an insufficient treatment had been pursued, through not taking account of the gravity of the case. In another series of cases, namely, those in which, after a long period of exemption, more or less severe forms break out, it is to be concluded, that in the commencement of the disease the mercurial treatment was not thoroughly carried out; generally because the primary symptoms were too slight to make it imperative. From these cases I have derived the lesson, that we must not too soon dismiss the patient from the treatment; indeed, never, until all symptoms have disappeared, up to the last vestige; and also, that even the slightest attacks must be energetically treated from the outset. If experience shows us on one hand that an inadequate treatment either fails to remove completely the existing symptoms; or, where complete recovery is achieved for the time, cannot avert later relapses; on the other hand we find that the desired result will be obtained in both directions, in those difficult and obstinate cases, in which a long and energetic mercurial treatment must perforce be carried through.

A young doctor, who in his youth had been scrofulous, but afterwards was always healthy, with the exception of typhus fever when he was a student, after which he suffered for a year from purulent discharge from the nose, had the misfortune in July 1865, whilst examining a female syphilitic patient, to infect a small ulcer, which had been produced by the cicatrisation of a wart. To briefly sum up this case. The disease lasted from July, 1865, until October, 1868, a period of three years and three months. The experimental treatments undertaken at home by the patient, inclusive of the first inunction, performed in October, 1865, produced very slight effect; and by far the greatest loss of tissue occurred in the time which preceded the first course at Aachen. None of the treatments by inunction carried out in the manner above described remained without favourable results. In order, however, to bring about complete and permanent recovery, the treatment had to be renewed four times in the interval between July, 1867, and October, 1868. In the first course, between August and October, 1867, 59 inunctions were administered. In the second, from October to November, 1867, 19, and in the third, from May to July, 1868, 19 inunctions were employed. He was so blind as to allow me to fill up his relation. As staff surgeon he was active through the great Franco-German war; he remained healthy through rain, cold, and privations. Of four children, two died, but without manifesting any specific symptoms: the two other children are healthy," (1879).

This case points out right forcibly what we should never dare to forget, and never conceal from our patients, namely, that among many evil characteristics which the syphilitic disease possesses, the disposition to relapse within a certain time, can maintain itself in defiance of remedies, and that the dregs, for a long time cured only up to a certain point, will be finally, entirely, and permanently cured by mercury.

It is not difficult to deduce therefrom a rule for the treatment of syphilis. Its import is somewhat thus:—So long as the healing of a syphilitic affection progresses under the action of mercury, we go on with its administration, and we combine with it other remedies when the healing process comes to a standstill. How long the period of saturation lasts, and when the time is come to discontinue the inunction depends on individual conditions, which cannot be determined beforehand. In most cases of this nature treated by me I could resume the mercurial treatment after one or two weeks.

I will here mention a rule which, in the course of years, has established itself for me—for those cases in which recovery is completed without a saturation period—without intervening relapse. In these cases, which constitute the majority, I have made the experience already mentioned, that those patients whose affections could only be cured by a long course of inunctions remained most free from relapse.

In consequence of this, I make the inunction treatment extend eight or ten days beyond the actual time of healing; that is to say, beyond the absolute cicatrisation of the ulcers. I must here permit myself to make a remark upon the behaviour of the physician towards his patient with regard to prognosis. It is absolutely necessary that the patient should know the peculiarities of his complaint; he must be prepared for relapses, so that he may seek help at the right time, and not undertake what he would have to repent bitterly afterwards.

Patients are often dismissed too soon with the verdict "cured," and afterwards suffer the most painful disappointments. It is only a long probation time, during which a relapse may occur, that can prove the cure to be a permanent one. After a well carried out course of inunction, by which complete healing of all symptoms has been effected, one may nevertheless, especially in the first stage of the illness, be prepared for relapses within the next few months. But then one ought not to proceed too quickly to a fresh mercurial treatment, as the saturation period may thus set in too soon. Against slight affections, such as superficial ulcers of the throat, or scattered, spotted, or papular eruptions, we use, with advantage under such circumstances, iodide of potassium, thermal, and other baths. But not until the affections increase in intensity, or return perpetually in the course of months, is the resumption of an energetic inunction course indicated. During the doubtful time in which we, according to experience, must be prepared for relapses, residence in the country during summer and in a mild climate in winter, is to be recommended. The degree of syphilitic disease depends only partially on the quality of the poison, and the individual conditions; partly, also, on the favourable or unfavourable conditions of life of the patient.

I have yet to consider the question whether the Aachen anti-syphilitic treatment can in any way experience a contraindication. To this question I must answer decidedly, No. The treatment may be employed in all cases where relief is possible, and leads surely to the goal. No individual peculiarity, and no time of life makes any exception. Experience has taught me that the treatment may be applied in the case of children of syphilitic parents in a much more extensive measure than seems usually to be tried, and with the greatest benefit. It is well known that by no means all children of syphilitic parents suffer from such symptoms as are clearly diagnosed as hereditary syphilis, even though they in their first years of life sicken in consequence of their inherited condition. They very frequently suffer from complaints which are chiefly attributed to the disturbances of nutrition common to children, or to scrofula.

Such children I have myself subjected to the Aachen treatment with the same favourable result as in the case of those suffering from characteristic syphilitic symptoms. Manifold bone suppurations, obstinate digestive disturbances, as well as persistent diarrhœa, and many other conditions which occur commonly with children; all these are in decided hereditary syphilitic conditions most surely cured by our treatment. I must admit that with suckling children small doses of calomel are somewhat preferable to inunction. If it is a question, however, of longer treatment inunctions are, by far, surer. For even the tender skin of the infant may with some precautions—for instance, by diluting the ointment with oil—be protected from hyperæmia and inflammation. The Aachen treatment can also bring relief to the old man as well as to the child. The oldest patient who made use of the Aachen anti-syphilitic treatment under my superintendence was almost eighty years of age. He had become infected in middle life, and suffered now from superficial ulcerations of the skin of the head, of which he was also cured. Another man, far beyond seventy (his exact age remains a secret to me), had for many years a deep sphacelous skin ulcer upon the front surface of the commencement of the lower third of the shin. Internally, the ulcer was bounded by the *cristia Tibiæ*, its outer border did not quite reach the margin of the fibula. At the base of the ulcer lay the tibialis anticus and extensor pollicis longus, muscles, partly naked, partly thinly covered with sphacelous strips, and their movements where they became tendinous could be clearly seen with every bending and stretching of the foot. The neighbourhood of the ulcer was coloured deep reddish blue. From time to time arose small abscesses which opened close beside it. This patient was under my treatment two consecutive years. In the first year I failed to induce him to submit to the inunction treatment, as his physician had stringently warned him against it. But he derived such remarkable benefit from the use of our baths and potassium iodide that the next year, when the ulcer had again considerably increased, my representatione were willingly listened to. The treatment carried through four months ran its course without any disturbance, and ended with complete, and as I heard afterwards, permanent healing of the ulcer.

The mercurial ointment here spoken of, is that of the "Prussian Pharmacopœia": One part of mercury in three of the ointment.

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Clinical Records.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

A Case of Exophthalmos without Goître in a Man. (a)

Under the care of W. R. THOMAS, M.D., M.R.C.P.,

Physician to the Hospital, and Lecturer on Medicine, Sheffield Medical School.

This case is interesting, inasmuch as we but seldom meet with exophthalmos without goître, and rarely do we find the disease affecting men.

The patient will tell you that his father and mother are alive and well, that one of his brothers died of phthisis, the other is well, that one of his sisters has heart disease, and the other is enjoying good health. There is no history in the case of any of the ordinary exciting causes—no shock, no excitement, no injury to head, no fright; but the patient, a spring-maker by trade, has frequently in the course of the day to lift, by means of a pair of tongs, a very heavy weight of red hot metal; he is not a strong man, and has to concentrate his whole mind on his work to prevent any injury to himself. The question for our consideration, therefore, is, whether this may be looked upon as a cause in a man who is not strong.

He has always enjoyed good health until lately, but has been a heavy drinker. About eighteen months ago he suffered much from palpitation; he was very cross and irritable, and had a feeling of fulness in the head. Twelve months ago some of his friends noticed that his eyes were becoming very prominent. The previous symptoms continued, and during the last twelve months he has been steadily getting worse. It would be tedious to describe the progress of the case, so I shall simply tell you how I found him when I first saw him.

He complained of severe palpitations, which continued all along, but which were increased by excitement or exertion. Frequently, also, he suffered from severe pains in the region of the heart, and at all times breathlessness was an ordinary symptom. No cardiac murmurs could be heard. The action of the heart was much accelerated by the slightest excitement. The pulse was permanently frequent, but weak; the skin hot; he had a feeling of fulness and throbbing in his head, was very irritable, often confused, unable to think as well as in health, and could not sleep well at night. What sleep he had was a disturbed sleep. His appetite was very poor, and he was becoming thinner and weaker every day. His hands were in a state of tremor.

His eyes were very prominent—so prominent when excited that his friends were frightened at him. The cornea and sclerotic were neither inflamed nor ulcerated. The lids could be closed; but when asked to look down, the upper eyelids did not follow the movements of the eyes as in health. The retinal vessels seemed rather dilated.

This disease is much more frequently met with amongst women than men. Gräfe says the relation of males to females is as one to six, and that the disease is more dangerous in men than women. Generally the exophthalmos and cardiac symptoms are accompanied by goître: so the case to me has been an interesting one for these two reasons.

(a) Read before the Medico-Chirurgical Society, Sheffield.

Now, in connection with this case, there are certain questions which I think we might with advantage discuss this evening, and I shall be very glad to hear the opinions of the members of this society, more especially of those who have seen the post-mortem appearances.

The first question is, What is the cardiac excitability caused by? Is it due to disease of sympathetic ganglia in the neck, of the ganglia in the heart, or to cerebral disease of any kind. Keith tells us that the lower sympathetic ganglia in the neck, more especially those on the left side, are enlarged, and on being examined microscopically, are found to be altered in structure. Others have described similar appearances. I have seen several cases of this kind in my time, and have noticed that head symptoms in all the cases have been noticed very early; in fact, in the last three cases I have seen the head symptoms have preceded the cardiac. Judging, therefore, from the order of symptoms, and the progress of the cases, I should feel inclined to look out for very central mischief as the prime cause.

The next question is, What is the exophthalmos caused by? Is it owing to the excessive development of fat at the back of the eye, or of cellular tissue, to a dilated state of the veins, or to contraction of certain muscles? In the fibrous tissue which fills up the spheno-maxillary fissure Muller has found involuntary muscular fibres supplied by the sympathetic. These fibres are much more developed in dogs and rabbits. Now Mosler and Landois have produced contractions of these fibres, which Muller named the musculus orbitalis, and protrusion of the eye by galvanism. Muller has also discovered a small muscle inserted into the upper margin of the upper tarsal cartilage supplied by the sympathetic, which muscle by its contraction tends to raise the lid. Now, although the musculus orbitalis, being ill-developed in man, may not be able to protrude the eye, may it not in disease become hypertrophied, and when assisted by the partial raising by the musculus palpebralis superior (both supplied by the sympathetic) of the upper eyelid, be able to protrude the eye? If it be protruded by cellular tissue or fat, it is difficult to account for the sinking in of the eye at once after death.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

Origin of Vaccine.—At the Academie de Medicine a member read a paper on the origin of vaccine, the conclusions of which are as follows:—No animals can be considered as vaccinogene, neither the horse nor the cow create, the one the horse-pox, the other the cow-pox, both, in order to furnish a crop of vaccine matter, must have previously received the germ, and this germ is nothing else than small-pox admitted into the organism of these animals when its virus is attenuated and transformed into what is called "vaccine." This modification is less pronounced in the horse than the cow.

Hypogastric Lithotomy.—At the Société de Chirurgie M. Perrier communicated three cases of hypogastric lithotomy, one was a man of fifty-seven, the second was seventy-seven who had already been three times lithotomised, and the third a young man of thirty. The three operations succeeded to his entire satisfaction. Twice already he had had recourse to the same method with one failure, the patient succumbed not, however, to the result of the operation, but from a renal abscess. Never was there the slightest symptoms of peritonitis, and the wounds healed in from twenty to twenty-eight days. The procedure of M. Perrier is as follows:—Introduction of the *sonde à rubinet*, dilatation of the bladder, ligature of the penis, introduction of the rectal balloon, incision of the skin and cellular tissue of the hypogastric region a little to the left of the linea alba, incision of the bladder, extraction of the calculus, syringing the urinary receptacle, drainage and suture. The bladder is washed with a solution of boric acid, and the drainage is effected by two or three large tubes attached to each other. M. Despres considered that the operation was very complicated.

Thyroidectomy.—M. Pozzi gave an account of a thyroidectomy which he performed on a patient in the hospital to which he is attached. The operation, which was rendered very laborious by the number and volume of the vessels, was preceded by tracheotomy and lasted over three hours. All went on well for forty-eight hours, when secondary hæmorrhage set in to which the patient rapidly succumbed.

Osseous Suture of Transverse Fracture of the Patella.—M. Chauvel had collected forty-three cases in which this method was adopted, thirty-three of which were men, and success was obtained in twenty-eight instances, while three died and one amputation of the thigh had to be performed as a result of the operation. His conclusions were, that in recent cases suture of the fragments should not be resorted to, but that where it was impossible by every other means to obtain a reunion, it would render good services. M. Championniere, in replying, said he was not of the same opinion as his colleague, on the contrary, he was in favour of immediate reunion of the fragments by suture provided that antiseptic precautions were observed. M. Pozzi agreed with the last named and cited a case in which he had performed the operation, but the patient walked with great difficulty on account of the atrophy of the triceps, the result of forced immobility. In his opinion this state of the triceps would account for a great deal of the impotence in walking. M. Verneuil refused to appreciate any operation in fracture of the patella for he considered any interference as dangerous, immobility of the limb by means of a starch or plaster bandage with ten hooks and three elastic tubes.

Diagnosis of Diabetes.—A correspondent writes to the *Gazette de Hospitaux* on a simple means of recognising this disease. Every time that a patient in consulting him passed the tongue several times between the lips in the course of conversation he concluded at once that his client was diabetic. Out of thirty-four cases not once did he observe an exception to the rule. The reason why is easily understood—dryness of the mouth—a fact well known to all.

Iodoform in the Treatment of Ophthalmia.—Iodoform is finding favour amongst German oculists in the treatment of certain ophthalmic affections, and notably catarrhal conjunctivitis, purulent conjunctivitis, and the granular form. Encouraged by the success obtained, M. St. Martin, of the Quinz Vingts, Paris, adopted the treatment in palpebral granulations, with consecutive vascular pannus, cicatrices of the cornea, and keratitis, and was well satisfied with the result. The effect of the agent in the last named affection, was "marvellous." The iodoform was employed with vaseline, equal parts of each, and introduced into the *cul-de-sac* of the eye affected. The eyelids were then closed and covered with a piece of fine linen and cotton wool, the whole maintained by a flannel bandage, and left in that position until the following day. In a case of double pannus of long standing, six weeks sufficed for a cure, all trace of cicatrix disappeared at the end of three months. That form of keratitis known as keratitis *en Candelette*, yielded in a rapid manner to the treatment. Out of twenty-one patients, eighteen got completely and rapidly well without relapse, the three others recovered, but less promptly. In the case of diffused keratitis the pomade seemed to have little or no effect.

Special Articles.

HYSTERECTOMY OF THE GRAVID UTERUS. (a)

At the meeting of the Royal Society of Physicians of Vienna, of October 19th, Professor Carl von Braun presented five women on whom he had performed Cæsarean section on account of extreme contraction or asymmetry of the pelvis, the results of rickets or osteomalacia. One case was especially interesting, that of a woman 39 years of age, whose height was 131 ctm. (4 ft. 3½ in.), the subject of osteomalacia, and whose pelvis was extremely contracted, and the shape of the ace of hearts. Nine years ago she bore a mature child, and for the last seven years she had suffered from arthritic pains, had become smaller and bent, much weakened, and constantly bedridden. She was operated on on the 1st of May of the present year, and on the 28th of June was able to return home. It seemed as if this osteomalacia of adults were influenced for good by the surgical procedure, as the patient could now get about with the aid of a stick, a thing she was not capable of before. Späth had also mentioned a similar case. Besides these, Professor Braun described three more cases that ended successfully, and four others that terminated fatally. The eighth case was that of a cretin, in whom the abdominal wound opened, she refused nourishment, finally decubitus came on, she was placed in the water-bed, and died on the forty-third day after the operation of catarrhal pneumonia and marasmus. The other four fatal cases, of which two were cases of rickets and two of osteomalacia, terminated from the second to the fourth day after the operation from purulent peritonitis. The rate of mortality, excluding the case of the cretin, was 36 per cent., with 64 of recoveries. Over 100 cases of Porro's operation were recorded in medical literature, and the mortality reached 54 to 58 per cent.

[Professor Braun appears to be unacquainted with Dr. Clement Godson's invaluable table, in which he has tabulated 129 cases of true Porro's operation (up to June 29th, 1883), with results somewhat different from those given above—viz., 58 recoveries and 71 deaths, the percentages being respectively about 37 and 63.]

In the year 1877 Professor Braun, in conjunction with the directors of the other two obstetrical clinics in Vienna (Späth and G. Braun), decided to carry out Porro's operation. Supported by his own experience, and for the purpose of overcoming the objections made in recent times against this method of procedure, he was led to make the following remarks :—

He does not wait till labour-pains come on, but fixes a day in the last month of pregnancy, so that the external conditions (assistance, light, strict antiseptic precautions) shall be the best possible, and the patient not exhausted by pains. Through the abdominal incision, at most 12 ctm. (4¾ in.) long, the uterus is now rolled out (Müller's modification, in which the hand of the assistant does not pass into the abdominal cavity), whereupon warm thymolised skirting-cloths are laid on, so that the abdominal cavity remains clean. An elastic loop is now placed on the lower segment of the uterus, then the chain écraseur with the well-known closing apparatus. When the fœtus is extracted through an incision into the uterus, the elastic loop is immediately tightened, the body of the uterus is cut away, the cone thus formed is supported, the surface charred by the thermo-cautery, and the stump treated by the extra-peritoneal method. Some operators are of the opinion that it would be better to sink the pedicle into the peritoneal cavity, and close the abdominal wound after careful ligature of the stump. Professor Braun cannot accept this method, as a case of his so treated ended fatally, and section showed that all the ligatures had failed, that the stump was quite open, and purulent peritonitis had set in. Zweifel, Veit, Fehling, and others speak from their own experience against this method. Saenger wishes to rehabilitate the old Cæsarian section, and to improve it by thorough antisepsis and accurate suturing of the uterus. He has operated on two patients, both of whom died; also in a case in which the stump was returned, the result was bad. After all, Professor Braun was of opinion that for the future he would not find cause to give up the modified Porro's method of performing Cæsarean section.

Professor Gustav Braun had dropped the pedicle in two cases, the result being fatal in both, whilst a case in which it was treated extra-peritoneally recovered. The deaths of both were shown at the section to be due to faulty ligature, although the greatest possible care had been taken. He was thoroughly convinced of the necessity of the extra-peritoneal treatment of the stump.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, November 23rd.

Sir Andrew Clark, Bart., M.D., President, in the Chair.

Dr. George Thin on

CASES OF THICKENED EPIDERMIS TREATED BY SALICYLIC PLAISTER.

Dr. Thin gave an account of cases of thickened epidermis treated by salicylic gutta percha plaister. The plaister which he used is manufactured by Herr Beiersdorf, of Hamburg, at the suggestion of Dr. Unna who has introduced it into practice. The first case which he related was that of an adult man, in whom a tendency to extreme tylosis of the soles and palms is hereditary. The palms and soles in this man's case were covered with an extremely thick and hard epidermis, and had been for many years in this condition, the affection having resisted very varied methods of treatment. The treatment by the plaister was in the first instance recommended by Dr. Unna and the author simply continued Dr. Unna's treatment. Under the use of the salicylic plaister which was kept constantly applied by means of bandages, and changed every third or fourth day, the hard layer of epidermis came off in one mass, leaving a delicate rose-coloured epidermis behind it. There was neither pain nor inconvenience connected with the use of the plaister, and the patient, a business man actively employed, was able to follow his usual avocation without interruption.——*Case* 2: A gentleman, æt. 72, who had always been healthy, was unable to walk for a period of six or seven months on account of an attack of sciatica. When the sciatica was relieved he somewhat suddenly resumed his professional employment in the city, which at the time involved a good deal of walking on the hard pavement. The result was that the soles of both feet became hot and tender, and after a few weeks the skin of the ball of each foot became hard and horny. When he consulted the author this condition had lasted for about seven years, and gave rise to much pain and discomfort. The whole of the surface of the ball of one foot and part of the surface of the other was covered with a layer of epidermis of extreme hardness. In this hard layer there were small isolated horny formations of the nature of corns which produced the same sensation as if the patient were walking on shot, or small hard stones. The first treatment recommended was the application of strong solutions of potash and scraping with a sharp spoon, and wearing a horse-hair pad in a large boot. This alleviated the condition, but the application required to be frequently repeated. The salicylic plaister relieved the condition for several months at a time.——*Case* 3: In a gentleman, æt. 43, the palmar surface of the right fore finger had been covered for years by a thick hard fissured epidermis. After this morbid formation had been removed by the salicylic plaister, the skin of the finger had remained normal when the patient was seen by the author nine months afterwards.——*Case* 4: A gentleman, æt. 40, had suffered from the condition of his heels for about twenty year. It had begun by the skin being red, tender, and scaly, and the hardness had gone on progressively increasing. The condition had been on several occasions mistaken for syphilis, and amongst other methods of treatment which had been employed in vain several anti-syphilitic courses were to be reckoned. When seen by the author the skin of both heels was covered by thick hard horny uneven masses which rendered walking very painful. Solutions of potash and a scraper which were first recommended had been used faithfully for a year almost daily, but with only temporary alleviation. When the author became acquainted with the specific action of the salicylic plaister it was recommended to the patient. Although by its use the tendency to horny formation is not removed, yet the hard masses have been completely got rid of, the patient can walk with comfort, and with the occasional use of the plaister the fresh formation of hard masses is avoided. The author regards the condition of which these cases are examples as being essentially allied to eczema. The formative power of the epithelium is injured mechanically or otherwise, and an imperfectly formed epidermis results. By its solvent power on horny epidermis salicylic acid incorporated with gutta-percha, as in Beiersdorf's plaister, frees the skin from an adherent irritating mass, and the deeper layers of the rete mucosum are placed in more favourable conditions for regaining their physiological properties.

(a) *Allg. Wien. Med. Zeitung*, No. 42.

Mr. **Butlin** said that Mr. Thomas Smith had employed salicylic acid to remove a wart on his own person, the unhealthy appearance assumed by the growth having caused him much uneasiness from its resemblance to an epithelioma. Since this experience the remedy had been used with some success in cases of ulcerating carcinoma, rodent ulcer, &c. In a case of epithelioma of his own, however, he (Mr. Butlin) had not employed the salicylic acid, having agreed with Mr. Smith that, though it might prove of service, yet his duty to the patient demanded more positive and reliable immediate treatment. Hitherto he had known of no real example of epithelioma so cured, and was disappointed at not hearing from Dr. Thin that such results had been obtained.

Mr. M. **Baker** described a case occurring in the syphilitic female ward at St. Bartholomew's Hospital in which a number of warts were reduced by application of a cream of salicylic acid and vaseline. He thought the preparation used by Mr. Smith resembled the "corn solvine" sold in shops, which consisted of a saturated solution of the acid in collodion.

Dr. **Thin** explained that he had not employed the agent as a remedy in epithelioma.

Dr. **Drewitt** exhibited

A TYPICAL CASE OF MYXŒDEMA

in a woman of 45, who had been an out-patient at the West London Hospital during the last year. The disease was of twelve years' standing, dating from a time when the poor woman lost her husband and one of her children. At that time she was slightly built and active, but since then she has gradually become stout and heavy, slow and languid and feeble in moving, slow and deliberate and indistinct in her speech. She would give anything to be able to move or speak as readily as she once did. She is afraid of going about alone, lest she should be run over, and she could hardly lift her feet high enough to get upstairs. She was always cold, even in summer, and never perspired. Bowels were obstinately confined. There was dyspepsia, and she had partly lost the senses of taste and hearing. All the characteristics of the disease were present—the generally swollen look, the round and fat face, the sallow, translucent, wax-like skin, broad nose, thick, coarse, purple lips; on the cheeks was the same peculiar dusky reddish purple colour, caused by dilated capillaries and veins. The eyelids were pendulous and transparent; the tongue, which was pale, swollen, smooth, and tooth-marked, was too large for the mouth, and more "cretinoid" than the intellect; soft palate was also swollen and pale. Abdomen was greatly enlarged, as if from growth of fat; the swelling, in fact, was universal, but there was nowhere pitting on pressure. The skin of hands and arms was rough and scaly, as in xeroderma. Hands were thick and swollen, and could no longer be clasped. The wedding ring became embedded in the swollen finger, and had been cut out by a jeweller. Pulse 76, feeble. Heart sounds distant, feeble, no murmur. Temperature in axilla only 95°. Urine sp. gr. 1011. No albumen nor sugar. Dr. Drewitt remarked that the spade-like, clumsy hand had been especially noticed by Sir William Gull in his paper read before this Society, describing the disease for the first time, just ten years ago, but he thought that the most striking physical peculiarities were the pendulous eyelids, like alabaster in translucency, and the purple pouting lips. Tranquillity was also, in those few cases he had seen, a most marked characteristic. Tranquillity of mind, undisturbed by emotion; tranquillity of body, undisturbed by change of expression, or by any sudden speech or movement. Though painfully conscious of their own state, there was no irritability. He once travelled in an omnibus for some miles, sitting opposite to a case of this kind, and though she noticed all that was going on, the face remained like that of a statue, absolutely unaffected by any of the little changes of expression through which the faces of others are continually going, in response either to their thoughts or to the world around them. As to the pathology, Dr. Ord had described the post-mortem appearance. The whole connective tissue of the body had been found swollen and jelly-like, and œdematous, with mucin. This swelling seemed sufficient to account for all the symptoms. The heart and arteries were obstructed by it, and hence the feeble blood-current, the deficient aëration of the blood, and the purple of the cheeks and lips. The tongue and palate were swollen with it, the intestine choked by it, the senses dulled, the functions of organs interfered with, and the patients died with all their tissues smothered by their own padding. In treatment of this patient he had found strychnia of the most value, and both muscular movement and speech had increased in briskness under it. In the appearance of the patient, however, there had been no improvement. As to the origin of the disease, it had been perhaps rightly ascribed to nerve influence. Great anxiety or mental shock had occurred at the beginning of many cases. In Dr. Ord's first case, as in the one now before the Society, it followed upon the fatal illness of a husband. In Dr. Cavafy's first case it followed a shock; in his second a bad time at childbirth. Dr. Duckworth's second patient mentioned that it came on after her husband had kicked and ill-treated her. Dr. Semon's patient had fourteen children and some miscarriages in a "comparatively short time." Great mental anxiety or distress profoundly depressed our vitality. The secretion of gastric juice, saliva, bile, are all influenced by emotion; mental shock is given as a cause of atrophy of the liver; and syncope may follow bad news; therefore it would not be wonderful if it should be shown that the nutrition of the connective tissue of the body were altered in this way. Sir Wm. Gull in his paper had alluded to the changes in the thyroid in true cretins. It would be interesting to know whether instances either of atrophy or hypertrophy of the thyroid had been observed in any of these cretinoid cases. Our knowledge of the whole subject was still in its infancy, and it was impossible not to believe, when such a definite, well-marked disease, the cases of which were so like each other, and so unlike anything else, had existed so long unrecognised among us, that there may not be many more facts about it to be discovered only less important than the discovery of the disease itself.

Dr. **Felix Semon** epitomised the contents of a most interesting paper read in April of the present year before the German Association of Naturalists and Physicians, by Prof. Kocher, of Berne, and which dealt with the question of extirpation of the thyroid body in goitre. Kocher had performed 101 such operations, the mode followed in which he fully detailed, with the immediate and remote consequences observed, and narrated how he had been so struck by the appearance presented by one of his patients whom he chanced to see about a year subsequent to the operation that he invited all the other subjects of it to submit themselves to his inspection. The results so obtained formed the main points treated in the paper. Twenty-eight patients, from all of whom portions only of the thyroid had been removed, were distinctly better as regarded their condition. Of 18, however, from whom the gland had been totally removed, but two were unmistakeably better, and in one of these an accessory thyroid had undergone complementary hypertrophy, while goitre had recurred in the second. All the remaining 16 patients exhibited most marked and remarkable changes, those in whom the operation had been longer performed showing the alterations most clearly. These included all the prominent signs and symptoms of myxœdema, a disease, moreover, with which Kocher, at the time of his observations, was quite unacquainted. Thus, general weakness and malaise, pains in the extremities, swelling of the legs, with blue colouration of the skin, and sometimes development of chilblains, general anæmia, sluggishness of movement, not attended, however, with dulled mental activity, swelling under the eyes—at first transitory, then stationary, and followed by facial swelling and thickening of nose and lips, and eventually succeeded by swelling of the whole body, so that even thin persons seemed to grow stout, although no actual œdema existed, nor any albuminuria; drying up and infiltration of the skin, falling of hair, and a constant feeling of coldness—these were the symptoms remarked as characteristic of the peculiar condition of all the patients of the group referred to. In a few instances, headache, dizziness, and dysphagia occurred; and in one, epilepsy. The blood showed changes agreeing with diminution of red corpuscles and increase of white ones, and the arteries of the retina were narrowed in calibre. One condition not observed in myxœdema, however, was persistently present, viz., marked retardation of growth, the operation preceding the onset of the curious succession of changes having been performed on young persons mostly. Professor Kocher describes the assemblage of symptoms as characteristic of an unrecognised disease, and named it "cachexia strumativa." Dr. Semon added that, three years ago, Mr. Lister had extirpated the enlarged thyroid gland from a patient of his (Dr. Semon's) own, and although the person had not hitherto been the subject of myxœdema, the disease might, perhaps, be making its appearance, for already there were commencing swelling of the lids and paleness of the face observable. He considered that there might be two conditions of this disease to be recognised, one occurring as the consequence of changes in adult life, and the other in alliance with critinism. Operations on the thyroid body would react directly or indirectly on the constitutional state by interfering with the due elaboration of the blood as provided for so long as the gland maintained its normal activity; but given such arrest or modification of its function as should seriously disturb the possible formative influence, and in place of natural physiological blood, a fluid containing mucin in quantity might result; this body representing and replacing more highly-organised elements, to the production of which the mutilated structures were unequal.

Sir **Andrew Clark** remarked that he had observed a curious variation in the quantities of urea passed in myxœdema; as a rule it was less than 2 per cent., but at times it rose to more than 4 per cent.

Sir **William Gull** said he had no special knowledge to communicate to the Society on this question, for it still remained to be settled whether the disease was of central or peripheral origin. Dr. Hilton Fagge, whose recent loss all present would deplore, had written a paper on sporadic cretinism, in which he demonstrated that in children affected by it the thyroid gland underwent atrophy, and it had occurred to him to connect the two in the relation of cause and effect. Was the cretinoid state dependent on deficiency of the thyroid, which led on to myxœdema? In one most typical case seen by Sir William Gull in consultation with Dr. Garrod, both physicians had frequently examined the urine during six or seven years, but nothing had ever been discovered in it to indicate any change proceeding in the kidney. The patient only became progressively worse. The problem which confronted them now in connection with this question was whether the thyroid was in any way related to the nutrition of the body. It was known how the ovaries affected the general constitution, how on their removal masculine characters were developed; and in many other ways the influence of organs on the general state had been demonstrated; and Dr. Hilton Fagge had not omitted to connect the cretinoid state with atrophy of the thyroid. In Sir William's opinion victims of myxœdema at last invariably succumbed to the disease, for the successful treatment of which he knew no remedy or means.

Dr. **Ord** read extracts from a letter he had received from Professor Kocher, in which the latter expressed a conviction of the resemblance between myxœdema and the disease he had named cachexia strumativa, and that excision of the thyroid afforded a sufficient cause for all the symptoms, the cachexia ensuing on total extirpation of the gland, whereby the sympathetic nerve was always influenced. Professor Kocher forwarded a photograph in which a girl, presumably the subject of one of his operations, obviously cretinoid, was contrasted with a normally-grown, healthy girl, exhibiting thereby very retarded development. Dr. Ord said that Professor Kocher's observations tended to confirm his own ideas of the disease, to which also the investigations of Curling and Hilton Fagge pointed. Only one cretin in three possessed a thyroid; and as a result of his own examination of cases of myxœdema he found this gland smaller than usual; in one instance only was it larger, and in this, exophthalmic goitre had preceded the manifestation of symptoms of myxœdema. It had to be remembered however that we had no knowledge of the intimate structure of the thyroid in any of these cases; and after twenty years' study of the disease, he would not venture to suggest its *rationale*.

Dr. **Burney Yeo** mentioned a case, observed some years ago, in which there was one-sided goitre, and in which the entire hair of the eyebrows and lashes fell away. Fluctuations in the quantity of urea passed, were he considered, commonly found, especially in women, precedent to development of organic disease.

Dr. **Cavafy** said his own experience of this disease taught him that it exhibited periods of quiescence, during which improvement might take place in symptoms. A case showing this had been communicated by him two years ago. The patient, aged 33, had been discharged from hospital, improved. She became pregnant, and while in this condition œdema of the legs supervened, and although labour was painful from swelling of the vulva, a living child was born, and subsequently the mother's symptoms were much improved, thus showing that gestation induced a better nutrition of the body. This improvement only lasted for a time, however, and subsequently the patient retrograded to her previous ill state. In another case, that of a man, the subject of marked myxœdema, ascites supervened, and necessitated tapping twice. During the period in which the ascitic fluid was collecting the other symptoms much improved, as though the accumulation of liquid in this situation served to deflect the changes proceeding elsewhere. In all his cases Dr. Cavafy had noticed fluctuations in the patients' condition.

Dr. **Radcliffe Crocker** had noticed variations in the daily amount of urea excreted by dogs on whom he had experimented, and had found similar variations among patients suffering from skin diseases.

Dr. **Hadden** said he found diminished excretion of urea in all the cases of myxœdema he had investigated with this object. He had not observed any pathological affection of the sympathetic in patients dying from myxœdema.

Dr. **Ord** had seen a case of myxœdema in which two pregnancies proceeded to full term after the onset of symptoms of the disease. Until lately he had regarded myxœdema as a progressive disease, but this view yielded before evidence of improvement noticed in at least six instances, mere fluctuation not being a sufficient explanation of them. The administration of jaborandi had been followed by most marked benefit in one case, this being maintained at the present time, twelve months after. In another case the improvement produced by the same remedy was really marvellous; and all the instances in which relief of symptoms had been obtained it followed the use of jaborandi: the commencing dose was 30 minims three times a day in hot water, and the amount was gradually increased to one drachm or more of the drug.

Dr. **Whipham** described treatment by means of hot-air baths and jaborandi, under which a patient had improved, but she subsequently returned as bad as ever. In neither of two cases of myxœdema could he find any thyroid body by palpation.

Dr. **Douglas Powell** asked if the jaborandi affected any other organ than the skin in these cases.

Dr. **Ord** said he had made no inquiry on this point.

Sir **Andrew Clark** said that two days ago he saw a clergyman who was dying of myxœdema four years since, but who was now, by his own account, quite well; and he (Sir Andrew Clark) had seen several cases improve under merely rational treatment.

Dr. **Dyce Duckworth** suggested that English surgeons who had extirpated the thyroid should be able to afford valuable information on the influence of the gland.

Sir **Andrew Clark** said he thought the Society should, ere long, appoint a committee to investigate and report on the whole subject; he would not urge it immediately, however.

Sir **William Gull** hoped Dr. Drewitt would, after what had been said of jaborandi, treat his patient for a month by that drug. He still insisted that myxœdema was always a progressive disease, and ultimately fatal.

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LIVERPOOL MEDICAL INSTITUTION.

The fourth ordinary meeting of the session was held on Thursday, Nov. 22nd, Mr. T. S. **Walker**, President, in the chair.

Dr. **Howie** exhibited Tayler's Midwifery Forceps Lever. He showed them rather as a matter of curiosity than anything else, and would not recommend anyone to purchase them.

Dr. **Cameron** showed a case of

ACUTE NECROSIS OF THE RIBS.

The specimen was taken from the body of a young Spanish sailor who died in the Royal Southern Hospital. On admission he was suffering from pneumonia, temperature 102°, pulse 110 to 120. There was restlessness, cough, and delirium. A peculiar movement of the ribs was observed during the act of respiration, but no pain was complained of except later on, when complaint was made of pain about the sternum. The history was obscure, but it was ascertained that he had just landed after a voyage lasting two and a-half months, that he had had a sore on one of the toes, that he had suffered during the voyage from febrile symptoms. There were also evidences that he had had scurvy. He died ten days after admission. The autopsy was made twenty hours after death. On throwing back the fleshy covering from over the anterior part of the chest the appearances observed were so remarkable that a photograph was taken (photograph exhibited). The ribs stood up very straight, but the sternum, loosed from the lower ribs, lay far below their free ends. A circumscribed abscess was discovered over one of the ribs, from which the periosteum was destroyed. A similar condition was found in connection with six more ribs on the left side (from the 3rd to the 9th), and six on the right side (4th to 9th), so that there was periostitis of no less than thirteen ribs, seven on the left side and six on the right, giving rise to thirteen distinct circumscribed abscesses, no two communicating with each other, and none communicating with the pleural cavity. There were no abscesses in any other part of the body. The heart was healthy, the liver and spleen both enlarged. Dr. Cameron did not think this peculiar distribution of ostitis could be due to pyæmia, or was the result of injuries, as it would be difficult to conceive of any injury that could be so symmetrical. The patient had come from a malarial climate, had probably suffered from malarial fever, and in his opinion the case was an example of the ostitis following malarial fever, and showing a predilection for the ribs, as had been pointed out by Sir James Paget. As confirming this view, he mentioned the fact of ostitis occasionally following fevers, such as typhus, and scarlatina, he himself having witnessed examples of the latter affection.

Mr. **Puzey** showed a

SUBMAXILLARY GLAND WITH A LARGE CALCULUS IN THE DUCT,

taken from a woman, æt. 40, who had been the subject of tuberculous glandular inflammation, and from whom he had removed tuberculous glands. On the present occasion he did not suspect that the enlargement of the submaxillary gland was different in its nature from that of the glands he had previously removed. The gland as exhibited showed within the enormously-distended duct an irregularly shaped calculus, 1¼ inches in length, about an inch in breadth, at the widest part, and half an inch thick.

Dr. **Carter** related a case of

CIRRHOSIS OF THE LIVER (specimen shown).

The patient was a man whose illness apparently did not date from a further period than about five weeks before admission into the Royal Southern Hospital. On admission he was suffering from a great amount of ascites. He was tapped. The urine, which before the tapping was not copious, became markedly less in quantity. This he considered a bad prognostic sign, as showing a rapid flow of fluid into the abdominal cavity, such a rapid flow being probably the result of great obstruction to the blood current somewhere. The man was admitted into hospital on September 21st, and he died on October 18th. The autopsy showed that such an obstruction did exist, as the liver weighed only 25 oz.

Dr. **Oxley** showed some cases of

CARIES OF THE SPINE,

in one of which partial paraplegia had come on. He said that Sayre's treatment of Pott's disease had to a great extent already fallen into desuetude This was partly owing to Sayre himself, inasmuch as he had professed to be able to do things that could not be done. By professing to straighten the spine, and by his piece of lead which, applied to the back before and after the tricing up, showed the degree of straightening, he had drawn off the attention of people from the really valuable part of the treatment. He himself was afraid that he had at first tried to do too much in the direction of straightening. A few individuals, himself amongst the number, had gone on with Sayre's treatment in its integrity. The case shown had two angular curvatures—one at the 4th, 5th, and 6th dorsal vertebræ, and the other at the 12th dorsal and 1st lumbar. This patient, M. D., æt. 10, had been treated before in hospital by a trustworthy surgeon for a period of four months—cod-liver oil and tonic treatment had been made use of, but without effect. When the patient came to the Children's Infirmary, she was not able to walk, but could stand; the spinal affection was shown by involuntary jerking of the legs. Sayre's jacket was applied, and she was put to bed to dry. The next day she was found out of bed and able to walk. From that time she was quite free from pain. She wore the jacket six months, and then returned to have another put on. A. B., æt. 4 years. had angular curvature of the 12th dorsal vertebra, and could only walk with difficulty and pain. Sayre's jacket was applied, and the patient was cured in six months.

In the discussion that followed, Mr. Damer Harrisson related a confirmative case, that of an adult who was paraplegic, and had no control over his sphincters. Four days after the application of Sayre's jacket he could walk, and from that time progress was uninterrupted.

Dr. **Hope**, Assistant Medical Officer of Health, then read a paper on

THE DISTRIBUTION OF TYPHUS IN LIVERPOOL.

After speaking of the epidemics of 1865 and 1870, he brought forward some statistics showing the incidence of the disease in July, August, September, and October of the present year. He divided the houses into four classes—viz., 1st. Street houses; 2nd. Court houses, *i.e.*, houses situate in courts; 3rd. Cellars; 4th. Common lodging or tramp houses. During the four months over which the observations extended 831 cases of typhus were reported. Of this number 420 were from street houses, of which 88 died; 360 from court houses, of which 45 died; 34 from cellars, of which 5 died; and 17 from common lodging-houses, of which 5 died. The speaker thought his figures showed that the one agency that was most valuable in preventing the spread of the disease was inspection, as the two classes of houses that were most easily inspected, viz., cellars and common lodging-houses, showed much more favourable returns than the other two, in which inspection could not be so easily nor thoroughly carried out.

Dr. **Carter** compared the present epidemic with the previous one, and contended that the prime agency in preventing spread of the disease was not inspection, but improved sanitary conditions.

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In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 22, Madras 46, Paris 22, Geneva 29, Brussels 22, Amsterdam 30, Rotterdam 26, The Hague 23, Copenhagen 16, Stockholm 24, Christiania 14, St. Petersburg 23, Berlin 23, Hamburg 21, Dresden 25, Breslau 24, Munich 23, Vienna 21, Prague 31, Buda-Pesth 23, Rome 21, Turin 19, Venice 21, Lisbon 30, Philadelphia 19, and Baltimore 21.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 28, 1883.

MYXŒDEMA AND THE CRETINOID STATE.

A REMARKABLE, and in many respects important, discussion, took place at the Clinical Society of London on Friday evening, in connection with a paper on Myxœdema communicated by Dr. Dawtrey Drewitt. New light of an almost startling kind has been thrown on the relations of this obscure and puzzling affection by the researches of Professor Kocher, of Berne, whose results were epitomised for the Society's benefit by Dr. Felix Semon, and an account of which will be found in our report of the meeting in question. How far these investigations may influence the direction of future treatment, or modify the opinions hitherto generally entertained, it would, of course, be premature to say as yet; but that fresh impetus will henceforth be given to the study of clinical facts and personal transformations in not only myxœdematous subjects, but also in those afflicted with other diseases now shown to have some close association with myxœdema, may be taken for granted; and, in any case, we may ascribe to what has recently been accomplished in this limited field of medical inquiry, a value of very tangible and considerable proportions.

The physiological puzzle presented by the thyroid gland and the spleen has long enough provoked the patience of physicians; and any, the slightest, contribution of knowledge bearing upon its solution will be welcomed with cordial goodwill on every side. But it is not yet open to us to assert that any positive information is now forthcoming on the point, although what has just been given to us in part justifies a hope that light is being thrown on the darkness of past ignorance. Professor Kocher has indubitably proved that there is a direct causal connection between a cretinoid condition of the human being and the absence of the thyroid body from the organism. In a definite number of instances he removed this gland from young people in whom it had become enlarged as a result of goître; and in no less than sixteen such cases of complete extirpation of the organ he has been able to describe sequential changes which are conclusively cretinoid in character, and at the same time bear marked resemblance to the progressive symptoms exhibited in typical myxœdema. The fact that such changes were observed by him while he still remained ignorant that a degenerative disease had been introduced into medical terminology under the title of myxœdema, strengthens the conclusions deducible from his descriptions; but, nevertheless, tempting as the desire to argue from his set of observations to to those conducted in regard to myxœdema proper may be, it must, for the time, be stoutly resisted. Conviction, however, is strengthened in respect to the conclusions that might be thus drawn, from the fact, adduced by several authorities among whom Dr. Ord must be specially included, that examination conducted with a view to ascertaining the presence of a thyroid in patients suffering from myxœdema usually results in showing the gland to be unusually small, even when it can be distinguished. Further, too, in one instance where this was not the case, the patient had been subject to exophthalmic goître previously to the onset of symptoms of myxœdema; and thus a perfectly reasonable cause for the unexpected size of the structure in this case was forthcoming. Again, in the same connection, two of Dr. Kocher's patients who should have exhibited the peculiar set of changes observed in the sixteen patients referred to, as a consequence of excision of the thyroid, failed to do so; and in both a sufficient reason for the anomaly was forthcoming. In one, subsequently to the operation, a small accessory thyroid previously existing had undergone compensatory hypertrophy, and presumably taken on itself the functions, whatever they may be, of the whole gland; and in the other, goître recurred, showing apparently that a portion at least of the gland-tissue remained behind.

It seems almost impossible, with so much particular evidence at hand, to avoid the inference that the thyroid performs very important functions in the animal economy, and that on a due preservation of its normal condition the body is dependent for an essential maintenance of its normal condition. The manner of this connection is suggested by Dr. Semon, who, however, is careful to exclude the appearance of dogmatism in his statements, but who is, nevertheless, very pertinently suggestive in the remarks he makes. That the influence we are called upon to consider is one the constitution shares as a whole, is evident; and hence the conclusion that the blood is the tissue directly affected, is unavoidable. In its normal state the elements composing this fluid are elaborated in a definite and quantitative manner, to which the thyroid gland presumably contributes a due share. In diseased states of the latter organ those blood constituents in the elaboration of which it plays an important part must necessarily be altered in character; and Dr. Semon's suggestion that such change is in the direction of lowered organisation, is perfectly feasible and reasonable. As a result of such vitiated, unperfected blood, mucoid degeneration of the whole body might naturally follow; and with it, in later stages, the mental deterioration observed in myxœdema and artificial cretinism, would obviously proceed, as a result of interstitial changes in the nerve-centres and nerves.

It may be worth while here to refer to the valuable work done in connection with the study of goître and cretinism during a long series of observations conducted by officers of the Indian Medical Service. That there is no invariable connection between the two has again and again been demonstrated, and Dr. Sayer's figures, as quoted by Dr. F. N. Macnamara, in his work on "Diseases of the Himalayas," are very instructive to this end. From these statistical returns it appears that in one district—Tirhoot—up to the end of 1871, 22,780 cases of goître had been treated, of whom 10,484 were males, and 12,296 females. Of this large number but *one* was an idiot, while only 293 were deaf and dumb. In other parts of the same work it is true that less startling disproportions are quoted; but throughout it speaks conclusively to the effect that, of the total of goitrous patients, but a very small number are at the same time idiots, and the existence of these even is easily explained by intermarriage, habits, and inheritance.

Accepting the full teaching of Professor Kocher's observations, we should be led to conclude that a mere enlargement of the thyroid would not of itself suffice to create idiotcy, but that such a condition must be looked for under either of two conditions—viz., when the disorganisation of the gland consequent on goître has proceeded to such lengths that it ceases to be of physiological use to the body—and this condition would probably be preceded by death; or when, by surgical interference, it is entirely obliterated. It is also not impossible that myxœdema is itself preceded by retrograde changes in the thyroid, which, by an arrest of function, or from gradually proceeding atrophic changes, at length assumes such a condition that its importance in a physiological and nutritive sense is *nil;* and it is significant from this point of view that all experience of myxœdema has hitherto been among adults of an age when functional inactivity is not unexpected. Kocher's "cachexia strumativa" is apparently myxœdema *plus* arrest of growth, and no laboured argument is needed to associate the latter with deteriorated blood supply consequent on absence of that influence normally exercised over the circulating fluid by the thyroid.

In one respect the discussion on Friday leaves us no farther ahead than we were before, and that is as regards treatment and prognosis. Dr. Ord's success with jaborandi had previously been generally recognised, and Sir William Gull urged its employment in the case which gave rise to the debate. Sir William did not feel himself in a position, even after the narration of several cases of improvement by Sir Andrew Clark and others, to speak hopefully of the future of patients afflicted with myxœdema. In his opinion every case progresses to a fatal termination. This view, fortunately, is not universal.

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THE TREASURY VALUATION OF MEDICAL SERVICE.

Probably within the modern annals of the Law Courts, no collapse of a defence to an action is recorded more complete and humiliating than the break down of the case for the Government in Wheeler *v.* the Queen. The facts of the matter in dispute we gave last week but, considering that the case was before a jury, we expressed no opinion as to the merits of either the claim or the defence. We should not, indeed, have thought it right to do so under any circumstances, because we were in possession only of one side of the case, and could not know what answer the Irish Government might be able to give to Mr. Wheeler's demand, and we certainly believed that when the Crown lawyers took their parable, we should hear something to modify our prepossession in favour of Mr. Wheeler's claim. As we cannot devote space to the case we may epitomise the matters in dispute, and the answer of the Crown to them.

Mr. Wheeler claimed £1,148 for his services in attending to Mr. Sheen Carter, that sum being made up of *a.* Five visits to Belmullet at 125 guineas per visit; *b.* Two visits to Ballina, after the patient had been conveyed thither, at 100 guineas each visit; *c.* Numerous visits in Dublin, after the patient had been brought to town, 30 guineas; *d.* Detention from home (beyond the time spent in travelling and seeing the patient), seven days at 25 guineas per day; *e.* For the amputation operation 50 guineas; *f.* Cash out of pocket for railway fares of assistants, and for conveyance of patient to Ballina, £13 18s.

To this claim the Government pleaded—firstly, that "the undertaking given to Mr. Wheeler was not adequate to bind Her Majesty's Government." Secondly, that, if it were, Mr. Wheeler, "would have no direct claim against the Government until proof was forthcoming that Mr. Carter was unable to pay his bill either from private sources or from compensation recoverable under" the Crimes Act. Thirdly, that even if the Government employed Mr. Wheeler and even if they were liable to pay, the amount of the fees charged were exorbitant. Let us see how far these defences were controverted by the evidence of Mr. Wheeler and his witnesses, and, first, as to the plea that the Government did not employ that gentleman, we may say that a more astonishing defence, or a more disreputable attempt to repudiate liability has never come under public notice. We have before us the correspondence on which Mr. Wheeler based his claim, and what do we find? We find—1. A memorandum delivered to Mr. Wheeler, in the Chief Secretary's office, with the express authority of the Under Secretary. 2. An official acknowledgment, dated March 27, 1882, of Mr. Wheeler's first report respecting Mr. Carter's condition. 3. A similar acknowledgment of a further report, dated April 3. 4. A similar acknowledgment, dated April 14. 5. A similar acknowledgment, dated April 22. 6. A long, subsequent official correspondence, extending over four months, during which not a word occurs of any intention to repudiate the retainer of Mr. Wheeler by the Government. Add to these official written communications the sworn proof that Mr. Wheeler was instructed by the mouth of the Assistant Under Secretary, after deliberate consultation with his superiors, and within the Castle itself; and we ask ourselves by what logic the advisers of the Government brought themselves to plead that Mr. Wheeler received no definite orders from the Crown. To this inquiry there seems to be only one possible reply, and it is one only a little less discreditable to the Irish Government than an attempt at repudiation would have been. If we understand the statement of the Attorney-General correctly, he would seem to plead that the Castle authorities were profoundly ignorant of these facts and of the correspondence until it was produced by Mr. Wheeler in the witness-box—a statement sufficiently astonishing, even if only regarded as a confession of the utter confusion of the Castle records, and the total want of memory of the Chief Secretary's subordinate officers; but even this humiliating plea seems to be refuted by the proof given by Mr. Wheeler that the whole of the facts and documents which the authorities ought to have been aware of were placed by him at the disposal of the Government. As to the retainer of Mr. Wheeler's services by the Government, and as to their consequent liability to pay for those services, there can, under these circumstances, be no question whatever; and we find it difficult to believe that the plea of "No agency" could have been raised, save as a technical and not very honourable method of defeating the plaintiff's case.

The second defence of the Government—*i.e.*, that their promise of payment was only conditional upon the inability of Mr. Carter to pay—would, considering the terms of the written memorandum handed to Mr. Wheeler, have been worthy of more serious consideration than their plea of "No agency," were it not that it was upset by the subsequent pronouncements of the Government itself. The Under Secretary had stated in writing "that, if Mr. Carter is unable to pay the fees . . Surgeon Wheeler may submit his claim for such attendance and it will receive favourable consideration. This, said the Government, was only a contingent promise, and they accordingly did not consider themselves called upon to pay, inasmuch as Mr. Carter subsequently got compensation for his injuries, but to make the best of such an excuse, it was contemptible and shabby. They had before them the repeated disclaimer by Mr. Wheeler of any claim on his part against Mr. Carter; they had the testimony of that gentleman's solicitor that he was absolutely incapable of discharging any part of his surgeon's fees, his income to support himself and family being on the hypothesis that all his rents were paid, only £200 a year, they had means of inquiring officially as to the truth of these representations, and yet they were willing to take the responsibility of doing Mr. Wheeler out of his fees, or else of subtracting the amount of them from the insufficient compensation which Mr. Carter was to receive. We say again that such a plea would in any case have been contemptible and shabby, and that its meanness was accentuated tenfold by the fact that, at the interview succeeding his first visit to Belmullet Mr. Wheeler told the assistant-secretary that he was aware that Mr. Carter could pay nothing, and that he would not go again without a definite understanding as to his fees, whereupon he received the written memorandum which eventually made the Government liable. And how, we may ask, did the Government redeem their pledge to take the claim "into their favourable considerations?" For answer we have their letters of the 23rd of May and 25th of October, in which they refuse to give the question any consideration whatsoever, but directly repudiate all liability. Had they questioned the items and offered a lesser sum than that claimed they might have stood upon the strict letter of their promise, but that they did not do, and therefore they must be held to have abandoned that part of their case. As to the last plea of the Government, that admitting their liability to pay something, they were not liable for so large a sum as that claimed, we need not enter into debate. The President of the College of Surgeons, who is, for the time being, the official head of surgery in Ireland, is entitled to fix the price of his services, and he is clearly entitled, in doing so, to take into account the fact that, for each visit to his patient, he had to travel sixteen hours by rail, and eighty miles at night on a car across a wild country in the bitterness of winter, and protected against violence by the constabulary. If he had proceeded on his journey without stipulation as to fee, we believe that, under these circumstances, a jury would have given him the remuneration he claimed as an equitable payment for the risk run, time lost, physical labour given, and skill shown. But, in fact, the amount of the fee could not be questioned because the Government—knowing Mr. Wheeler's price—agreed to pay it. If he had chosen to fix his honorarium at a thousand guineas giving the Government—as he did—full warning of their responsibility they would have been bound to pay the amount as a matter of simple contract, and not at all as a matter of usage or reasonableness.

Such are the facts of this remarkable legal contest, and they are worthy of notice, not only as a warning to Governments who allow subordinates to order about members of our profession without thinking of the responsibility incurred in doing so, but as an intimation to the public that surgeons of high rank are not legally so defenceless as they are sometimes thought. We have spoken of the Irish Government as alone blameable in the matter, but we must in truth say that we believe that the meanness, we might almost say the dishonesty of the transaction should lie at the door of the Treasury, a department of the public service which in our experience, is seldom actuated by any sense of justice or even of honour. We cannot believe that the Lord Lieutentenant or Mr. Trevelyan, or any of their immediate officers would have been guilty of this sneaking attempt to repudiate just liability, and we pity them and the Attorney General that they are so placed to have to apologise publicly at the bar of justice and at the bar of public opinion, for their treatment of Mr. Wheeler.

The President of the Irish College has done good service to his brethren by asserting against Government the legal and equitable rights of surgeons employed for the public service, considering that he acted notwithstanding his counsel's advice that the difficulty of enforcing his claim against Government was insuperaable. Mr. Wheeler's prosecution of the action must be regarded as spirited and deserving of our thanks, and his example will we trust encourage others not to submit as some have heretofore done, to the shabby attempts of Government departments to deprive them of their rights.

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Notes on Current Topics.

Physiology in Elementary Schools.

On Wednesday last a lecture was delivered at the Royal College of Preceptors on "The Great All-round Value of Physiology as a Subject of Instruction in Schools," by Mr. John Angell, F.C.S., Senior Science Master in the Manchester Grammar School. The paper was in the nature of a reply to Dr. Allchin, who had previously condemned the teaching of physiology as a waste of time, when addressed to ordinary school children; and Mr. Angell very forcibly defended the opposite view, for which he claimed consideration on account also of the influence exerted over sanitary progress by greater knowledge of the laws of health on the part of the people. From this aspect there is very much to be said in favour of the doctrines enunciated in the paper, for undoubtedly the efforts of medical officers of health would be vastly more productive of lasting benefit to the crowded poor if every child were taught to understand the elementary truths relating to health preservation. Possibly, and even probably, much of the science teaching that goes on in schools is productive of only the slightest advantages; but this is to be attributed to incompetence on the part of teachers, rather than to the fault of the subject, or to the inability, or want of desire, to learn. With efficient instructors and real earnestness of instruction the happiest results are obtainable; and there can hardly be a question that physiology is especially suitable for such educational purposes, as much on account of its power of educing intelligence, as for its own intrinsic value in directing how to live a healthy life. On the occasion referred to, Dr. J. F. Payne, who occupied the chair, deprecated the teaching of physiology, chiefly, it seemed, because he had, as an examiner, been called upon to read stupid answers to questions on that science. Dr. Payne apparently fails to associate bad teaching with the failure he has witnessed, and so condemns the subject in particulars that it has no influence in altering. Mr. Angell's paper was a most excellent vindication of the claims of science in general, and of physiology in particular; and we cordially trust it may be influential in disposing of the objections urged entirely without just grounds by Dr. Allchin, and which, if unrefuted, might seriously prejudice the future of national health, by preventing universal instruction of the people in the laws of health.

Temperance and Physical Endurance.

Weston, the well-known athlete, commenced last week a walking tour, under the auspices of the National Temperance League, which if, persevered in to the end, will constitute a feat of physical endurance worthy of the highest merit in the annals of pedestrianism. When starting at midnight on Tuesday from Westminster, Weston's weight was 10 st. 6 lb.; temperature, 99·2°; pulse, 84; he appeared to be suffering from a severe catarrh and hoarseness, but was otherwise in excellent health and buoyancy of spirits. Several members of the medical profession—amongst whom we noticed those redoubtable champions of teetotalism, Dr. Richardson and Dr Norman Kerr—assembled at the Palace Hotel to see him off and to wish him success on his long and tedious journey. The conditions under which the walk is undertaken are that the pedestrian shall cover fifty miles each day for one hundred days (5,000 miles), giving lectures on temperance at the various towns *en route*, Sundays and Christmas Day alone excepted, without alcoholic stimulant of any kind, and that three judges upon whom reliance can be placed shall accompany him in a carriage to see that the terms are strictly complied with. Weston has for years past shown how much muscular exertion he is capable of under severe strain; but the apostles of temperance consider that, if completed under the foregoing conditions, and during the severest part of an ever-changing English winter, this feat will establish upon an indisputable basis the fact that physical endurance can be maintained for a longer period of time, and under more trying circumstances, without than with the adventitious use of alcohol. Although wishing every success to the undertaking, we cannot admit that it will prove all that our teetotal friends claim. Professional pedestrians are mostly capable of prolonged physical exertion, or they would cease to be such; but because they contend for a lengthened period, either under abstinence rules or without them, it is to our minds no argument, for or against, that the general public would be capable of the same under similar conditions. It is impossible to find exact parallels. Were two men started at the same time, under opposite conditions, the success or failure of the one or the other would prove nothing, as the physical capacities of the two must of necessity differ. A regiment of soldiers, composed of equal numbers of abstainers and non-abstainers, under a long and trying march, might afford some reliable data; but Weston's walk will prove no more than his previous performances have proved. "One swallow does not make a summer."

Among the lectures to be delivered at the London Institution during the coming season are the following: Dec. 3, Mr. Romanes, "On Instinct;" Dec. 20, Prof. Flower, "On Whales;" Dec. 27th, Prof. Armstrong, "On Water" (juvenile lecture); Jan. 3, Dr. Donald Macalister, "How a Bone is built;" Feb. 18, Mr. Bryce, M.P., "An Ideal University;" Feb. 21, Professor Ball, "Evolution of the Solar System."

Professional Disloyalty.

In a letter to the *British Medical Journal* "a Hospital Physician" has revealed his identity with Dr. H. Donkin, of Westminster Hospital. In our last issue we commented on the letter signed with the above-quoted signature, and contributed to the *Standard* in condemnation of Drs. Ringer and Murrell, but we confess that our worst suspicions concerning it fell far short of the reality. It is absolutely inconceivable that one member of the medical staff of a hospital should so act towards a colleague as Dr. Donkin has acted towards Dr. Murrell. Of open-handed attacks made by one physician against another, we have unfortunately had occasional, but still rare, examples; but never, even in the worst cases of professional bickering, do we remember an instance in which cowardly resort to anonymous publication has been adopted by any one of position in the world of Medicine. Bad as Dr. Donkin's original offence was in the sight of every honourable person, it is greatly intensified by the ill-judged letter which he has sent forth, apparently in justification. He should clearly understand that the conduct of a man who slanders his colleague from behind the shield of anonymity, is without the pale of forgiveness by every one of his professional brethren who place honour before material gain; and nothing that he may say in extenuation of his gross breach, not only of etiquette, but of morals, will only intensify the feeling with which his act is generally regarded. We are glad to find that our contemporary, the *British Medical Journal*, has followed in our steps in this matter, and emphatically condemned the disloyalty shown towards two eminent medical men. Its comments on Dr. Donkin's letter of explanation embody our own previously-expressed opinion; and to what has already been said to the "hospital physician" who has not hesitated to publicly and violently attack a professional colleague, we would add, in respect to his signed epistle, *qui s'excuse, s'accuse.*

Death of Dr. Hilton Fagge.

The profession of medicine has sustained a loss of the heaviest description by the death of Dr. Hilton Fagge, which took place at midnight on Sunday, the 18th inst. In Guy's Hospital this event will be severely felt, for Dr. Fagge's services to it and its school were most invaluable. As physician to the one and demonstrator of pathology in the other, he devoted a very large amount of time and attention to the interests of patients and students, who, the latter particularly, will long remember with keen regret the friendly and helpful aid he was always ready to afford. For a long time past the deceased physician has occupied a prominent place in public professional life, and in many official positions of importance he has brought to bear an amount of knowledge and capacity for business which are rarely blended in the same individual. It is painful to reflect that all the resources of medicine are powerless against the disease which has thus cut short a career of high usefulness and unblemished honour, at the early age of 45 years. Dr. Fagge had, to his own knowledge and that of his most intimate friends, been for some time suffering from aneurism of the arch of the aorta, and aortic valvular disease with regurgitation; and although he had lately been living with the utmost care to avoid all unnecessary strain and excitement, an attack of dyspnœa occurred at the time named above, and almost immediately after, death ensued. On Wednesday afternoon the following resolution was passed at a meeting of over 300 students of Guy's Hospital:—"That this meeting of Guy's students do request the Senior House Surgeon and House Physician to convey to Mrs. Fagge their heartfelt sympathy with her in her bereavement, and desire to express their sense of the great loss which they, as students, and the profession generally, have sustained in the death of one who was so eminent a physician and so kind a teacher."

The Legal Status of an Unqualified ex-Assistant.

The editor of the *Craven Pioneer*, a Yorkshire newspaper, was recently put upon his trial for an alleged defamatory libel. The magistrates dismissed the case under the fourth section of the Newspaper Libel and Registration Act, 1881, they being of opinion that "there was strong or probable presumption that the jury on the trial would acquit the person charged." It appears that Dr. Empy, a Canadian graduate, who had formerly acted as assistant to Dr. Macnab of Crossfields, intended to start in practice on his own account. A notification to that effect was published in the *Pioneer*, at the instance of one of his friends. The libel complained of was contained in a letter written by another person, the purport of it being to show that Dr. Empy had no medico-legal status in this country, he not being registered under the Medical Act. The defence set up was that the course taken by the editor of the paper was for the public good, and that the statements were true in substance and in fact. It came out at the hearing that not only had the prosecutor practised his calling, but that he had also charged fees and signed certificates, a clear contravention of the terms of the Medical Act.

Dental Education in Ireland.

The Council of the Irish College of Surgeons has announced that, on the 20th of the coming month, it will proceed to elect a Professor of Dental Surgery in the College, this being the first establishment of the chair. The College is, we believe, taking this step with a view to providing for Irish dental students the means of learning their profession without going to other countries for the education. The clinical and practical part of the course of study will, as we hope, be efficiently provided for by the staff of the Dublin Dental Hospital in York St., the teaching arrangements of this institution having been extended and perfected in anticipation of the present educational session, and we have no doubt that, when it applies for the recognition of the College, it will be found quite capable of giving the practical instruction to the student. We are, therefore, well pleased that the College has decided to provide for the Irish student the didactic part of his study by establishing the professoriate, and we welcome the proposal to do so, especially because we expect that, when efficient means of instruction exist in Ireland, the College Council will remove from itself the stigma attached to it in consequence of its having continued—in direct breach of its pledges to the

General Medical Council—to vend dental diplomas *sine curriculo* to the ruck of hair-dressers, tobacconists, and druggists' boys whom the Dental Act co-opted into the ranks of dental surgeons. Nothing the College has ever done has been more discreditable than this, and no money it has ever earned has been so dearly obtained, and we earnestly trust that the time is now come when the Council will no longer allow the dental diploma of the College to be discredited as it has been within the last three years. We understand that Dr. Theodore Stack will be a candidate for the Professorship.

Royal College of Surgeons of England.

At the final examination for the Fellowship of the Royal College of Surgeons, held on the 22nd, 23rd, and 24th inst., nine candidates were successful and eight were referred. The following were the questions at the written part of the examination on the 22nd:—1. Describe the immediate and remote effects of severe injuries of nerves. 2. State what you know of the causes of venous thrombosis. Describe the changes which the clot may undergo, and the consequent course of the affection. 3. Enumerate the various forms of loose bodies met with in joints. Describe their pathology. 4. Discuss the differential diagnosis of the various forms of internal intestinal obstruction, and the treatment suitable to each.

Unsanitary Canterbury.

It is extremely disheartening to find the cathedral town of Canterbury clinging to the foul arrangements of a bygone age. Eight hundred cesspools in close proximity to wells from which the drinking water of thrice as many inhabitants is drawn is an almost incredible story to reach us. That typhoid should be rife in Canterbury is only what might be expected. Thirteen years ago one of the finest supplies of deep-well water was obtained at a distance from the town for the use of the inhabitants. From that time good water has been supplied to them at a cost considerably less than that charged by the London water companies for a very inferior quality of water. We are by no means surprised, then, to find that "dirt fever" is prevalent in those portions of the town of Canterbury where shallow well-water polluted by cesspools is still preferred to water pumped from the chalk, and of which Professor Frankland writes, "I know of no better water than this in the United Kingdom."

The highest annual death-rates in the large towns last week from diseases of the zymotic class were—From scarlet fever, 4·9 in Leeds, 1·7 in Newcastle-upon-Tyne, and 1·5 in Manchester; from measles, 3·1 in Huddersfield, 1·8 in Birkenhead, and 1·7 in Newcastle-upon-Tyne; from whooping-cough, 3·1 in Huddersfield, and 1·4 in Brighton; and from "fever," 2·3 in Cardiff, 2·1 in Plymouth, and 1·2 in Portsmouth. The 43 deaths from diphtheria included 25 in London, 7 in Glasgow, 2 in Edinburgh, and 2 in Salford. Small-pox caused 5 deaths in Sunderland, 3 in Birmingham, and one in Wolverhampton. The deaths from diseases of the zymotic class caused 5·1 in Glasgow, and 6·3 in Leeds and Huddersfield, of the entire mortality.

Salicylic Acid in Thickened Epidermis.

In connection with Dr. Thin's communication on thickened epidermis treated by salicylic acid, made on Friday last to the Clinical Society, it may be of interest to note that Dr. Traill Green has published, in the American *Medical and Surgical Reporter*, his results obtained after employment of the same remedy as a cure for corns, both hard and soft. The formula he adopts is one recommended by M. Gezon, and is as follows:—

℞ Salicylic acid, 30 parts.
Ext. of cannabis indica, 5 parts.
Collodion, 240 parts.

The collodion fixes the acid to the part, and protects it from friction, the cannabis indica acts as an anodyne, and the acid reduces and loosens the corn so that it comes off in four or five days. The remedy is applied with a camel's hair pencil, and if the corn is not well cured, the application may be repeated. In four or five days the patient should use a warm foot-bath and rub off the collodion. If any portion of the corn remains, the acid should be applied again and the treatment continued until the whole of the corn has disappeared.

The Surgical Pantograph.

At a meeting of the French Association for the Advancement of Science, held at Rouen, M. Mallez presented an instrument of precision called a surgical pantograph, for measuring the dimensions of the enlarged prostate, and for demonstrating by the aid of graphic tracings the influence of treatment on the diseased organ.

The Royal Society Medals.

Amongst the medals which have just been recently awarded by the Royal Society of London for the current year is one to Professor Burdon Sanderson, "for the eminent services which he has rendered to physiology and pathology, especially for his investigations of the relation of micro-organisms to disease and for his researches on the electric phenomena of plants."

At the last meeting of the London Physical Society, Mr. W. Lant Carpenter read a paper on measurements relating to the electric resistance of the skin. The author's experiments on himself show that the resistance of the body amounts to 1000's of ohms, but is mainly due to condition of skin. If this be dry the resistance is high. By soaking the skin in salt he greatly reduced the resistance of parts of the body. He infers that a large electrode should be used in applying electricity to the body, and that the skin should be soaked for twenty-five minutes previously.

An unusually large number of candidates for election as Fellows presented themselves at the inaugural meeting for the winter session of the Statistical Society on Tuesday last. Fifty-eight were elected, amongst them being Dr. Grimshaw, Registrar-General for Ireland, and one or two other members of the medical profession. At the same meeting the "Howard medal, 1883," was presented to Dr. Sweeting, Medical Superintendent of the Fulham District Fever Hospital.

The Sanitary Inspection of Labourers' Dwellings in Ireland.

The Council and the Executive Committee of the Irish Medical Association have been anxiously considering the effort which is being made by the Local Government Board, and by many boards of guardians in Ireland, to throw upon the medical officers of health, as part of their sanitary duty, and without additional remuneration, the business of inspecting the labourers' dwellings in their districts, and certifying as to the necessity for structural alterations therein. We have repeatedly declared our belief that any such imposition of duty upon these officers is totally illegal, and that they are entitled to be paid a special fee for performing it. The Council of the Association has, however, not felt itself competent to decide a question of law of this sort, and it has accordingly decided to appeal to the Local Government Board to urge upon the boards of guardians the propriety of paying a reasonable fee, and to name the amount of remuneration which they, the Local Government Board, would consider fair.

Whether the Board does or does not comply with this request, the Council of the Association has determined to obtain a judicial decision on the matter. As soon as a good test case, in which the guardians have given definite orders, and have, nevertheless, refused to pay for the inspection, is placed in the hands of the Council, it will proceed to sue the guardians for recovery of the amount, and will, if necessary, take the case on appeal into the Court of Queen's Bench, and there obtain a final judgment. We therefore invite any medical officer of health who is in the position of having done the work and has been refused payment, to communicate with the hon. sec. of the Association without delay.

Royal College of Physicians, London.

The experiments of Drs. Ringer and Murrell on "Nitrite of Sodium as a Toxic Agent," to which we have recently devoted a couple of leading articles, formed the subject of discussion at an extraordinary meeting of this College on Thursday last, the matter being eventually relegated to the Censors' Board for investigation. A motion was also passed in view of recent prosecutions against medical men, on unfounded charges, that the Council consider and report upon the best means of aiding justice in this respect by assisting in the defence of members of the profession thus charged, and by placing the proper issues in the hands of the Public Prosecutor. At the same meeting the resignation of Dr. F. J. Farre, who has occupied the position of Treasurer to the College for many years, was accepted, and an honorarium of two hundred guineas was unanimously voted. Dr. A. Whyte Barclay was elected to the vacant post, and Drs. Sieveking, Wood, and Duckworth as a Finance Committee.

We have pleasure in stating that Mr. Croly, of Dublin, whose illness we recently recorded, is making a satisfactory recovery, and is now sufficiently advanced in convalescence to be out of bed.

Dr. P. C. Little, of Dublin, has been suffering for nearly a fortnight from a severe attack of jaundice, for which he has been attended by Dr. Moore, President of the College of Physicians in Ireland. Dr. Little is improving in health, and is expected to be convalescent before long.

The question having been put to us by several correspondents why it was that the local surgeons who had charge of Mr. Carter, of Belmullet, did not remain in charge of his case, we have made inquiry, and have reason to believe that their ceasing to do so had no reference to any circumstance connected with the management of the case by Mr. Wheeler, and that no differences of opinion have ever existed in reference thereto.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 23·2 per 1,000 of their aggregate population. The rates of mortality in the several towns were:—Leicester 15; Hull, Wolverhampton 16; Edinburgh, Bradford 19; Birmingham, Sunderland, Plymouth 20; Bristol 21; London, Norwich, Cardiff, Derby, Sheffield, Oldham, Halifax 22; Brighton, Newcastle-on-Tyne 23; Portsmouth, Nottingham 24; Dublin, Birkenhead 25; Bolton, Leeds, Liverpool 26; Huddersfield, Preston, Salford 27; Glasgow 29; Blackburn 30; Manchester 33.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Tercentenary of the Edinburgh University.—Principal Sir Alexander Grant, Professor Flint, and Professor Fraser, a deputation from the Senatus of the University, waited on the Lord Provost's Committee of the Edinburgh Town Council last Wednesday to ask the co-operation of the Corporation in making arrangements for celebrating the tercentenary of the University next April. After friendly conference, the Lord Provost, we believe, assured the deputation that it would give the members of the Corporation pleasure to co-operate as suggested, and do all they could to make the celebrations on so important an occasion a great success.

Edinburgh.—Health of the City.—For the week ending with Saturday, the 17th inst., the mortality in Edinburgh was 89, and the death-rate 20 per 1,000 per annum. These were 15 deaths under 1 year, and 22 above 60, of which 3 were above 80 years. Diseases of the chest accounted for 50 deaths, and zymotic causes for 13, of which 1 was due to fever, 1 to diphtheria, 2 to scarlatina, and 7 to measles. The intimations of these diseases for the week were 12, 9, 48, and 146 respectively.

Glasgow Death-Rate.—The mortality in Glasgow for the week ending with Saturday, the 17th inst., was at the rate of 29 per 1,000 per annum, being the same rate as for the corresponding week last year.

Bequest to Glasgow Charities.—The late Mr. James Bain, of Helensburgh, has, by his will, bequeathed £500 to the Glasgow Royal Infirmary, and £500 to the Western Infirmary, Glasgow.

Glasgow.—Dr. Russell's Health Report.—At a meeting of the Glasgow Town Council held on the 19th inst., Dr. James B. Russell submitted his medical report, in which it is stated that during the last fortnight there were 472 deaths registered, as compared with 469 in the fortnight preceding—

representing the same-death, viz., 24 per 1,000 of the estimated population. Typhus still unfortunately maintains the position previously gained. A remarkable group of cases was formed by six persons who were all employed in a large umbrella factory, and in one department, viz., the home frame-making department. There was no other connection save that. Their residencies were in various and widely separated parts of the town, but all worked in one room in the factory, and all sickened within the space of one week—four, indeed, on the same day. The room was capacious, well ventilated, and not at all crowded. Although he had entirely failed to trace the individual by whom the infection was introduced to this group of workpeople—only eleven in number—in such virulence as to infect six, he had no doubt it was an illustration of the transportation of typhus by means of the clothing of some one who lived in a typhus-loaded atmosphere. Instances of this were constantly observed.

The Medico-Psychological Association.—A meeting of the Scotch branch of this Association was held at the Royal College of Physicians, Edinburgh, on the 16th inst., Dr. Rorie, of the Dundee Royal Asylum, in the chair. The programme was of a very general character, embracing a paper on "The Special Training of Asylum Attendants," by Dr. Campbell Clark, a brief reference to the recent homicide in the Haddington Asylum, by Dr. Bruce Ronaldson, and an interesting and opportune discussion on Fires in Asylums, introduced by Dr. Howden, of the Montrose Asylum, who furnished a description of the arrangements in vogue at the Montrose Asylum for the extinction of fire, and suggested several sensible ideas in connection therewith. The principal discussion, however, was that on the attendant question, and it is to be hoped that some good and permanent result may accrue from it. Dr. Campbell Clark put forth the details of a scheme, the general principles of which are to raise the social level of attendants, and to approximate them, as near as may be consistent with asylum management, to the position, the privileges, and the usefulness of trained hospital nurses. For this purpose he urged an experimental combination of asylum medical officers as a preparatory course to further and more permanent arrangements. A committee has been appointed to consider the matter, and we shall watch for the outcome of its deliberations with interest.

A Remarkable Case of Trance in the Western Infirmary, Glasgow.—A Woman "Asleep" for Five Months.—A very peculiar case at present engages the attention of the medical staff of the Western Infirmary. On the 20th inst. a woman, McInnes by name, who had been in an unconscious state for *twenty-two* weeks, was restored to consciousness. The following is an epitome of the circumstances:—It appears that a respectable married woman named Mrs. McInnes, the wife of a post-runner in Moidart, after giving birth to a child, became unconscious, and for seven weeks lay in bed in a comatose state. It was then resolved to convey her to the Western Infirmary, Glasgow, for treatment, and she entered that institution on the 1st of August last. The case being an unusual one, the utmost attention was paid to it, but it fairly baffled the professional skill of the Western. From the day Mrs. McInnes entered the infirmary she remained in the same unconscious state till Tuesday. She lay on her back, and never moved a muscle. Her pulse has averaged 80; her breathing was fair; and to keep up her strength she was fed three times every day by means of the stomach-pump apparatus. No hopes were entertained that she would recover, and therefore great astonishment was caused in the infirmary when it became known that Mrs. McInnes on Tuesday morning opened her eyes, sat up in bed, and emitted an exclamation of astonishment on finding where she was. During her long sleep most of the Glasgow doctors visited her, but on Tuesday she was removed to a private ward, in order to receive extra attention, and, excepting her medical attendants, no one was allowed to see her. Professor Gairdner and Dr. Cameron have had charge of this singular case, which in many respects is the most extraordinary of the kind ever recorded in Scotland. Mrs. McInnes is, of course, very weak, though quite conscious, and hopes are entertained of her ultimate recovery. Dr. Gairdner promises to give a full account of the case in the medical journals. It is superfluous to remark that he is undecided as to its nature.

Epidemic of Ophthalmia in Greenock.—Dr. Wolfe, of Glasgow, has written to the Provost of Greenock, informing him that there is an epidemic of ophthalmia in that town, which has probably been imported from Egypt by sailors and soldiers. Dr. Wolfe is of opinion that ophthalmic cases should not be treated in district hospitals; they should come to the Glasgow Ophthalmic Institution!

Child-Poisoning by Matches at Lenzie.—A child, aged 2½ years, died at Lenzie on the 23rd inst. from the effects of phosphorus-poisoning. It appears from inquiry which has been made, that on Saturday, the 17th inst., while the mother of the child was engaged in the parlour, the deceased child was playing about the house, and having got hold of a box containing matches, she, it seems, unknown to her mother, chewed the phosphorus ends of several of them. The child some time afterwards became sick, and Dr. Smith was consequently sent for. The doctor found on examination that the child was suffering from the effects of poison, and prescribed accordingly; but the little patient gradually sank, and died on the 23rd inst.

Defeat of the Aberdeen Senatus by Students.—The constant multiplication of classes in the Scotch Universities for the benefit of fortunate professors has evoked a determined stand by the students of the University of Aberdeen. At a meeting of the University Court held on Tuesday, the 20th inst., Dr. Bain, the Lord Rector, presiding—to consider a petition by Walter A. Elmslie, for himself and a committee of the third and fourth years' medical students, against a resolution of the Senatus to the effect that "henceforth there shall be a separate examination, both written and oral, on the subject of Pathological Anatomy, for all medical students, it being understood that this rule shall not apply to students who concluded their studies before July, 1883"—Mr. Charles Ruxton, advocate, appeared on behalf of the petitioners, and urged at considerable length that it was beyond the power of the Senatus to enforce any such resolution as that produced, and that if it were carried into effect it would be a hardship to those students whom he represented. Principal Pirie moved that the Court dismiss the appeal and affirm the finding of the Senatus, on the understanding that Pathological Anatomy is not to be considered a separate subject, but as included in and forming part of the subject or science of General Pathology. Dr. Webster, M.P., moved that the appeal be sustained and the resolution of the Senatus recalled, and ultimately this motion was carried by the casting vote of the Lord Rector.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS, EDINBURGH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One of your Northern correspondents, in trying to support the Glasgow Faculty, points out that the Fellowship of that august body is more of a social than a professional distinction. That may be so as far as the Glasgow Faculty is concerned, but it is not so in the case of the Edinburgh College, which is sought for, not for its social or professional distinction, but simply to palm off the F.R.C.S.E. for the F.R.C.S. Eng. No one would mistake F.F.P.S.G. for F.R.C.S. If we had true returns I am sure that the greater bulk of those holding the F.R.C.S. Ed. are practising in England, and thus passing off a distinction which has no professional value for one that has.—Yours, &c.,

Justice.

Correspondence.

THE ROYAL UNIVERSITY OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At the meeting of Convocation, held in July last, when the Senate attended, I brought forward three resolutions which were deemed by the meeting to be of such importance that they unanimously resolved to postpone their consideration until the autumn meeting. I then expressed my fear that there might be no autumn meeting, and as this has proved to be the case, I propose to discuss the resolutions in your columns and thus bring them before the Senate and the public.

The first resolution is: "That the Senate be requested to consider the advisability of holding the medical examinations in the months of May and November in each year."

The months of June and September are those in which the medical examinations are now held. These examinations follow one another too quickly, and are nothing but a Pass and Honour examination, three months more being afforded to candidates who desire to compete for Honours. That this is so has lately been admitted by the Senate, as shown by the fact that they will only admit candidates who fail in June to the examination in September, when they are specially recommended by the examiners. It must be admitted that the time between the two examinations is far too short for a student to make up his business, especially his *practical* work, as the medical schools and hospitals are virtually closed during the interval. The examination in June interrupts the summer course of lectures, and students cannot present the certificates of lectures delivered at this time, as the session is not over until the end of June.

The September examination is held when professors and students are seeking a change of scene after the nine months' prescribed course of study. At this time of year our schools and hospitals are closed, our professors are absent, and opportunities are wanting for acquiring practical knowledge and for testing candidates in clinical work. These disadvantages may be obviated and the usefulness of the University increased by selecting May and November as the months for holding these examinations. This arrangement gives an interval of *six* months between the two examinations. May is immediately after the winter session, when students are fresh from their work. Students are given four or five months between the examinations for practical instruction if these months are selected; this is especially the case with anatomy. These months give time for some special preparation for the Services, the examinations for which are held in February and August. It gives two *bonâ fide* examinations; at present one is simply the continuation of the other, and is practically only one examination.

I am, Sir, yours, &c.,
Charles Frederick Knight, M.D.

91 Harcourt Street, Dublin,
17th November, 1883.

Obituary.

C. HILTON FAGGE, M.D., F.R.C.P.

Dr. Charles Hilton Fagge, whose name is familiar to every member of the profession as the author of many most valuable papers on subjects connected with the science and practice of medicine, died at midnight on Sunday, November 18th, from aneurism of the arch of the aorta. This sad intelligence will evoke an expression of regret from all who knew either the deceased physician himself or the useful labours which have engaged the period of his active life, and deepest sympathy will be extended to his sorrowing relatives and friends in the affliction which has fallen upon them. Although not yet forty-six years old, Dr. Fagge had attained a pitch of eminence in his profession which none but those who have been gifted with unusual intellectual powers and indomitable perseverance can hope to attain; and there was in the future no position of honour and success to which he might not justly have aspired. To himself, however, and his intimate friends, it was known that he laboured under an affection which offers no hopeful prognosis, and hence it is impossible not to admire the almost heroic bravery with which, notwithstanding, he pursued to the end, though with such caution as a brave man conscious of his own danger should exert, the duties which were inseparable from one who enjoyed the confidence and trust reposed in him. As far as was compatible with his sense of right, however, he had for some months past resigned all those appointments which might be filled without actual loss by other holders; but even this diminution of work left him still a busily engaged man, and the very last act preceding his death was that of consulting with his co-examiner, Dr. Ord, on the subject of the examinations of the University of London, in conducting which they were together engaged. The deceased was Physician to Guy's Hospital, having obtained this position on the resignation of Dr. Habershon in 1880, his election to the assistant post having taken place in 1867. Previously he was in succession Demonstrator of Anatomy, Medical Registrar, and Demonstrator of Skin Diseases; and for ten years past he has lectured on Pathology to the School, and acted as Demonstrator of Morbid Anatomy. Dr. Fagge was also a physician to the Evelina Hospital, and member of several medical societies, his attendance at the Pathological and Medico-Chirurgical having been frequent. His contributions to the literature of his profession have been both numerous and valuable, and as illustrating the worth attached to them it may be mentioned that one memoir—that on Sporadic Cretinism—was frequently referred to by speakers at the Clinical Society on Friday last as an authoritative source of information. For several years past, too, Dr. Fagge has been busily engaged in producing "A System of Medicine for Practitioners and Students," the publication of which has long been anticipated with much interest, and which, it is to be hoped, may still be found speedily possible, since most of the work is understood to be complete. The funeral took place at Norwood, on Saturday, and by the wish of the friends was of a private character.

Pass Lists.

University of London.—The following candidates have passed the recent examinations for the M.B. of this University:—

First Division.

Bailey, Charles Frederic.
Beverley, John Metcalf.
Black, Robert.
Booth, Edward Hargrave.
Caiger, Frederick Foord.
Champ, John Howard.
Collier, Joseph.
Dunn, Louis Albert.
Elgood, Charles Reginald.
Fox, Robert Fortescue.
Halliburton, William D., B.Sc.
Hind, Wheelton.
Horrocks, William Heaton, B.Sc.
Hull, Walter.
Knight, Frederick.
Martin, Albert.
Martin, Sidney Harris C., B.Sc.
Moline, Paul Frank.
Paley, Frederick John
Parry-Jones, Maurice.
Perez, George Victor.
Price, John Alfred Parry.
Rabbeth, Samuel.
Rogerson, John Thomas.
Roughton, Edmund Wilkinson.
Shore, Thomas William, B.Sc.
Sisley, Richard.
Spicer, Robert Henry S., B.Sc.
Thomson, St. Clair.
Voisey, Clement Bernard.
White, Ernest William.
Worthington, Sidney.

Second Division.

Berry, Harry Poole.
Blore, Isaac.
Brooks, Walter Tyrrell.
Cuff, Robert.
Davies, William Thomas F.
Dudley, William.
Hewer, Joseph Langton.
Hoskyn, Donald Templeton.
Jones, Charles Montagu H.
Marsh, Nicholas Percy.
Meyer, Charles Hartvig Louw.
O'Kane, Michael.
Salmon, Arthur Guy.
Shillito, Henry.
Slater, Druce John.
Targett, James Henry.
Tomlinson, Emily.
Tunzelmann, Edward W. Von.
Waugh, HenryDunn, B.A., B.Sc.
Wenyon, Edwin J., B.A., B.Sc.
Wilson, Thomas.

Notices to Correspondents.

☞ **Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.**

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE ROGERS TESTIMONIAL FUND.

To he Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press.*

Yours, &c.,
J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
3 Bolt Court, Fleet Street, London, November 21, 1883.

Edwin H. Roe, Esq., Patricroft, Manchester	£1	1	0
Dr. Edwards, 12 Orchard Street, Portman Square ..	1	1	0
Dr. Welch, 377 Hackney Road	1	1	0
Dr. Brett, Watford	1	1	0
Dr. Bramwell, Tynemouth	1	1	0
W. P. Mills, Esq., Ipswich	0	10	6

DR. J. B W.—You will find the subject ably handled in Spitzka's new work on "Insanity: its Classification, Diagnosis, and Treatment," published by Birmingham and Co., of New York.

A COUNTRY PRACTITIONER.—One or two applications of pure carbolic acid has frequently resulted in the removal of troublesome excrescences.

MR. SALTER.—Some patients will tell you the remedy is more painful than the disease. It is nevertheless frequently effective; but the same good may be achieved without resort to such unpleasant means. It occurs to us that a careful examination of your patient's urine would reveal excessive acidity of the blood, in which case diet should have the first care.

THE HIND FUND.

THE following additional subscriptions have been received since the publication of the last list in the *Medical Press*:—

A. B. C.	£1	1	0	Harris, James, Esq. ..	£1	1	0
A. D.	0	10	0	Hawkins, Cæsar, Esq. ..	5	5	0
Andrews, Dr. H. C. ..	1	1	0	Horton, Dr. H.	0	10	6
Ayling, A. H. W., Esq...	1	1	0	How, Dr. G.	2	2	0
Baker, Wright, Esq. ..	1	1	0	Hutchinson, Jon., Esq.	5	5	0
Barker, A. E., Esq. ..	1	1	0	Kendall, S. May, Esq. ..	2	2	0
Bird, Wm., Esq., J.P. ..	5	0	0	Kirby, Dr.	3	3	0
Bowles, Dr. R. L. ..	2	2	0	Langmore, Dr. J. C. ..	1	1	0
Bowman, Wm., Esq. ..	5	0	0	Laver, H., Esq.	0	10	0
Budd, Mrs.	1	1	0	Little, Dr.	2	2	0
Childs, Major	1	1	0	Martin, J. B., Esq. ..	2	2	0
Cooke, G. R., Esq. ..	1	1	0	Mason, J. W., Esq. ..	1	1	0
Cronin, Mrs.	2	0	0	Merryweather, J., Esq...	3	3	0
Ellis, Edward, Esq. ..	0	10	0	Pettigrew, Professor ..	1	1	0
F. T.	1	1	0	Powles, L. D., Esq. ..	1	1	0
Fitzpatrick, Dr.	0	10	6	Renner, Dr.	0	10	6
Frampton, T., Esq. ..	0	10	6	Ringer, Dr.	2	2	0
Fuller, C. C., Esq. ..	2	2	0	Spencer, Surgeon-Major	5	0	0
Furber, Geo. H., Esq. ..	1	1	0	Tayler, Dr.	2	2	0
Gant, F. J., Esq... ..	1	1	0	Turner, Professor ..	5	0	0
Harley, Dr. John ..	1	1	0	Wiblin, John, Esq. ..	2	2	0

Subscriptions may be made to Dr. Richardson, F.R.S. (Chairman), 25 Manchester Square; John Tweedy, Esq., 24 Harley Street, Honorary Treasurer; A. J. Pepper, Esq., 122 Gower Street; and T. Wakley, jun., Esq., 96 Redcliffe Gardens, Honorary Secretaries; or to Messrs. Coutts and Co., Strand.

MR. ENSOR.—1. Probably a case of perforation of the membrane after scarlet fever. 2. Consult a recognised text-book on aural diseases. Politzer's is probably the best; there has recently been issued an English translation of this work.

MR. THOMPSON.—The water referred to is somewhat uncertain in its composition, and therefore in its action. This arises, we believe, from the difference of times of bottling. The salts are denser and in greater proportion at the spring, in the early part of the year than later on.

DR. CULLIMORE.—Your letter is unfortunately crowded out. Will appear in our next.

ATROPINE IN THE TREATMENT OF SCIATICA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue, p. 456, under the title "Sciatica," the hypodermic use of atropine in doses of 1-16th of a grain is recommended by a correspondent. I feel sure that many will have cause to regret using so large a dose, for, if the drug be pure, the effects will, in most instances, be most alarming. It is wise not to exceed 1-50th of a grain to begin with. Yours, &c.,

RICHARD NEALE, M.D. Lond

INSURANCE AGAINST ACCIDENTS.—We are informed that the late Mr. J. Shuter, whose premature death from a narcotic, taken by mistake for a saline dose, has excited so much regret, was insured against accidents for £1,000 in the Railway Passengers' Assurance Company. It is somewhat remarkable that this is the third claim on the Company for fatal accidents to medical men in the metropolitan district within three months. The two previous ones were Dr. Boyd, burned in his house at Southall, and Dr. F. W. Iles, inoculated with diphtheritic poison.

EPIDEMIC WAVES OF DIPHTHERIA.

DR. H. B. BAKER, Secretary of the State Board of Health of Michigan, in a recent paper on this subject, read before the Medical Society of Michigan, says that, when studied by months of the year, diphtheria causes more deaths in cold than in warm months; but that, when studied by periods of years, the crests of the epidemic waves do not seem to have such a uniformly close relation to cold years. Diphtheria generally rises and falls within comparatively regular periods, the frequency of the epidemic wave being from five to fourteen years, according as the district be densely populated or not. Statistics are consistent with the hypothesis that there are more or less regular periods of comparative general insusceptibility of the people to fatal diphtheria. These periods bear relation to the age of the persons most liable to die from diphtheria, the age of greatest liability to death being those under ten years, particularly the ages of three, four, and five years. Moreover, the statistics of vast numbers of deaths from diphtheria in many different countries tend to show that diphtheria is in some way communicated from one country to another, and from person to person.

DR. A. M. R. is thanked for his approving note on our comments, "Clergyman *versus* Doctor," November 7th. Our correspondent says he has good grounds for believing that Dr. Fergusson's opponents cherished the idea of frightening him, as was done by base charges a few months ago in the same district with poor Dr. Edwardes. In this, however, they were signally defeated by the bold front Dr. Fergusson set them, and the assistance our comments afforded him. These were copied, our correspondent informs us, into the Middlesex county papers, and thus prevented a "hole and corner" job being perpetrated.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, NOVEMBER 28TH.

HUNTERIAN SOCIETY.—At 8 p.m., Dr. Bedford Fenwick, On some Common Causes of Coughs.

THURSDAY, NOVEMBER 29TH.

THE PARKES MUSEUM OF HYGIENE.—At 8 p.m., Dr. Charles Kelly, On Diseases caused by Sanitary Defects in Houses.

Vacancies.

Addenbrooke's Hospital, Cambridge.—House Surgeon. Salary, £65, with board, &c. Applications to the Secretary before Dec. 11.

Ballymahon Union, Abbeyshrule Dispensary District. — Medical Officer. Salary, £120. Election, December 18.

Ballyshannon Union, Belleek Dispensary.—Medical Officer. Salary, £120. Election, November 30.

Clifden Union, Renoyle Dispensary.—Medical Officer. Salary, £120, and fees. Election, December 7.

Coton Hill Lunatic Asylum, Stafford.—Resident Medical Superintendent. Salary commencing at £400, with board, &c. Applications endorsed to "The Committee of Visitors," before Dec. 9.

Gesto Hospital, Edinbane, Skye.—Resident Medical Officer. Salary, £275, with furnished house, fire, and light. Applications to MacLennan Portree, before December 1.

London Hospital.—Surgical Registrarship. Salary, £100. Applications to the Secretary before December 17, of whom full particulars are obtainable.

Nottingham Dispensary.—Three Resident Surgeons. Salary of senior, £160; and of each junior, £140. Applications to the Secretary before November 30.

Portsmouth Royal Hospital.—House Surgeon. Salary, £100, with board. Applications to the Chairman of Committee before December 6.

Royal Free Hospital.—Assistant Surgeon on the Staff. Candidates must be Fellows of the Royal College of Surgeons of England. Applications to the Secretary before December 5. (See advt.)

Wakefield, Clayton Hospital.—House Surgeon. Salary, £120, with residence. Applications to the Hon. Sec. before December 4.

Appointments

EDMOND, W. R., M.B., C.M. Ed., L.R.C.P. Ed., Medical Officer for the Fourth District of the Bedminster Union.

EDWARDES, E. J., M.D. Lond., M.R.C.P., Physician to the St. Pancras and Northern Dispensary, Physician to the Farringdon General Dispensary and Lying-in Charity.

LIGHTFOOT, C. L., M.B., C.M., House Surgeon to the North Riding Infirmary.

PHILLPOT, G. F., L.R.C P. Ed., M.R.C.S., Medical Officer for the Boxmoor District of the Hemel Hempstead Union.

SAVILL, T. D., M.D. Lond., M.R.C.P., Registrar and Pathologist to the West London Hospital.

Births.

RUSHBROOK.—November 26, at 145 Seven Sisters Road, Holloway, N., Janet Monteath Rushbrook, L.K.Q.C.P.I., wife of Henry George Rushbrook, of a daughter, stillborn.

TURTLE.—November 28, at The Poplars, South Hackney, the wife of James H. Turtle, M.D., of a daughter.

Marriages.

MCNICOLL—MORROW.—November 21, at St. Luke's Church, Liverpool, John McNicholl, L.R.C.P., L.R.C.S. Ed., to Helena, second daughter of John Morrow, both of Liverpool.

MULOCK—ORMSBY.—November 21, in St. Andrew's parish, Dublin, J. Berry Mulock, M.D., to Annie Selina, youngest daughter of the late Lieut. Colonel Lloyd Ormsby, formerly of the 55th Regiment.

Deaths.

DAVIES.—November 18, at his residence, Newport, Mon., William Joseph Davies, J.P., F.R.C.S., aged 66.

MARRAS.—November 20, at Canning Place, Ernest Adrian Marras, M.R.C S E., L.R.C.P., of St. George's Hospital, aged 29.

NELSON.—November 15, at Sydney Mount, Douglas, Isle of Man, Samuel Christian Nelson, M.D., M.R.C.S.

WILKINSON.—November 20, at Devonshire Place, Brighton, W. H. Beacon Wilkinson, M.R.C.S.E., aged 79.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 5, 1883.

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Original Communications.

ON THE RELATIONS BETWEEN DENTAL LESIONS AND DISEASES OF THE EYE. (a)

By HENRY POWER, M.B. Lond., F.R.C.S.,
Ophthalmic Surgeon to St. Bartholomew's Hospital, and Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

(Continued from page 461.)

FROM the consideration of the influence of carious and painful teeth upon the striated and unstrained muscular tissue of the eye, I pass to that which they may be supposed to exert upon the conjunctiva, cornea, and sclerotic. And I would refer, in the first instance, to the affection named phlyctenular ophthalmia, which is very frequently associated with carious teeth, and which I believe to be often caused by them.

Phlyctenular ophthalmia consists in the appearance of one or more small vesicles, soon bursting and forming ulcers around the margin of the cornea, or on the surface of the cornea, or of the sclerotic. Sometimes only one is formed; at others a succession appears. They sometimes produce little or no uneasiness; at others they are attended with great intolerance of light, and abundant lachrymation. The child—for the disease occurs more frequently in children—keeps in the dark during the day, and only becomes lively at night.

The pathology of this disease is tolerably well known. It is believed to result from an inflammatory process, attended with the proliferation of nuclei along the sheaths of the nerve. The nuclei gradually advance towards the surface along the conjunctival, corneal, and sclerotic branches of the fifth nerve, and accumulating on the surface, form, with a little fluid, the contents of the vesicle, and when the vesicle bursts they gradually break down and disappear.

Now in cases of phlyctenular disease I have been accustomed to give minute directions in regard to diet, believing that this affection owed its origin to reflex irritation of the nerves of the eye, consequent upon some disturbance of the stomach and intestinal canal; and to the mothers of the numerous little patients suffering from this affection in our ophthalmic hospitals and departments of hospitals, I have been accustomed, aftering ordering a brisk purge and some quinine, to say, "Attend to its diet; no sweets, no pastry, no raw fruit. Give it bread and milk, finely cut-up meat and potatoes," and I am perfectly satisfied with the result of that treatment; but it has occurred to me that the view I have hitherto entertained of the ætiology of the disease may be erroneous, and that instead of the stomach, the teeth are perhaps the organs at fault. It is easy to comprehend that the mastication of raw apples, candied lemon and orange peel, jam tarts, and the like, lead to impaction of acid and fermentable substances in the cracks and crannies of the teeth, especially if these are carious, and that remaining there for hours or days, if the due cleansing of the mouth after foods is neglected, such particles may set up inflammatory troubles which may propagate themselves along the nerve and lead to what we term reflex phlyctenular inflammation of the eye.

No doubt there are many exceptions to the rule that carious teeth and phlyctenula of the conjunctiva are associated, but I have noticed that a large proportion of the children who have phlyctenular ophthalmia have also carious teeth. Surely this is very suggestive of the ætiology of the affection.

The occurrence of inflammation of the conjunctiva in such cases as the foregoing, as Weinberg remarks, (a) may be explained on two theories: on the one hand when any organ is under the influence of some stimulus, this influence may modify the nerve filaments which terminate in this organ, and thus occasion phenomena of a reflex nature, either in the eye or elsewhere.

(a) Read before the Odontological Society of Great Britain, Nov. 5th, 1883.

(a) "Recueil d'Ophthalmologie," Nov. 1882.

But it may also happen that the irritative process itself, whatever that may be, may propagate itself until it reaches the filaments which excite the neighbouring organ. It is evident that this can only happen when the filaments supplying the affected organs are derived from the same nerve, or when there are anastomoses between two nerves distributed to different organs. The two kinds of propagation, he observes, are well exemplified in the case of a carious tooth. In one instance there shall be well-marked conjunctivitis which resists ordinary treatment. The mouth is examined and a carious tooth is found, the very existence of which is unknown or forgotten by the patient, so slight has been the inconvenience he has experienced from its presence. The tooth is extracted, and the conjunctivitis forthwith and spontaneously disappears. This is a case of purely reflex action. But other cases are met with in which odontalgia is present, and in which the redness of the conjunctiva is accompanied with the small phlyctenular ulcers to which attention has just been drawn, with chemosis, and some impairment of vision. The pathogeny of this affection is more complex: part of the symptoms are here due to reflex irritation, but part also to an extension of the dental neuritis to the ophthalmic branch.

In the course of nine months' out-patient practice, Weinberg believes he met with 188 cases of ocular disease dependent on dental lesion.

I have some reason for believing that serious lesions of the cornea may be primarily due to carious teeth, and I will venture to give you the heads of a case that I watched with much interest, but which ended disastrously so far as the eye was concerned.

J. F., a stout, ruddy, Scotch girl, aged twenty-four, previously healthy and with good family history, suddenly after exposure to cold, was seized with a sudden sharp pain on left side of face. The vision was then good on that side, but after a few days became dim. A small circumscribed collection of pus formed exactly in the centre of the cornea, and she was then brought to me. She was treated for a few days with quinine and hydrargyrum c. creta, and with atropine drops, no improvement resulting. I performed paracentesis corneæ at the side of the cornea, which the girl bore without flinching. Slight improvement followed. Local depletion, in the form of leeches and blisters, and general tonic remedies, strychnia and iron were prescribed; but, the case dragging on, I again determined to tap the cornea, and this time pass the needle through the little abscess. The extreme indifference she showed to the puncture attracted my attention, and I then discovered that the cornea was anæsthetic, and that the sensation of the whole region supplied by the ophthalmic branch of the fifth was greatly impaired, though not quite lost. She was a servant, and as the case was likely to prove a troublesome one, she was taken into St. Bartholomew's Hospital under my care. The abcess had now become an ulcer; the cornea was generally hazy; there was much conjunctivitis, but no chemosis. She could distinguish the points of a pair of compasses at a distance of 1·5 c.m. over right brow, but only at a distance of 4·5 c.m over left brow. Special attention was now paid to the teeth. She stated that she had suffered much from toothache, and several carious teeth were found in both jaws, but especially in those of the left side. Four molars were extracted at once. In the course of a month from this time the cornea had become clearer; some hypopyon previously present disappeared. The iris could be seen, and vision which had been almost lost recovered sufficiently to enable her to count figures, whilst the anæsthesia of the globe almost vanished. She left the hospital and took a cook's place, but she returned about seven months after, stating that the eye had slowly deteriorated, perhaps from exposure to heat, and although there was now no loss of sensibility, the inflammation of the cornea and of the sclerotic, and the general discomfort from the condition of the globe, preventing her from doing her work, was so great that I determined to perform abscission, which was done nearly a year after the commencement of the disease, and the girl made a good recovery.

The lesion of the cornea in such a case as this may be referred to its anæsthetic condition; but the question arises, what caused the anæsthesia? and I can suggest no cause for it except that her teeth were seriously affected.

I now proceed to the consideration of the last class of cases into which I divided the ocular troubles caused by dental lesions, namely, those in which the reflex action is exerted upon the optic nerve and retina and intra-ocular structures.

And first in regard to the occurrence of *amaurosis*; the most brilliant case on record is one that is now of somewhat ancient date, having been given by Sir William Lawrence, but which is so convincing that I venture to reproduce it here.

Case 7.—*Amaurosis caused by a carious tooth.*—F. P., thirty years of age, possessing a good constitution, and enjoying good health, with the exception of pains in the head and limbs, which never lasted long, suddenly experienced, in the autumn of 1825, a violent pain, shooting from the left temple to the eye and the side of the face: he ascribed it to cold. This pain lasted several days, then lessened, and reappeared from time to time without being sufficiently severe to induce the patient to seek medical aid. In about two months it suddenly increased in intensity, occupying the eye particularly, with a feeling as if it would pass out of the orbit. F. P. now discovered that he was blind with that eye, and applied to a neighbouring physician, whose treatment, continued for two months, did no good. The pain, however, was no longer continual: it assumed a somewhat periodical character, leaving the patient easy for some hours of the day. At the end of the following six months the pain increased, the cheek swelled, some spoonfuls of bloody matter were discharged by a spontaneous opening in the lower eyelid, after which the swelling subsided, and the pains nearly disappeared, although the blindness remained complete. The discharge was removed from time to time during the following six months, and there was no great suffering. But in the autumn and winter (1826) the pain, particularly in the eye, became so violent that F. P. came to Wilna in the beginning of 1827, determined to have the organ extirpated, if no other remedy could be found. Professor Galezowski found the eye totally insensible to light, with the pupil dilated, and no other visible alteration. The pain, not then so severe, consisted in violent occasional pricking or darting sensations in the left temple, and parts round the eye. There was discharge from the lower eyelid. The first molar tooth of the left side was carious; it had not caused much uneasiness; and the toothache, when it existed, had not coincided with the pains in the temple and eye. The Professor determined on removing this tooth, and having done so, was surprised to see a small foreign body at the extremity of the fang. When drawn out, it proved to be a small splinter of wood, about three lines in length, which had traversed the centre of the tooth, and had probably been introduced in picking the teeth. A probe was passed from the socket into the antrum, from which a few drops of thin purulent fluid escaped. The pain ceased almost entirely, and on the same evening the eye began to be sensible to light. Vision gradually improved, so that on the ninth day, the patient could see as well with the left eye as with the right, after a blindness of thirteen months; on the eleventh day he left Wilna to return to his family.

"I had," says Sir William, "the pleasure of becoming acquainted with Professor Galezowski when he visited England subsequent to this occurrence. He showed me the tooth and the splinter of wood, and he pointed out two circumstances in the case as particularly worthy of notice: first, that the entrance of the foreign body into the tooth had not been noticed at the time; and secondly, that a local irritation, hardly perceived at the seat of injury, should have affected the ramifications of the nervus trigeminus so violently as to produce amaurosis."

A similar case, in which an amaurotic condition of the eyes was improved by the removal of the stopping from a carious tooth, and was subsequently entirely cured by the removal of the tooth, has been reported by Dr. M. F. de Witt. (*a*) A strong and healthy man, æt. thirty-one, discovered that his right eye was blind. No pain, no photopsiæ had been experienced. He could distinguish light from darkness with the affected eye, but that was all. He was unable to give any account of the cause of the attack, but after a while he remembered that two months before losing his vision several teeth had been stopped. He had often felt pain near the first molar tooth of the right side, and he had often also experienced pain and tenderness of the gums, and abscesses had formed which he had himself opened with a penknife. On examination the tooth was found to be reduced to a shell, with a fistulous opening leading to the alveolus. Dr. de Witt, suspecting irritation of the fifth nerve proceeding from the teeth, removed the stopping in order to obtain a counter-opening, and to permit the fistulous orifice to close and to arrest the irritation. The immediate effect was that the gum ceased to be sore, and the visual power began to improve. After three weeks, when the sharpness of vision had greatly improved, the gums again began to be sore, and coincidently the acuteness of vision diminished. The affected tooth was extracted, and improvement then again took place, and vision became restored almost to its normal amount, though still not equal to that of the other. The fang of the tooth was filled with pus.

The relations of the teeth to *glaucoma* have been considered by several writers, but especially by Hermann Schmidt (*b*) and by Priestley Smith, whose remarks upon the subject are very sensible. (*c*)

Glaucoma is a condition of the eye in which the humours of the eye are secreted in larger quantity than they can be taken up by the absorbents; the tension of the eye is therefore increased, it becomes hard and exquisitely tender, then extremely painful; the vessels of the retina are often seen to pulsate, and finally, after a period of suffering of variable duration, it quiets down, but the disc remains cupped, and the vision is either altogether lost, or permanently and seriously impaired. I may say, in passing, that the cases of blindness which come before the ophthalmic surgeon from this cause are amongst the most melancholy that he sees—melancholy because he feels that in the majority of cases, if the surgeon in attendance, instead of being misled by the specious term "neuralgia," had recognised the disease and insisted on the performance of iridectomy during the first two or three days of pain, sight would have been perfectly preserved.

In regard to the pathology of this disease it is enough to state here that the increased hardness or tension of the eye is due in part to hyper-secretion, and in part to imperfect drainage of the aqueous fluid. How are these conditions produced? The imperfect drainage we know is produced by a narrowing of the depth of the anterior chamber, which interferes with the entrance of the aqueous humour into the canal of Schlemm and its passage outwards, and this is the result of the approximation of the iris to the cornea, either by enlargement of the lens, as Priestley Smith thinks, or by the formation of adhesions between the iris and cornea, as others believe.

But is there any evidence of hyper-secretion, and if there be, is the fifth nerve the exciting or even a predisposing cause?

It is certain that pain in the region of one or other of the branches of the fifth is a precursor of glaucoma in a large number of cases; and the presence or absence of ciliary neuralgia is mentioned in the report of almost every glaucomatous case.

But the most convincing evidence of the point in question is that which is derived from the experiments of Von Hippel and Grünhagen. (*b*) These observers found that whilst the normal tension of the contents of the eyeball is about 1 inch of mercury, if the aorta were compressed the tension rose to about 3 inches of mercury, and if now the fifth nerve was stimulated the pressure rose to as much as 8 inches of mercury, and at the same time well-marked pulsations were observed. Even when the stimulation of the fifth was discontinued the tension was permanently increased, and the augmentation was perceptible even after death. It is not clear whether the trigeminus here acts as a true secreto-motory nerve in the same sense that stimulation of the chorda tympani causes increased activity of the salivary secretion, or whether it acts simply by causing dilatation of the blood vessels, and thus leading to an increased supply of blood to the organ. The determination of this point, however, matters little from our present point of view. It is sufficient that irritation of the fifth causes marked increase in the tension of the eye, and it is easy to understand that in all cases where from physical changes consequent on gouty or rheumatic inflammation of the iris, the eye is ripe for an outburst of glaucoma, the spark may be supplied by the irritation of a carious tooth.

It is but right to add, however, that Priestley Smith has made a series of tonometrical experiments at the Dental Hospital in a series of cases of toothache. The results he obtained were not very decisive, though he arrived at the conclusion that in young persons toothache rarely, if ever causes a decided rise of tension. He estimated the tension in sixteen persons suffering at the moment or recently from severe pains in the teeth, and found on the whole little or no appreciable difference.

The writing of this paper has recalled to my memory various cases which were in the highest degree suggestive of the teeth being the starting point of the trouble, and to which I regret extremely I did not direct a larger amount of care and attention at a period when it might have proved of service. To give one only:—

Mrs. S., æt. thirty-two, a stout, ruddy-complexioned woman, suffered in 1878 and 1879 from coloured haloes round lights, and the general symptoms threatening glaucoma. For these there was no apparent cause. She was healthy, in easy circumstances, and her habit of body and general manner of life were thoroughly normal and good. She, however, suffered severely from toothache. A particular tooth would begin to ache, without apparent decay of the crown. After enduring the pain for some time she would have the tooth extracted, and an abscess was always found to exist at the root. In March, 1880, after a fall which intensified all the symptoms, an iridectomy was performed on the left eye. The wound did not heal kindly, and a cystoid cicatrix was the result. The vision gradually deteriorated, and ultimately was entirely lost.

She now had two miscarriages, and some circumstances occurred in the family causing her much mental distress and depression of spirits, with frequent shedding of tears. I saw her first about eighteen months after the operation had been done.

The right eye was now the seat of trouble, but the vision was still very good, and with appropriate glasses (+ 1 D) could be rendered perfect. Three weeks previously she had awaked with violent pain, which lasted for three days; she saw bright lights, and the eye was hard, and the optic disc was white and cupped. She was told she had glaucoma, and that if the vision deteriorated she must submit to an operation. It did deteriorate rapidly, and I performed an iridectomy in the hope of saving vision, but the wound passed through the same stages as with the previous operation, and a cystoid cicatrix was formed with persistent high tension of the globe of the eye. I saw her only a few days ago with complete blindness of the left eye, and only perception of very

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(*a*) *Amer. Journ. Med. Sci.*, cx., p. 382, April, 1868.
(*b*) *Archiv. f. Ophthal.*, xiv., i, 107.
(*c*) "Glaucoma: its Causes, &c.," 1879, p. 10, *et seq.*

(*a*) *Archiv. f. Ophthal.*, xiv., iii, pp. 219–253.

bright light in the right eye. She again repeated to me the story of the teeth, and I could not but think that if a similar case appeared before me now, instead of trying iridectomy—which was here a signal failure, even when performed by two different operators, and which resisted eserine, and all the usual methods of reducing tension—I should at once have every tooth carefully and thoroughly inspected by an experienced dental surgeon. And I would ask whether such a case is not adapted for the removal and replantation of teeth, if these, after extraction, were found to be sound.

In conclusion, then, I think it may be laid down as a maxim to be generally observed, that in all cases of threatening glaucoma, especially when this is associated with ciliary neurosis and obscure pains in the temples and maxillary orbital regions—in all cases of mydriasis, and probably of myosis, originating without apparent causes—in all cases of sudden paralysis of either of the orbital muscles, or of loss of sensation in the absence of cerebral symptoms—in all cases of phlyctenular disease of the conjunctiva—in all cases of ulcers of the cornea resisting ordinary treatment—in all cases of sudden failure of accommodation, especially in young children—and finally, in cases of exophthalmia, the condition of the teeth should at least be examined, and if faulty conditions present themselves these should be at once rectified, and then one at least of the possible causes of each of these diseases will be removed.

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THE PROGRESS OF MODERN SURGERY.

By WILLIAM I. WHEELER, M.D., M.B., F.R.C.S.I.,
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In opening the Surgical Section of the Academy of Medicine, Mr. Wheeler remarked that no better exemplification of the progress of modern surgery could be given than was fully demonstrated by the great elaboration of scientific research within the recent history of the art. It would be impossible, he said, with the space at his disposal to give more than a faint idea of the wide range of subjects touched upon. For example, anæsthetics, the surgery of the abdomen and pelvis, viz., ovariotomy, removal of uterine tumours, and of the uterus itself; the treatment of suppuration of, and stone in the kidney; also extirpation of that organ; of calculus, and the operation of lithotomy and lithotrity, in reference to Bigelow's method; the treatment of urethral stricture; the excision of joints, &c., &c.; subcutaneous osteotomy; the treatment of divided nerves, and of nerve stretching in traumatic tetanus. He spoke of bloodless surgery, but strongly deprecated the use of Esmarch's bandage in excision of joints as likely to be followed by secondary hæmorrhage. Also the advances in ophthalmic surgery were alluded to; the uses of the laryngoscope, not alone for diagnosing diseases of the larynx. Of extirpation of the tongue; the advantages of physiological rest; the treatment of aneurisms by pressure; drainage; skin-grafting, and other subjects too numerous for mention, were ably treated of. His statements upon the subject of Listerism were as follows:—

It would be an omission, the President continued, were I not, upon this occasion, to allude to the now almost obsolete system of Listerism. For this purpose, I must a little further tax your patience; and if, while referring briefly to the subject, I should repeat facts known to many of you, gathered by your own research, helped possibly by discussions, upon this system, within this hall, you will, I trust, remember, that others present may not have shared your advantages. By Listerism I understand the use of the spray, the use of a protective, and gauze specially prepared. "Anything less than this," says a most competent enthusiast who has written on this subject, with Professor Lister's assent, "falls short of Listerism," we cannot assign drainage to Lister, for it was introduced by Callender. And I lay particular stress on this definition of the system, for it is thought by many that antiseptic surgery must mean Listerism, and that unless wounds are dressed according to the system called Listerism, they are not treated antiseptically. Now, by antiseptic surgery, I understand that which aims at securing healthy wounds, and the repair of same as quickly as possible, by the most exact cleanliness—surgical cleanliness—which is the prevention and destruction of all matters which would prove poisonous. Hence, to those who practise surgery in this wholesome way, the term antiseptic becomes almost an opprobrium; for to say, "I have treated *such a case* antiseptically," leaves it open to be inferred that, on some occasions, I do not practise cleanliness in a surgical sense, that I have not destroyed or removed all matter that is, or may become, poisonous. To ask a scientific, well educated surgeon if he treated such a case antiseptically is almost offensive, and if a surgeon constantly repeats, I treated such a case antiseptically, he seems to me in other cases, to disparage his own surgery; and if he says I treated such a case according to Listerism, then we know that he still practises in darkness; still imagines that he can wash the air of germs by means of a spray, and keep them from a wound by gauze and protective. But as there is sufficient proof that this Listerian system is fast dying—indeed, we may call it dead—as is evidenced by the number of eminent men who have abandoned it, I will only now inquire how it came to so early a death. Firstly, it was weighed in the balance of careful and scientific research, and found wanting, it has since been found dangerous; secondly, those who attempted to continue its advocacy—some from ignorance of the subject, damaged their cause. What confidence could be possibly placed in any one who, when advocating this system in this very building, concluded some incoherent remarks in allusion to germs, by saying "you may call them bacteria if you like," but "I call them little white maggots." Imagine ultra-microscopic objects compared to white maggots; fancy any reasonable person imagining he could see with the naked eye the bacterio termo, ·0015 m.m.—how ludicrous, were it not lamentable, such a statement!

Again, contagium vivum, and the germ theory, have been, in this hall, spoken of as synonymous; the writer of the communication extravagantly proclaiming Listerism suddenly assumed a position resembling that of Ajax defying the lightning, then in wild ecstacies declared that no longer might we fear that "grim spectre, the peritoneum." With what surprise he must have read Professor Lister's speech at the International Congress, who argued with what rapidity wounds of the peritoneum heal, and the remarkable absorbing power of that membrane, and therefore its ability to take care of its own exudates, he doubted very much if, in the hands of a skilful, careful, operator, it was not better to dispense with the antiseptic plan—meaning his own, Listerism. It must not be concluded that I have at all censured those who, upon this subject exhibited impulsive enthusiasm; for the theory, taken in all its bearings, is complete, all-embracing and seductive, simple to the understanding, satisfactory to the reason, comforting to the patience, and the application of it beautiful to behold. "To be simple, satisfying, and beautiful indicate æsthetic qualities, which of yore determined the choice of Paris, yet the apple was not given to the Goddess of Wisdom." The object of choice, like Saul's armour upon David, has not only not been proved, and not only has it not been proved, but Lister's theory, this armour plated surgery, viz., washing the air of germs by a spray, and keeping wounds free from bacteria by this and gauze, has been thoroughly disproved. But enough—there is ample and well-established proof that, without sentimental elaboration, and without danger to the patient, surgical cleanliness, adequate drainage, and physiological rest, will produce every result the most exacting surgeon could desire.

(a) Presidential Address in the Surgical Section of the Academy of Medicine, delivered November 9th, 1883.

There is, indeed, much, very much, more upon this all important subject of modern surgery, to which I would fain call your attention, were it not for the apprehension that I must have already more than reached the limits of your endurance. Were any apology necessary for having detained you so long, such, I feel confident, you will unanimously acknowledge, is to be found in the humane nobility, the immense field for scientific research, and the (to us) absorbing interest of the topics upon which I have cursorily touched. I use the latter expression, because, from consideration for you in reluctantly refraining from further addition to, and amplification of, my subject I realise fully that all I *have* said, compared with all I *would* say (did time permit), is as dabbling upon the shore compared with launching into the depths of the ocean. I do not doubt your hearty co-operation—the co-operation I mean of those from whom it would be valuable—in my heartfelt hope that the Session of the Surgical Section of the Academy, which we now inaugurate, will not only fulfil our highest aspirations, but that it will prove itself worthy of the time-honoured traditions handed down to us by the Surgical Society of Ireland.

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A NOTE ON CHOLERA AND EPIDEMICS HYPOTHETICALLY VIEWED IN RELATION TO EVOLUTION AND CONTINUITY.

By WILLIAM HENRY PEARSE, M.D. Edin.,
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Few facts in current medical history are more striking than the seemingly opposite experiences and judgments of Indian and European medical men on the communicability of cholera. The Indian observer generally, does not hold that cholera is communicable, and cites evidence in favour of his opinion which has an overwhelming force; at the same time from India comes occasional testimony of instances, where communicability cannot be excluded from a just and full study of the entire phenomena. On the other hand, European and American experience has deeply impressed western observers with the great place which paths of human transit, arrival of ships, cholera-fæcal contamination of drinking water, &c., have in the spread of the disease.

The student is bound to accept, with full consideration, these apparently conflicting opinions and facts, whilst he will feel sure that in Nature there can be no want of harmony; but he will suspect that some greater general "Form" (a) exists which shall embrace the whole and varying experiences.

To attempt a generalisation in the complex domain of the organic, and still more in the deviations of the organic, viz., what we call "disease," will appear to thoughtful minds an almost grappling with the infinite; but when we view how wide and simple are the laws of motion, extending from common movements, to the laws of all bodies in space; or when we view the grand generalisations of the conservation of energy, and that of the correlation and continuity of the modes of Matter, and Motion, and Energy, we may fairly hope that the, at present, seeming conflicts of facts in the organic, will be brought under the harmony of law and "continuity."

The present contribution is an attempt to view the phenomena of epidemics in corelation with the great truths of evolution and "continuity."

Accepting as a fact, that cholera is communicable in European and North American races and latitudes, we are met by a most arresting phenomenon, viz., that it is communicable or is communicated, to a definite but variable proportion of the community only; at certain seasons or at certain intervals only; or in certain states of the system only. But this language, though correct, is unphilosophical, and may mislead. It too much implies that cholera is an existence—an entity—and may put us in a wrong method, both as to prevention and treatment. We should rather describe the phenomena, by saying, that the parallel and inseparable lines of living units which make up the human race, at any place and time, are not composed of separated individual beings, but are rather a connected, reciprocal, related series; the tendency to deviation of vital rates, *e.g.*, epidemics, is a natural, evolved, periodic, recurrence, a "contained variability," a kind of "libration," to use astronomical language. Thus we should express the phenomena by saying, that *man passes into the change* we call cholera, naturally, and in absolute "continuity." The change of vital process has profound relation to the Form of periodicity, to intervals, to season changes, and to definite proportions of the mass of the living units.

The astronomer recognises mutual dependence and order in all apparent deviations and eccentricities. The chemist recognises the fact, that "nothing is lost, nothing created," but that the marvellous and infinite phenomena of his science have a common Form, in in the corelation (a) of modes of "energy." The physician must also recognise that vital action and rates are not an absolutely constant or uniform series, but rather that they have their oscillations, librations, or contained deviations. He must, I believe, not a little, get to see that it is a dangerous method to say, that "epidemics affect man;" and that he should rather say, that "man shows epidemic deviations."

In this view, such phenomena as scarlet fever, small-pox, yellow fever, cholera, &c., cease to be absolutely "specific." Every school-boy now knows that Sanscrit and English are not specifically distinct, but are, in a greater Form, one related series. Nor can we doubt but that a greater Form than the specific pervades these changes—the so-called different diseases—which man shows, or librates into, at intervals.

We may firmly maintain that parents *do not* beget *absolutely* like descendants; there is a progressive evolution. Nor are successive cases in epidemics of measles, scarlet fever, small-pox, &c., absolutely like those preceding. Even in these most constant types of deviation from normal rates, fixity and the specific are not absolute. Still less does fixity or uniformity exist in the types of cholera.

A wider view, a greater time, a far more cosmic corelation, must be taken in viewing disease than our nosological necessities have tended to foster.

In a wide biological view it is *à priori* probable that a *great variety* of circumstances, involving *change* from the habituated, and thus their essential vito-physical environment or true part-ship, may determine the onset of cholera; and this *à priori* view accords with experience; *e.g.*, we all know that change of place, a dose of Epsom salts, a fatigue, a debauch, a mental shock, cold nights, season changes, &c., determine the onset of cholera.

In this view, also, that cholera in its greater Form is a natural deviation or evolution of man, its non-communicability, as in India, receives an approximative explanation; for the endemic cases constantly occurring there are the expression of the then-present capacity—in the race, at that time and place—for the change which is cholera, the cases there being true natural evolutions, and in true "continuity." (b)

The "continuity" which a plant or animal shows in its life, is not of that stage only in which the male and female cells, energy or polarities, come together and fructify; the growth of the individual is part of a greater Form than the mere stage of sexual union. The sexual union of higher animals is in continuity with the other modes of increase, or continuance of like forms, such as fission, budding, and with the continued energy which exists in individuals through life; and so cholera in India, expresses not the mere occasions of so-called miasmatic contagion, but it expresses processes in corelation with the greater universal Form of evolving life. The most complex forms of living being, both plants and animals, in their continued generations, do not demand the method of germs, as we may see in fission and budding. In diseased tissues "every pathological structure has a physiological prototype" (Virchow); and similarly, in the class of phenomena or deviations of normal process, known as epidemics and cholera, we are led to seek the laws or Forms of "continuity," and "contained variability," rather than to lay the greatest stress on the last determining act in the series, be that act, in relation to cholera, an imbibed cell-form from a cholera patient, or a dose of Epsom salts, or other non-specific cause, such as fatigue, shock, &c.

(a) The word "form" seems to be greatly needed in modern science. Bacon says, "For though in Nature nothing really exists besides individual bodies, performing pure individual acts according to a fixed law, yet in philosophy this very law, and the investigation, discovery, and explanation of it, is the foundation as well of knowledge as of operation. And it is this law with its clauses that I mean when I speak of *forms*."—"Nov. Org." Book ii.; apor. ii.

(a) I use the word *co*relation in the sense of Darwin; and *cor*relation in the sense of Grove.

(b) Dr. Edward Goodeve, in "Reynold's System of Medicine," says, "The regularity with which, over wide areas, cholera epidemics advance, and the simultaneousness with which they attain their maxima and their decline, seem to imply some general law, and not a diffusion dependent upon the chances of fæcal contamination only."

The philosophy of Kant and Goëthe has too little penetrated biological method. The great hypotheses of evolution and continuity, have not been applied to the biological series and order; and hence it is, that we have been too apt to view the "deviations," the "contained variabilities" of the body, the so-called "diseases," as entities or distinct separate existences; and as mainly dependent on some single associated circumstance as a "cause." The truth being rather, that a continuity exists between the "disease" and the normal states; and that the so-called "cause" (germ-cell, Epsom salts, chill, &c., &c.) would have no effect on the vital rates or system, did it not occur as the last act or stage, of a whole series of essential, long-preceding changes within the system.

It is not too much to say, that higher philosophical method, in the organic, was hardly born in Europe, prior to Kant and Goëthe, and that it has as yet, in no commensurate degree, penetrated biological realms, and least of all, the realms of organic libration or deviation, disease. Holding then the *à priori* necessary truth (a) that the greater Form of cholera will be in absolute continuity, and in orderly corelated series, with normal health, and that the human body is absolutely corelated to cosmic vito-physical existences; can we explain in any approximative degree, the difference of Indian and European experience. We recognise that all plants and animals are one orderly series; we hold that, however great may be the influence of immediate external circumstances, as determining species, genera, &c., yet that these are but minor parts of a greater universal Form of vital energy, ever tending to life.

"In air, in water, and in earth, up spring
A thousand bursting germs; in dry and damp,
In warm and cold—all things are full of life."
(Goëthe's *Faust*).

The student must see that a great universal Form of vital energy exists, correlated with molecular energy, just as gravitation exists in all movement; or just as "conservation of energy" exists in all chemical change. And so diseased rate, *e.g.*, cholera, must have a wide Form in corelation with the universal Form of life. It is, therefore, *à priori* true, that cholera cannot be a specific existence, having limited immediate causes. Biology is not a science without the subsidence of the "specific" into a greater Form or general law. Philology is not a science without regard to the law of Grimm, and other laws of comparative language, nor is pathology a science, without the subsidence of the early mental stages of the doctrine of the "specific." And *à priori* method accords with experience. I have published instances of the presumptive evolution of erysipelas, ague, continued fever, cholera, whooping-cough, scarlet fever, gradations of scarlet fever, and diphtheria; gradations of type in epidemics of scarlet fever, embracing "colds" of febrile type, to which no recognised name could be given; also epidemics of measles, coexistent with which, and seemingly of the same series, were febrile colds and febrile diarrhœa, in other individuals. When I was, for many years, travelling in north and south latitudes, in both hemispheres, and in charge of great numbers of people, the great place, in medicine, of "comparative disease" was ever being forced on my attention. Of late years I have often seen articles, by travelled medical observers, pointing to the subsidence of the "specific." Dr. Rutherford Ryley writes in the *British Medical Journal*, of July 3, 1880, of New Zealand experience, "cases (of enteric fever) occurred sporadically all over the district simultaneously or in succession, and without any inter-communication." . . . "many of the earlier cases occurred among 'prospectors' shifting their camp daily or oftener." . . . "that enteric fever may be produced independently of contagion, whatever may be its other mode of origin from the contamination of drinking water, and perhaps also the air by decaying organic matter of a vegetable nature." Dr. Vacy Ash, in *British Medical Journal*, of July 7th, 1883, writes of Kaffraria that enteric fever existed "with pure water and fairly good sanitation. In Egypt we also get enteric fever with impure water, but with other conditions similar. . . .

"One thing is common to both: service under canvass, in a tropical or sub-tropical climate, *under altered conditions* from those in force in the native country of the men employed. Has the water so much to answer for? Are there not other and important factors at work producing similar results, and with equally fatal force?" (a)

We must conclude that *change* in vito-physical environment is the occasion for the deviation of the system with the so-called "specific" diseases. We must conclude, that it is both philosophical, and in accordance with experience, that cholera evolves in India without specific poisons or causes.

But how is cholera less communicable in India than in Europe? Cholera in Bengal, where it is endemic, is the result of natural, slowly, developing molecular and nerve changes in the system; the body there is ever near to the stage of change, which may pass from slight disturbance of vito-physical environment, into those further changes whose results are cholera. A chill may induce cholera in Bengal in April, just as a chill may induce a cynanche in Britain. From this point of view, cholera in Bengal is but part of a gradation or series. Hypothetically, it seems, in general, as if the whole process of cholera in Bengal was too uniform, too constant, too habituated or natural, for us to expect a new creative departure into so differentiated an existence as a "species," or specific existence—poison, bacilli, bacteria, cell nucleus, pabulum, or molecular state of energy, having procreative powers. Such energy does not, in general, evolve in the Bengal series.

(a) Whewell ("Philosophy of Discovery," pages 347, 379. London, 1860) says, "The doctrine that necessary truth is progressive is a doctrine very important in its bearing upon the nature of the human mind. . . . Necessary truths require for their apprehension a certain growth and development of the human mind. . . . To see the truth and necessity of geometrical axioms, we need geometrical culture." At page 357 he further says, "It being established, then, that in the progress of science facts are idealised, that *à posteriori* truths become *à priori* truths; that the world of things is identified with the world of thoughts to a certain extent, to an extent which grows larger as we see into the world of things more clearly. . . ."

(a) A seeming striking instance of the evolution of cholera is that of Karáchi in 1846. Col. Frazer writes ("Sport and Military Life in India." W. H. Allen and Co. London, 1881, p. 235), "Cholera in Upper Sindh is not a frequent visitor, but when it appears, as in Karáchi in 1846, it assumes the most virulent form, and its ravages are fearful, far exceeding in intensity those I have so often witnessed in India Proper. On a Sunday morning of the above year, on the approach of the hot season at that station, all were well and healthy. A small lurid cloud was observed over the Bilúch hills, the surgeon was called out from church, and by twelve that night a hundred cholera patients were in hospital; it lasted a week, and entombed 700 Europeans. . . ."

But where the special molecular or nerve pre-cholera stages are not so near, or habituated, or normal; where somewhat *different* varieties (such as cynanche, inflammations, typhoid fever, measles, scarlet fever, &c., though these may overlap in Bengal, just as cholera may overlap in Britain), or directions of libration or change, are natural to man in his environment, as in Europe; where the history of disease shows a relatively fixed capacity for the fever group, as seen in the series of measles, scarlet fever, typhoid, &c.; in the presence of this "contained capacity" for the fever group; in the presence of the law, that this capacity is so far constant—the libration into measles, scarlet fever, typhoid, &c., being in the main at definite ages of individuals, and in definite proportions—we may fairly consider, if it is not just to ask, whether a latent, unexhausted cumulating nearness to the essential molecular change which precipitates cholera may not be ever present in the European. Thus the forces and processes involved in cholera in Europe would not be different in kind but in degree from those in India, giving "energy" and time enough for the evolution of properties which do not exist in the series of phenomena in Bengal. Nor is such a speculation without analogy in nature—*e.g.*, the spermatazoon has not at all times the same molecular "energy" of fecundity; its wondrous power arrives in it in time only. Again, the unexhausted capacity for febrile changes—moderate here in the form of scarlet fever, measles, &c.—has vastly greater activities in some aboriginal races, which do not often, or have never, taken on such changes, just as cholera here, has rates and powers different in degree from what man shows in Bengal.

From a general biological view, I am compelled to expect that man would show the cholera deviation very differently in Europe than in Bengal, and it is wholly in unison with the great Form of vital evolution, that different properties and varieties, specific differences, even the property of fecundity, or miasmatic contagion, shonld more often arise in Europe than in Bengal.

It seems from European experience that the "variety" of vital action, we call cholera, does in the unexhausted soil of Europeans, absolutely reach, at times, that stage when a form having the energy or power of continuing the species is reached! And this view is in harmony with the laws of the widest biological Form.

Holding the hypothesis of evolution as an *à priori* "necessary truth," just as I hold as *à priori* "necessary truths," the laws of Kepler, or the correlation of the modes of Matter, I am compelled to deny the fixity of species and of genera in plants and animals, and I am equally compelled to deny the fixity of type of what we call the different diseases. And an *à priori* philosophical method accords with experience. I have seen epidemics of fever which could be grouped under no current names; also cases like scarlet fever interlap or evolve in an epidemic of measles; also epidemics of measles where "colds," and diarrhœa, and sore throat, formed the continuation of the epidemic.

Trying to place our personal insular view of disease in its just place in corelation with the larger view of time and space, which the actual history of man in the world presents, the doctrine of the "specific" subsides, while the greater gradations and alliances appear. In the insular view, scarlet fever has a fixity of type, but in a larger view, scarlet fever is a most variable phenomena. Even the capacity for this deviation is absent in some races. (*a*)

Thus we see that the so-called most specific diseases are but a graduated series, or, as it should be stated, that, in relation to the best demarked changes which the human body shows—say, scarlet fever—some races cannot take them on at all, and others show them in most varied aspect; or, to adopt the current language, this disease, most miasmatic-contagious in some latitudes and peoples, has no such properties in others.

Are we not justified in applying this method to explain the differences which able observers give of cholera in Bengal and Europe? If we look at the history of the sciences we shall see, that for ages the mind has rested in the stage of description and definition, and of the differences of allied phenomena; but a period has come when greater general truths have been born.

There are special reasons which make nosological definitions necessary in medicine; not the less, the most pernicious influences are exerted on the medical mind, by the arbitrary definitions of diseases.

The great and universal Form or hypothesis of Evolution leads us to look for a development of "comparative disease;" but the great birth of comparative disease as a part of science, dates from Jenner's application of vaccination. But what vaccination does for man in relation to small-pox is partially effected for—and in—man, in relation to cholera, by *change* of latitude, place, and season; in relation to yellow fever, by change of wind and season; in relation to intermittent fevers, by quinine, opium, &c., as prophylaxes.

We see the phenomena of the evolution of epidemics coincident with *change* of environment; and we see the cessation of epidemic deviation with *change* of environment.

The great approximate generalisation looms up, that the epidemic diseases (cholera, &c.) are deviations of natural process, in absolute "continuity" with normal process; that epidemics are periodical librations, disturbances, in absolute "continuity" with cosmic organic series and rate; there can be no catastrophetic distubance of series in organic phenomena; the facts of germs or poisons, or contagiousness, are altogether minor in the great Form of epidemics, in comparison with the greater facts of their evolution and continuity. (*a*) But these instances of prophylaxis, or co-ordination, such as vaccination to small-pox; change of place, wind, and season to cholera and yellow fever; quinine to agues; opium to agues, &c., &c., make us ask: Have we sufficiently grasped the Form of these phenomena? Are we not justified in trying to extend their method? Acclimatisation, or the stable co-relation of vital processes to environment, has the most varied duration of its periods of growth.

Is vaccination the final instance and method of so changing the vito-molecular capacities of the human system that small-pox cannot happen? Are the alterations of "mode" in vital "energy" involved in *change* of place, wind, or season, the only methods of so coordinating the "energy" of the system that cholera shall not evolve?

When I made voyages from Calcutta to the West Indies with Coolie emigrants, during the first days and week of the voyage, I most carefully protected my people; giving them rest, warmth, and quiet—due, but carefully guarded ventilation, was given. I viewed cholera as likely to evolve from the *change*—the *shock* to the systems of the people—involved in passing from the climate of Bengal to the *different* climate of the sea. I held that great ventilation, and a busy hygiene which would worry the people, were far more likely to lead to cholera than to prevent cholera. But I had determined to inject hypodermically with quinine and arsenic every one *not affected* should cholera appear in any ship; but although I made eight such voyages, no epidemic of cholera evolved in either.

He who gives attention to the phenomena of epi-

(*a*) The Rev. G. Taplin, missionary to the South Australian aborigines, says ("The Native Tribes of South Australia," page 44. Adelaide: E. S. Wigg, 1879). That measles is extremely rare among them. "This is remarkable when we remember the devastation caused by this disease in Polynesia. I have never known a case of scarlet fever among the aborigines, although it was very prevalent some years ago among the whites, and there is reason to believe that a great deal of clothing from houses infected by the disease was given to the natives."

(*a*) See table on next page.

demics, must feel that he is almost trying to compass the infinite, but I believe that the solution of the enigma of epidemics will chiefly be found in the Form of evolution and continuity, and in the subsidence of the specific into a part of this greater Form. I believe, as an *à priori* truth, that there is no fixity in the species or genera of the vegetable or animal kingdom; nor that there is fixity in the best demarked types of epidemic deviations. I believe that new types of epidemic deviations are appearing in true "continuity" with the evolving Form of life, and that the power of communicability sometimes naturally evolves, and sometimes it does not; and I hold that this view is in harmony with the greater analogies of biology.

I beg to submit these approximate facts and reasonings to my brethren, and to ask whether they lend any light in the explanation—How it is that cholera is held to be communicable in Europe, but not communicable in Bengal?

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Clinical Records.

CASES IN PRIVATE PRACTICE,

Notes of a Case of Abdominal Wound,

By JOHN PATRICK CLARKE, L.R.C.S.I.,

Medical Officer, Castleblayney Dispensary.

On the night of Thursday October 25th, I was called upon by a young man, Robert G., who informed me that he had received an injury of the abdomen from a knife thrust about half an hour previously. At the time he was stabbed he felt only a slight pain, but on moving about afterwards he became conscious of something slipping through the wound, at first not larger than a bean, but increasing as he walked. On examination I found a portion of intestine, about the size of a turkey's egg, protruding through a wound of the abdomen in the right iliac region, nearly an inch above the middle of Poupart's ligament, and a little to the outer side. The wound was horizontal, about half an inch in length, and the tension was so great that I was unable by manipulation to reduce the intestine without enlarging the wound, which I accordingly did, by means of a probe pointed bistoury running in the groove of a director. The reduction being completed, I passed a silk ligature through the skin and muscles, not including the rent in the peritoneum, further secured the edges with soap plaister, outside of which I fixed a pad of lint, not using any bandage as I told him on returning home, a short distance, he should go to bed and keep a linseed poultice with carbolic lotion over that part of the abdomen for the night. Ordered milk diet with a grain of opium every third hour whilst awake, and strictly enjoined on him the necessity of absolute rest in bed, and of keeping the bowels from moving if possible. However, I felt easy on that point as he said there was a free evacuation during the evening, and the tongue was quite clean.

Oct. 26th.—Pulse 76; temperature 98·4; had a slight pain in the right side during the night, no alvine evacuation, slept well, no discharge from wound, kidneys act freely.

27th.—Pulse 80; temperature 98·8; six hours' sleep last night, no pain, tongue uniformly covered with thin whitish coating over dorsum, and very slightly at edges; no movement of bowels, a slight purulent discharge from wound, which appears healthy. Continue opium one grain every third hour, and give calomel two grains every sixth hour.

28th.—Pulse 82; temperature 99; still no pain or tenderness, tongue brown, slight thirst, free discharge from wound, a roseolate eruption appeared under the poultice which was ordered to be discontinued; no movement of bowels.

29th.—Pulse 82; temperature 99·2; eruption disappearing, tongue slightly brown in centre, but moist, very free discharge of pus. Gave enema of turpentine and castor oil, there having been no evacuation since receipt of injury. The enema returned quickly without bringing away any fæces. Continued calomel and opium.

30th.—Pulse 80; temperature 99; no thirst, tongue moist, commencing to clear round tip and edges, was told that the bowels had acted freely, and without pain on previous evening, after which he slept well. Discontinued calomel, and gave pil. opii one grain every sixth hour. Wound dressed daily with soap plaister and pad of lint, looks healthy with but slight discharge.

31st.—Pulse 78; temperature 98·8; tongue continuing to clear, very slight discharge of pus from wound, but more freely round ligature, which I removed, continuing plaister dressing. Complete absence of pain or tenderness on pressure.

Nov. 1st.—Pulse 78; temperature 98·4; tongue furred only in centre of dorsum, the sides quite clear and healthy,

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(*a*) This is well illustrated by the celebrated Broad Street epidemic of cholera in 1854—see "Appendix B" in the "Report on the Cholera Outbreak in the Parish of St. James, Westminster, during the autumn of 1854." London: Churchill, 1855.:—

	August, 1854.							September, 1854													
	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Daily deaths in the parish of St. James ..	—	—	1	—	2	2	4	72	127	76	71	45	40	34	30	21	18	15	7	13	6
Daily deaths in the rest of London	118	100	121	141	135	185	207	317	332	253	234	222	219	201	185	235	238	218	239	190	152

In this celebrated instance it was shown by Dr. Snow—"1st. That the outbreak, properly so-called was principally confined to the area about the Broad Street pump." "2. That 61 out of 73 persons who died during the first two days had been accustomed to drink the pump water either constantly or occasionally." "6th. That 70 men employed at the brewery in Broad Street never drank the water, and escaped cholera." The case seemed proved that the cholera-motion-polluted well in Broad Street was the cause of the outbreak, but it will be seen from the Table that the sudden rise of the cholera curve in St. James's was absolutely consentaneous with a general rise throughout London. From the 31st of August to September 8th, inclusive, the St. James curve, both for rise and fall, reciprocates absolutely with the curve for all London. In other words, a generic or cosmic evolution of cholera was in process in London. The Broad Street epidemic is important in another direction as teaching us the danger of drawing conclusions from "affirmatives." Twenty years ago, I extracted from a volume in the British Museum Library, marked "Reports Commissioners—7—General Board of Health; Medical Council, 1854-5, XXI." the following:—Broad Street Pump "Report of Scientific Enquiry presented to Parliament."—"Nor is there sufficient evidence to show whether inhabitants of that district who drank from that well suffered more in proportion than other inhabitants of that district who drank from other sources."

slight exuberance of granulations in centre of wound, requiring application of caustic. To have chicken soup and jelly to day.

2nd.—Everything going on well.

3rd.—Pulse 75; temperature 98·4; tongue almost clear, bowels move daily, gave opium one dose twice a day, may have a few grapes.

4th.—Patient does not understand why he is kept in bed, the ninth or critical day according to his friends being passed. Discontinued opium.

5th.—Pulse 75; temperature 98·4; tongue quite clean, wound almost healed. Allowed to sit up in bed for three hours, secured with large pad and spica of Martin's rubber bandage.

6th.—As I was away from home to-day, he availed himself of my absence to attend an auction for a couple of hours, and experienced no discomfort whatever. Since then he has been going about daily, but with directions not to lift any weight, the wound is now (21st November) completely healed, though as a matter of precaution he still uses the bandage, which he says is most comfortable.

The difficulty I anticipated in the beginning of the case was, I am sure obviated by the perfect rest of mind and body he allowed himself, no doubt aided and abetted by the opium treatment.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Surgical Section.

The Opening Meeting of the Surgical Section was held at the Royal College of Surgeons on Friday, November 9.

Mr. Wheeler, President of the College, in the chair.

Mr. Wm. Stokes, F.R.C.S., Hon. Sec., read the minutes of the last meeting of the previous session, which were signed.

LIVING SPECIMENS EXHIBITED.

Mr. M'Ardle: (1) Case of Fracture of Patella; (2) Case of Detachment of Quadriceps Extensor Cruris from Patella.

SPECIMENS EXHIBITED BY CARD.

The President: (1) Hypertrophied Mamma, weighing 18¼lbs., removed from a girl, æt. 18; (2) Cast of Mammary Tumour; (3) Portion of Skull removed for Tympanic Caries; (4) Foot removed above Ankle-Joint for extensive Caries.

Mr. Stokes: (1) Excision of the Knee, parts removed in patient, æt. 32, and (2) parts removed in patient, æt. 10.

INAUGURAL ADDRESS.

The President delivered an Inaugural Address on the Progress of Surgical Science, which will be found on page 482.

FRACTURED PATELLA.

Mr. Coppinger exhibited a specimen of osseous union in a patella removed from a woman, æt. 63, who died three months after the injury from heart disease. He read a paper on the subject, disclosing that there was a distinct history of fracture from muscular violence, and there was at first considerable effusion into the knee-joint, with separation of the fragments. The close union of the fracture was attributed to an attack of inflammation of the parts in the neighbourhood of the patella, leading to an increase in the supply of blood to the seat of the fracture, and to early and complete absorption of the liquid effused into the joint. The specimen showed a simple transverse fracture united by bone, but the fragments were joined at an angle, proving that the fractured surfaces of the bone had been displaced to some extent forwards. He recommended that the treatment for ordinary transverse fractures of the patella with separation, should include careful attention to position, the early removal of effused fluid and blood from the joint by aspiration if necessary, and the subsequent application of a plaster-of-Paris case to prevent flexion of the limb. Mr. Lister's method of freely opening the joint and suturing the patella was advocated for cases of ununited fracture or ligamentous union, but objected to as a routine treatment for ordinary cases on the following grounds:—The operation is hazardous, had not received a sufficient trial, and even in careful hands may be complicated by the accidental entrance of septic matter into the joint. The patient is exposed to the danger of the subsequent occurrence of a compound fracture with open wound of the knee in those cases in which the patella may not prove to have been united by callus of great strength. The foreign body in the patella, consisting of a piece of stout silver wire, may prove at any time a source of trouble and danger to the patient.

Mr. Thomson congratulated Mr. Coppinger upon having confined himself to two or three questions for consideration in the discussion of a subject about which so many varieties of opinion existed. Mr. Coppinger had especially referred to the question raised lately by Lister with reference to the suture of fractured patellæ, not only when they have been united for a considerable period, but immediately after the primary accident had occurred. He had also referred to a very remarkable case which he (Mr. Thomson) was fortunate enough to see, namely, one in which the late Mr. Amphlett had sutured the fragments of a fractured patella for want of union, and of which the result, so far as bony union was concerned, was perfect. Unfortunately, however, the joint was not a perfect one, not such as Lister had described, but was flexed at a certain angle; there was no movement in it, and (as he had described) the patient when here in Dublin slipped one evening and ruptured the joint completely across, re-fracturing the patella. As the joint was excised next morning, an opportunity was afforded of examining carefully the condition of the parts, and it was found the patella had undoubtedly united by bone. But in discussing this operation, and in reading a paper upon it at the British Medical Association at Worcester, he objected to a procedure of the kind being advocated in cases of recent fracture of the patella, not to speak of ununited fracture of the patella, because rarely, if ever, had he seen a case in which, although there had not been bony union, the patient was not able to move about comfortably. He had had himself in hospital a man with two fractured patellæ, who fell from a fort wall in India during the Mutiny, breaking both the patellæ. The fragments were united at a distance of some inches by fibrous band, and he was still able to go about comparatively with great comfort. In going up and down stairs, however, he had to be cautious, but on the level ground he got on pretty much as anybody else did. Of course, every surgeon had thought some time or other that he had got the exact plan of securing bony union in fractured patella, and a number of apparati had been produced from which they expected that bony union would be the result of their application. He confessed, however, he had never seen a case of bony union of the patella, nor did he know they were anxiously looked forward to, the patient being compelled to pay a penalty of considerable discomfort in submitting to the application of the elaborate apparatus referred to, not to speak of incision of his joint, unless there was some decided gain to be achieved. Concerning the more important question of opening the knee-joint, he entirely concurred with Mr. Coppinger in saying, that upon no ground, except where the patient would have an absolutely useless limb, was it justifiable. Certainly it was not in a case of recent fracture of the patella. In the hands of competent persons who comprehended the Listerian method, he was satisfied the operation would be safe. Lister had produced seven cases in which the operation had been done with very great success. It must be remembered that these were the first cases, and not only did all his cases recover with bony union, but some recovered with joints that could be flexed to the extent of a right angle. Now, if they opened seven knee-joints successively by the ordinary so-called antiseptic method, he would like to know what would be the result? But, nevertheless, he certainly should not recommend the operation to be done at all, except by the most competent hands, and therefore he objected to the procedure being preached as a practice to be adopted. They were not always sure such cases would fall into competent hands in the practice of the Listerian method. At the same time, while dissenting from the view Lister had taught in the address lately given to the Medical Society, in no sense did he abate one jot of his belief in the applicability and thorough truth of the Listerian method. The Listerian method was not dead in Dublin, and it was not dead, he was glad to say, in the surgical world.

Dr. Mapother did not think he received from the reading of any communication a greater shock than from reading in the *British Medical Journal* the address of Prof. Lister on "Fracture of the Patella." For astounding audacity it exceeded anything he had ever conceived. In a simple transverse fracture of the patella an incision was to be made two inches long in front of the bone, an opening made, and the cavity of the synovial membrane washed out, in order to produce bony union. That such a statement should be put forward in these days almost exceeded credibility. In a case of a transverse fracture of the patella there was scarcely a doubt that by position and by apposition of strong adhesive rubber plaster, above and below, the fragments could be kept very closely together, and he believed that ligamentous union was very often better than bony union, even if they could get bony union, which he believed they could not. In fracture of the patella, allowing the synovial to flow completely through the fragments, bony union was out of the question. He preferred close ligamentous union between the two fragments. Many instances of fractured patella occurred in father and son, and it was well-known as a usual thing that if a man broke one patella he was apt to break another. He thought there was a hereditary tendency to the injury. It might be accounted for by congenital shortness of the muscular apparatus. On reading Lister's paper it occurred to him that in many forms of fracture of the clavicles, the two fragments could be kept together by suturing, but in fracture of the patella the shocking practice he advocated as to the great synovial cavity seemed to be attended with extraordinary danger.

Mr. **Barton**, referring to Mr. Coppinger's remark that osseous union was evidently not the best to be attained in fracture of the patella, took it as proved that the complicated apparatus in use for many years, and the theories put forward that surgeons were not satisfied with the result of ligamentous union, and the observations of Mr. Thomson and Dr. Mapother proved the same. Dr. Mapother had observed that a man who had broken one patella was apt to break the other. Why? Because the broken patella united by ligament was weak. Though the patient might get on well, he did not get on as well as could be wished, and therefore, bony union was, if possible, to be attained, and they were not to rest satisfied with ligamentous, if they could get bony, union. With the tremendous pull upon it right across the end of the femur, nothing but the firmest union would give support to the body and firmness of tread. However close the ligamentous union might be it elongated, and the limb got weaker as the patient used it. Whatever exception might be taken as to the advisability of drilling the fragments, as Lister had pointed out, still that had been done with perfect safety. The joint of the patella had been drilled and sutured with perfect immunity from inflammation and absolute security from the danger that would accrue without antiseptic measures. To say antiseptic surgery was dead in the face of such results was entirely out of court. He did not advocate the general adoption of the procedure in all recent fractures, for he had attempted the operation of suturing the olecranon process, and he knew the difficulties that attended it, combining the possibilities of success and the dangers of failure.

Mr. **Corley** said one point had been demonstrated, viz., that surgical history repeated itself. At a former discussion on the subject, the President (Mr. Wheeler) was the exhibitor of an apparatus for producing bony union, being considered a desideratum. On that occasion he made the observation that it was one of the cases in which every surgeon who began practical surgery thought he could devise an improvement on his predecessors, and some time afterwards Mr. Wheeler showed a patella which exhibited bony union, the inference being that it resulted from the application of the apparatus. But to-night they had a patella in which there was a bony union got without any apparatus at all, because Mr. Coppinger's apparatus could scarcely be said to have any effect in producing bony union. Thus they had the two extremes: an elaborate apparatus shown as producing bony union, and another in which it had been produced practically without any apparatus, while there were surgeons who denied that bony union could occur.

Dr. **M'Ardle** observed that the case he exhibited was one treated by rubber plaster, a piece above the patella and one below it, drawing the parts together. The leg could be flexed now as well as the one the patella of which was not broken; and therefore if such a result could be had by imply strapping, an elaborate apparatus was not required. He did not believe it was necessary to cut into the knee-joint to procure bony union. The second case he had exhibited was one of detachment of the quadriceps and tensor cruris from the patella, and in that, though the muscle was extended up to the middle of the thigh, with the rubber plaster he had been able to bring it down. In Mr. Barton's remarks about the lengthening of the constriction he did not agree.

Dr. **Ball** called attention to the fact that one surface of the patella was either bounded by cartilage or synovial membrane, and the other was subcutaneous; and the formation of bone around the fracture only occurred where there was a large amount of areolar tissue, or lean muscular tissue. In fracture of the tibia there was scarcely any adventitious formation of bone. Unless the fragments of the patella were in absolute apposition, the union by bone was almost impossible. Union of bone in fracture of the patella was not so great a desideratum. Mr. Hutchinson had mentioned a case of fracture supposed to be united by bone. After the patient left hospital he refractured his patella, and was treated by another surgeon, with the result that the fragments were separated to some extent, and fibrous union existed. Mr. Hutchinson having seen the patient was bound to admit that the result of the second fracture of the patella was more useful than that when it was supposed to be united by bone. He had himself a case in Sir Patrick Dun's Hospital, in which the fragments were considerably separated, and there was effusion into the knee-joint, so that it was impossible by any mechanical means to bring the fragments into apposition, and he adopted Mr. Hutchinson's plan of aspirating the knee-joint. After removing the fluid, the fragments were brought together, and the man left hospital with the fragment in as close apposition as could be wished.

Dr. H. **Fitzgibbon** asked did Dr. Ball perform the operation according to Lister's method?

Dr. **Ball**.—The aspiration was conducted under the spray, and with all antiseptic precautions.

Mr. **Stokes**, adverting to Dr. Mapother's statement that after reading Prof. Lister's address he experienced one of the greatest shocks he ever had in his life, said that after reading the same address himself he had not for many years past experienced a keener sense of pleasure; for it recorded seven surgical results which could only be characterised as brilliant—results which had hardly ever been equalled, and never surpassed. Although he did not concur with Mr. Thomson in thinking they should not hope for, or care for, osseous union in those fractures, yet the surgeon who operated undertook, as Lister himself had said, a tremendous responsibility. Even occasional failure, in spite of the most careful antiseptic Listerian precautions, should make them very slow in recommending or performing the operation, until some method of carrying out antiseptic practice than that now used and advocated by Lister was discovered; and that that method would be discovered he had no doubt whatever.

Dr. R. **McDonnell** said the really important question for the surgeon always to consider in a matter of this kind was would he, conscientiously and honestly, being in the position of the patient, submit to the operation himself? It was very difficult to do that; but still they could make some attempt at it. In considering the brilliant cases mentioned by Lister, which were a very important addition to surgery, and having regard to Listerism and its results, was there a single surgeon present who, if he fractured his patella, would submit to have the knee-joint opened, the fragments stitched together, and a drainage-tube put through the joint? That was the way conscientious men should look at a matter of this kind.

Mr. **Tufnell** said that was the practical way of putting the matter to the test.

Dr. **Lentaigne** said he had such perfect confidence in the Listerian method, though it was said to be dead, that if he fractured his patella and his limb was crippled so that he could not use it, he would without hesitation submit to the operation at Mr. Lister's hands.

The **President** desired to make a few remarks as his name had been mentioned, and he promised to be brief owing to the lateness of the hour and also because in commenting upon the subject of fracture of the patella he explained the use of the splint that he employed, and the means whereby it provides against arterial pressure, tilting of the fragments, and so forth. He had drawn attention to the fact that the cause of displacement of the lower fragment was gravitation, and not the ligament of the patella as Malgaigne erroneously supposed. Undoubtedly, as he had often stated, in fracture bony union might be obtained without the application of any apparatus; but this was only procurable in cases where the ligaments of Barking were intact and consequently opposing the quadriceps extensor muscles. This result was, however, impossible in wide separation of the fragments. In the case which he exhibited of bony union resulting from the use of his own splint, the separation was approximately the width of three of his fingers (about two and a-half inches). That case was seen by Mr. Colles, Mr. Butcher, and Mr. Tufnell, and ultimately the use and perfect motion of the joint was recovered. About two years afterwards the man died of phthisis in the Richmond Hospital. Through the courtesy of Dr. Gordon he obtained the patella in which was found complete bony union. The patella was examined by Prof. Macalister, and seen by Mr. Hamilton and others. He was confident the result was attributable to the use of his splint, with which he had since produced similar successes, although happily in these cases there were not the same means of verification. In his opinion the best attainable result was bony union, which he held to be fully authenticated by the statement in Prof. Haughton's "Animal Mechanics," that every bone in the human structure was organised with the object of rendering the greatest possible amount of work. Mr. Hutchinson's statement as to the separation of the fragments from effusion was untenable. As to Mr. Lister's treatment of fracture of the patella, opening the joints and suturing the fragments together, he would make no comment beyond remarking that, in his recent publication, Mr. Lister made drainage and cleanliness the prominent essential factors. He regretted that his remarks on antiseptic surgery were mistaken. He had never said that antiseptic surgery was dead, but he did say that Lister's theory was dead, and he would say it again because it was true.

Mr. Coppinger, in reply, said that the President's remark was that Listerism was dead,

The President: That Lister's theory was dead.

Mr. Coppinger said if the President's remark applied to Listerism it was open to question. As regards bony union, it was obvious that the patella would not be where it was if a bone were not the proper structure. But what he had suggested was that inefficient bony union was much more dangerous than fibrous union and much more liable to lead to dangerous injury, such as a compound fracture into the knee-joint, an injury which would not occur if the union was by fibrous tissue. The speakers had concurred in the views laid down in his paper, and there was no surgeon who considered Mr. Lister had made a sufficiently strong case for such serious treatment as opening into the knee-joint.

The Section then adjourned.

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The medical officer of the Liverpool Health Committee reports an outbreak of fever in a milkhouse in Reynold's Street, and that the disease had been conveyed by the milk to a number of persons in the neighbourhood, four of whom have died.

A parcel containing 100lbs. of linen has, by command of the Queen, been sent from Buckingham Palace to the London Hospital, Whitechapel Road. The Duke of Edinburgh has sent large presents of pheasants to St. Thomas's Hospital, St. George's Hospital, and the Seamen's Hospital, for the use of the patients.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·7 per 1,000 of their aggregate population. The mortality ranged thus:—Derby 15; Brighton 16; Bradford, Plymouth, Wolverhampton 18; Sunderland 19; Portsmouth, Birmingham, Hull, Norwich, Leicester 20; London, Nottingham, Huddersfield, Bristol 22; Bolton, Birkenhead 23; Liverpool, Blackburn, Halifax, Leeds, Preston, 24; Edinburgh, Oldham, Sheffield, Cardiff 25; Newcastle-on-Tyne 26; Salford 28; Glasgow 29; Manchester 31; Dublin 33.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 5, 1883.

THE COMMUNICABILITY OF PHTHISIS.

Recent pathological investigations have supplied a stimulus to inquiry such as is likely to be productive of results as yet scarcely more than contemplated. Already, however, the fruits of labour bestowed on questions raised in connection with later discoveries, bear no inconsiderable relation to the work which has been done; and especially is this the case with regard to inquiries concerning the influence exercised by consumptive individuals over the health of those about them. It should be added, however, that much of the success already achieved in the way of collecting evidence and comparing clinical facts in their relation to the etiology and pathology of separate diseases, is attributable to the existence of the Collective Investigation Committee of the British Medical Association, and to the admirable manner in which the arrangements for collective investigation have been devised and carried out. Of the means whereby this is done it is now unnecessary to speak, since every member of the profession has been made familiar with the machinery of the movement; but the present is a favourable opportunity for dwelling shortly on the first published record of the Association, containing as its principal matter the results of an inquiry concerning the communicability of phthisis. Importance has, of course, been given to this subject by the publication of Koch's long-continued and critical experiments on the specific infecting organism of tubercle; and in the presence of contrary parties, excited to utterance by the appearance of statements agreeing with or dissenting from their particular beliefs, it was especially suitable to apply the *collective* method to the study of the whole question. Accordingly, replies were invited, from as many medical men as chose to respond to the request, to the following query: "Have you observed any case or cases in which pulmonary phthisis appeared to be communicated from one person to another?" Further information as to the number of cases observed and the particulars of relationship, family and personal history, &c., of each case were also asked for; and in the sequel, 1,078 replies were returned to the circular. Out of these 673 were simple negatives, indicating that the practitioner making the return had not met with any instance of the direct communication of phthisis from one person to another; but no expression of opinion was ventured on by any of them. The remaining answers, 405 in number, are classified thus: Affirmative observers, 261; doubtful, 39; negative, 105.

In their report on these returns the Collective Investigation Committee make a careful analysis of the various replies received; but we need not here describe them any further, turning rather to a consideration of the meaning to be attached to the *fact* that 261 medical men are able to record their conviction that phthisis is a contagious disease, and that their experience has been of a kind to compel them into such belief. The cases on which this idea of communicability is founded possess, many of them, features of interest and importance in this connection which it would be difficult to over-estimate; and when viewed in the aggregate they very powerfully appeal to the imagination already prepared to accept proof by consideration of the experimental data on which the theory of contagion is based. In all the cases of so-called communicated phthisis, the person secondarily affected had been in more or less close attendance on a phthisical patient; in some instances blood relationship subsisting between them, and in others that merely of nursing attendance; but in the great majority those of marriage. Of the latter description, 188 cases are recorded, and as part of the observation it is asserted that in 130 no family predisposition to phthisis existed in the husband or wife, as the case may be, supposed to be the recipient of contagion.

It is at once evident that the crucial importance of the problem for solution lies in the absolute truth or error of this statement; and that the need for more than usually careful inquiry concerning the family history in such a connection cannot be too urgently insisted. It must be said, however, that the critical nature of this part of the investigation has been very fully apprehended by the observers, and that they have been cautious to avoid expressions of conviction in all those cases where circumstances have not combined to warrant such a course; so that as far as we are able to go at present there is justification for accepting the apparent teaching of the researches as yet recorded. These distinctly tend to confirm the theory that phthisis is a contagious disease; that healthy individuals who are subject for a lengthened period to occupation of the same apartment on terms of intimacy with sufferers from pulmonary consumption, and constantly breathing the same air with them, will in time themselves be affected with the disease, and finally, as well succumb to its ravages. The association, however, must be both intimate and prolonged; and nothing encourages the belief that the contagion of phthisis in any way approaches to the activity exhibited by the recognised infectious fevers, or even of the specific contagious disorders with which medical practitioners are familiar.

It must, of course, be always a hazardous proceeding to argue from the known to the unknown; and in nothing is this so certain as in the proceeding of those who dispose to lay stress on the fact that persons, whose family history betrays no hint of phthisical tendency, must therefore necessarily be free from a predisposition to that disease. Assumption is here of doubtful service; but, nevertheless, so strong is the belief excited by a healthy record, that much difficulty is experienced in disabusing the mind of the prejudices it gives rise to. That persons who do not obviously inherit a predisposition to consumption are thereby unfavourable soil for the development of the active agent of phthisis—if there be such an organism—is tacitly accepted in all discussion on this subject; possibly because the effort to grasp the existence of an effect without at the same time picturing an antecedent cause for it, is abhorrent to minds trained in the method of scientific thought. And yet it might be almost wiser, even now, to refuse acceptance to a theory of such contagion, although by so doing we might seem to ourselves to retrograde as far backwards as we have of late advanced. It is seductive in its simplicity; it affords so ready an explanation of the exceptions that occur; it is altogether so apparently satisfactory, that this very completeness might be taken to indicate the necessity for caution in regard to it. Some cases, moreover, are, even in the light shed on them by later research, obscure puzzles in this connection; especially those which would come into the category of communicated phthisis, but in which the onset of symptoms is very long delayed. In the report referred to above, no more than three cases are described as running a course exceeding two years in duration; and these even do not resemble those sometimes observed, in which a wife who survives a consumptive husband, and has neither inherited, nor is in any way predisposed to phthisis, as far as appears, and who, after living, it may be, three or four years in perfect health, at length becomes herself a victim of consumption. Can it be that the poison of phthisis has been lying dormant in the system in such cases, hidden away in some remote recess of living tissue, waiting only the first occurrence of breaking health, or the onset of a natural crisis to demonstrate the intrinsic viciousness of its powers. Some explanation such as this may be the one to choose; and possibly the time is not far distant when there will be light enough to read the darkest page this chapter of clinical history contains.

Collective investigation has done a valuable work in securing the collaboration of numerous contributors to a common stock of information. All will read what has been done with profit; many will be convinced; and more will be led to reflect for themselves on the problems that await solution in this field of medicine. It would be unwise to say that phthisis is a proved contagious disease; it would be infinitely impolitic to assume that it is not a communicable infection, although we require more knowledge, more facts, and more experience to prove it so beyond dispute.

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DUBLIN SHAM CERTIFICATES IN A NEW PHASE.

Certain irrepressible Dublin teachers have evolved from their ingenuity a new method of evading the regulations of the Colleges, and of enabling the idle and ignorant students to pass into the profession, which deserves to be made public as a manifestation of the audacity of these gentleman, and of the weakness of purpose of those whose duty it is to guard the portals of the profession. It is hardly necessary for us to remind our readers that two years ago the Council of the Irish College of Surgeons promulgated a new scheme of education and examination which they had been elaborating for some years, with a view of making the Irish-educated practitioner more practical and more competent. This new scheme was put in operation in May, 1882, and was repeatedly and extensively advertised as the future law of the College, and under its provisions some of the students who commenced study in November, 1882, have presented themselves for examination in July last, and others in October. One of the points of this new code was that it imposed a year of preparatory scientific and practical study before the three years of medical school work which has heretofore been the rule, and it prescribed the subjects and requirements of this preparatory year in such a way that the student might, if he wished, pursue his studies at home, and without the aid of either medical school teaching or "grinding." Nothing more was required than that he should present himself for examination at the end of the year, and satisfy the College that he had been doing *bonâ fide* practical work under the pupilage of a working practitioner. As evidence of the *bona fides* of such study, he should, the regulation says, "produce evidence of having been engaged in medical study for at least nine months subsequent to registration;" and the College defines what it means by study in the following paragraphs:—

The College recognises as the commencement of professional study—

1. Attendance on the practice of a hospital or other public institution recognised by the College for that purpose; or,
2. Instruction as pupil of a legally-qualified surgeon holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council; or,
3. Attendance on lectures on anatomy, physiology, or chemistry by lecturers recognised by this College.

Of the students who offered themselves for the preparatory scientific examination last July, some presented the evidences of medical study set forth in paragraphs 1 and 3, as above, and others put in certificates of practical work as pupil and assistant from dispensary and infirmary surgeons in the provinces. Others, however, presented as certificates letters from Dublin "grinders," testifying simply that A. B. had been engaged in medical study, most of them not specifying in what form the study was, and many not giving any dates, or stating the period of study. Moreover, it was and is notorious that most of the gentlemen who wrote these letters do not hold any "appointment of surgeon to (any) hospital, general dispensary, or union workhouse," and that they, not being engaged in active practice, are not in a position to "afford opportunities of practical instruction" as could be "satisfactory to the Council," or to any one else.

These letters, in fact, did not represent any study whatever, except "grinding," and did not even clearly set forth that the student had been engaged in that form of study. It may, indeed, be reasonably suspected that these letters were given to students who had not been in Dublin during any part of the nine months, but who had entered up with the teacher at the last moment for future instruction, obtaining, on their own simple assertion, the so-called certificate. Some of these certificates were palpably evasive, because they testified for a period of nine months' study, during the great part of which the schools were shut.

It is sufficiently plain, on these facts, that documents of this class are little better than the sham certificates which are habitually sold to night-lecturers and others. When they were offered to the College in July last they were allowed to pass under protest, because the occasion was the initiation of a new system, and it was just possible that some misconception might have existed; but immediately the College took steps to remove the possibility of any future misapprehension by reprinting the regulations as a placard, and circulating it to all schools and hospitals. But the gentlemen whose business it is to devise these evasions of the regulations in the interests of their apprentices and of idle students, were not in the least awed by this demonstration, because they had already had experience of the weakness of the Council of the College in the matter of night-lecturers and sham certificates, and they confidently calculated that, if they again tendered these pseudo-certificates of study in sufficient numbers the Council would not venture to refuse them, or to abide by the regulations which they had decreed and promulgated with so much official formality. We deeply regret to record the fact that the calculations of these speculators were justified by the event, and that the Council accepted *in globo* the certificates which it had previously ordered its committee to reject, falling back, as it did on a former occasion, upon a supposed "misapprehension" of the regulations by these gentlemen. To any one who reads the regulations which we have quoted it must be obvious that no such misapprehension could exist, and we do not imagine that even the teachers themselves will claim to be so dense of comprehension as to misconceive rules which are so clear. The fact remains that, by an audacious evasion of those rules, a certain number of young men have obtained admission to the preliminary scientific examination without the study which the College has considered necessary, and that the Council has once again permitted the teaching faction, who have persistently obstructed educational reform, to laugh in its face.

We do not think it necessary to comment on the vacillation displayed by the College executive on this and other occasions, but we take the opportunity to suggest that the Council will best preserve what is left of its own dignity, and will conciliate the Dublin teachers most effectually, by repealing *in extenso* the new scheme of education of which, at the bidding of these gentlemen, it is gradually surrendering the most vital points.

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Notes on Current Topics.

The Hutchinson Testimonial.

On Thursday evening, Mr. Jonathan Hutchinson, F.R.S., was entertained at dinner at the Holborn Restaurant, by past and present students of the London Hospital, who assembled to the number of upwards of 150, for the purpose of presenting their guest with the testimonial raised in his honour. Though solely a London Hospital gathering, it assumed from its very proportions almost a public character; and will be long remembered by those who were present at it as an occasion of historic importance in the annals of the great East End charity. The presentation was made by Sir Andrew Clark, who occupied the post of chairman at the dinner, and who delivered an eloquent and most effective address. In this he recalled the memories of those earlier days when Mr. Hutchinson was an earnest, thoughtful, fervid student in the wards of the hospital which owes not a little of its renown to the world-wide fame of the surgeon who just now ceases active association with its work. Sir Andrew Clark concluded by handing to Mr. Hutchinson the trust deeds of the "Hutchinson Triennial Essay Prize," founded by subscribers to the testimonial, and of the value of £36, together with a handsome massive centrepiece of solid silver, purchased with the surplus funds remaining after endowment of the prize. On this ornament the following inscription is engraved: "Presented to Jonathan Hutchinson, F.R.S., on the occasion of his retirement from the post of Senior Surgeon to the London Hospital, where a number of his pupils—past and present students of the hospital—united to testify their appreciation of his services to science and humanity, and the benefits they have derived from his clinical teaching, by founding the Hutchinson Triennial Essay Prize, value £36; with the surplus of the fund raised for this object the plate bearing this inscription was purchased." Mr. Hutchinson's reply was especially interesting to those who have learned to admire his brilliant qualities as a surgeon, and his lofty character as a man—points especially dwelt on by Sir Andrew Clark—taking as it did the direction of a brief autobiography, and showing by what stages his faculties had been gradually developed. His indebtedness to the poets for the formation of his character, and the intellectual training he obtained from their constant study, were insisted on by Mr. Hutchinson; and he attributed a great part of his life's successful work to the early education he received as an apprentice to a conscientious practitioner, and as a pupil in the small medical school of York, where he alone constituted the whole class in many subjects, and so enjoyed the undivided attention of his teachers. The form the testimonial had assumed was, he said, exactly what he could have wished, and he gratefully accepted the honour done him by association of his name with the prize founded by subscribers to the testimonial. A number of toasts were subsequently proposed, and among those who replied was the Right Hon. Lord Lyttleton, on behalf of the Auxiliary Forces. This speaker referred to the action of certain Birmingham citizens, which, he said, might with advantage be imitated in the metropolis, and which he earnestly commended to the notice of the benevolent. This consisted in the gift of £15,000 by one gentleman, for the purpose of building a hospital; but as there then remained a need of £25,000 for its endowment an appeal for contributions was made at a banquet one evening, with the result that within twenty-four hours fourteen separate individuals had promised each £1,000 towards the amount. Lord Lyttleton thought that London should at least be abreast of Birmingham in such exhibitions of philanthropy.

The Sodium Nitrite Controversy.

At Westminster Hospital, to which institution Dr. Murrell is attached on the staff of physicians, the subject of his connection with the so-called "experiments" on the action of nitrite of sodium has lately been under consideration by a sub-committee appointed for the purpose by the House Committee. This body has drawn up and presented a lengthy report; the most important clause of which, however, is the following:—"The sub-committee, after careful consideration of these facts, see no reason why the House Committee should withdraw from Dr. Murrell their confidence in his ability and humanity, and they trust that the unfortunate manner in which the paper was put together will be forgotten, while the value of his experiences will remain. In this connection the sub-committee would call attention to the fact that in consequence of this experience, the 'official' dose of nitrite of sodium hitherto appearing in the standard text-books of therapeutics as twenty grains has since been reduced to two grains, and a permanent source of danger has thus been averted." Dr. Murrell has so far, therefore, been vindicated by the authority most competent to do him justice; and we trust the action pursued by the committee in question may be accepted by those who have traduced him and Dr. Ringer in a spirit of chastened resignation. We cannot, however, restrain from remarking that the continued efforts that are being made to justify the conduct indulged in by those who have so carelessly outraged the privileges of discussion in this matter, are both ill-judged and offensive; and now that the profession has so plainly demonstrated its disgust at the disloyalty that has been exhibited, it would be politic, as well as in good taste, for the erring ones to retire from a position which commands the respect of none and the contempt of many. For the present the whole question may be left in silence until it is re-opened by the future inquiry that is to be made concerning it by the College which has been chiefly affected by the indignities suffered by its Fellows.

Sewers and House-Drains.

Professor F. de Chaumont, F.R.S., presided at the usual weekly meeting of the Parkes Museum on Thursday, Nov. 29, when Dr. Chas. Kelly, of King's College, delivered an address on "Diseases Caused by Sanitary Defects." After giving a series of proofs of disease resulting from sanitary defects, Dr. Kelly referred to the present system of ventilating the sewers and the house-drains separately, and urged that it would better to abolish the traps and air-chambers now used to disconnect the house-drains from the public sewer. He advocated the direct connection of the house-drain with the sewer in every case, so that the ventilating-pipe to each house might serve as a ventilator to the public sewer. In the discussion which followed, Mr. Mark H. Judge, A.R.I.B.A., said that he saw great danger in the suggestion that private house-drains and soil-pipes should be used as ventilators for the public sewers. The public sewers should be thoroughly ventilated by the public authorities, and the ventilators, as well as the sewers, should always be under public control, which could never be the case where Dr. Kelly's suggestion might be adopted. Mr. Judge contended that every house should be disconnected from the public sewer, and that then the owner or occupier should be held responsible for the ventilation of his own drains and the sanitary condition of his dwelling. Dr. Poore, in proposing a vote of thanks to the lecturer, referred to the open sewers which run through acres of market gardens in the vicinity of the metropolis, carrying into the Thames what ought to be given to the land. There was a moral responsibility in this matter which was overlooked, and he thought that in country districts, instead of combined systems of drainage being adopted, the refuse of each house should be deposited on the land connected with it. Mr. Rogers Field, M.I.C.E., seconded the vote of thanks, and in the course of his remarks said that the question of moral responsibility was one which educated men did not yet recognise in connection with drainage. He knew of cases where educated and wealthy people were even now putting in cesspools, thus contaminating the water supply of their own or other districts. The vote of thanks terminated the meeting.

National Health Exhibition.

An exhibition of all pertaining to the preservation of health and the hygiene of the person will be held next spring at the Royal Horticultural Gardens, South Kensington, on a scale far exceeding anything of the kind hitherto attempted. The scheme has the approval of Her Majesty the Queen, who will be patroness of the Exhibition, while His Royal Highness the Prince of Wales will act as President; and he has already solicited the good offices of the Lord Mayor on behalf of the undertaking. A movement is also on foot to construct a subterranean way from South Kensington Station to the Albert Hall by which visitors to the Exhibition may proceed. This tunnel is to be made with a view to future utilisation for railway purposes: it will be lined by glazed tiles, and lighted by incandescent electric lamps; a tramway will run along it, and two wide pavements provided for foot passengers. The whole scheme promises to be both important and successful.

Autopsy on Dr. Marion Sims.

Following the lamented death of Dr. Marion Sims a post-mortem examination of the body was made, and a report of the appearance found is appended to the obituary notice of the deceased gynecologist in the *New York Medical Record*. The heart was found to be somewhat enlarged, with adherent pericardium. The valves were competent. The calibre of each coronary artery was markedly narrowed by atheroma, which was partly calcareous. In the muscular tissue of the upper part of the inter-ventricular septum there was a patch of myo-carditis as large as a silver quarter of a dollar, with the beginning of an aneurismal pouch. There was a similar fibrous myocarditis in the papillary muscle which controlled the anterior segment of the mitral valve. Both ventricles were dilated, and the left hypertrophied. The lungs were slightly congested and œdematous. The parietal and visceral pleura on the left side everywhere adherent. The kidneys and liver showed lesions of chronic congestion. Brain normal. Some atheroma of internal carotid arteries

The Bradshawe Lecture.

Professor John Marshall, F.R.S., President of the Royal College of Surgeons of England, will deliver the Bradshawe lecture for 1883, in the theatre of the College, to-morrow (Thursday) afternoon, at 4 o'clock. The subject of the discourse will be "Nerve-Stretching for the Relief or Cure of Pain," and admission can be secured by Fellows and Members of the College of Surgeons on presentation of their card.

Constabulary Medical Appointments in Ireland.

It may be recollected that in the last session of Parliament some questions were asked of the Irish Government as to the fact that, when the office of medical attendant on the Waterford constabulary was recently vacant, the usual practice of appointment was departed from, and a gentleman was given the office who was not the dispensary medical officer. That departure from precedent was officially justified, at the time, by the statement that the doctor who had been chosen had already had many of the local police under his charge, a statement which, we believe, was only half true, and—if wholly true—was not the true explanation of the change of system. On that occasion the Inspector-General acted clearly against custom and rule, but, as he was then unable to make his appointment fit the rule, he has since made the rule to fit his appointment. In fact, he has, on the 14th of September, 1883, cancelled section 855 of the code and substituted the following rule:—

> "All medical attendants of the constabulary are to be of the most eligible professional men who can be procured, taking into consideration, amongst other things, whether their residence is so conveniently situated as to enable them to afford proper and efficient attendance to the constabulary in the district of which they have charge."

As the Inspector-General is to be the sole judge as to who is the "most eligible professional man," this regulation means neither more nor less than that the Inspector-General shall appoint his own friend, or he who has most political influence at the moment, and as we consider that these two are the worst possible qualifications for any office, we greatly regret that they have been substituted as a test of competency for the more strict qualification that the constabulary attendant shall be officially connected with the district as dispensary medical officer. Nevertheless, we are doubtful that any effective steps can be taken to obtain the reversal of this rule, and we are prepared to admit that, in urban districts, other medical men are to be found who can do better for the constabulary than the dispensary doctor, and we can, therefore, only hope that the power of appointment thus seized by the Inspector-General will be discreetly used. We shall watch for jobs.

St. John Ambulance Association.

A horse ambulance carriage has just been presented to the Association by a member of the committee. This vehicle was designed by Mr. John Furley, deputy chairman. It will carry three patients on stretchers, and two persons seated, as well as two on the box. The mode of putting the stretchers into the carriage is entirely novel. It is constructed of English and American ash, with a roof of the best pine, the wheels being of English oak and ash. It has sliding plate-glass windows framed in mahogany, and set in borders of walnut wood. The fittings are very complete, and include a small chest for hospital comforts. This carriage is intended for use in the streets of London.

Milk and "Simpson."

Mr. Wigner, F.C.S., President of the Society of Public Analysts, recently sent to the *Times* a statement of the result of a large number of analyses of samples of the fluid known as London milk, and reveals therein a state of affairs which we should suppose will arouse the London householders, the vestries, and the Public Prosecutor, if anything can. Referring first to the facts as stated by the Local Government Board (which he suggests are made to bear lightly on the milkmen, and which represent samples bought by policemen and other officials whose appearance is a warning to these traders to sell a good quality to them), Mr. Wigner says: "With all these precautions (to save the milk dealers) the report states that 24·5 per cent. of the milk sold to the inspectors in London during 1882 was adulterated, and adds, 'in a good many individual districts this proportion, formidably large as it is, is far surpassed.' To this official report I may add the well-known fact that milks which are watered less than 10 per cent. almost always escape the official inspector. But worse is to come." In the month of October—a specially good time for milk farmers—Mr. Wigner himself tested the milk of over fifty dairies in various parts of the London district as the milk came from the railway.

"The farmers (he says) had no idea of my intentions, so I got fair samples, and every one was good. Not a watered or skimmed sample was found, but the average of the whole was 7 per cent. better than the limit which public analysts work to. Clearly, then, as this milk came to London, the public had a right to expect to get the same quality or something like it, but what they did get the following tale will tell: During the same month and on the same days I bought three hundred samples of milk in London, only 97 of which are as good as the worst of the dairy samples, while 203 samples are watered or skimmed, or both, so as to fall below the worst of these, so that more than two samples out of three are tampered with. The added water ranged from 3 to 61 per cent., 45 containing between 20 and 30 per cent. of water, and 45 more over 30 per cent. of added water. Still the whole truth is not told. Out of these watered samples 57 were skimmed as well, and 21 were skimmed, although not watered. It will be easier to look at these figures when they are brought into money instead of milk, and this is easily done. The area supplied by the London water companies contains a population of about 4,760,000. Taking the lowest possible estimate, we may allow 3½ gallons of milk per head per year, or an average of—say, 1½ oz. per day. At 5d. per quart, the milk bill for this district would be £1,400,000. On this basis the calculation is simple enough. The average of all the milk shows 19 per cent. of added water. At 5d. per quart this comes to £266,000 per annum. And beyond this watering there is the skimming, which is 13 per cent. on the average, and working this out at half that figure, to allow for difference in opinion as to the value of cream, we get £90,000, or a total of £356,000 annually paid by London for milk sophistication."

Proposed Conjoint Examination for Ireland.

The Joint Committee of the Colleges of Physicians and Surgeons in Ireland have adopted the following resolutions, which they have agreed to report to their respective Colleges, who will thereupon decide whether the conjoint examination shall go on:—

1. "That it is desirable that, under certain conditions, the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland should combine so as to give a complete examination in medicine, surgery, and midwifery."
2. "That candidates who pass the combined examinations shall be entitled to receive the licences of the Colleges in medicine, surgery, and midwifery."
3. "That the Colleges do bind themselves not to grant separate diplomas, except to candidates who already hold, in the case of the College of Physicians, a surgical diploma; and, in the case of the College of Surgeons, a medical diploma—the surgical and medical diplomas referred to in this resolution are to be approved by both Colleges."
4. "That the fee to be paid by each successful candidate shall be thirty guineas for the diplomas in medicine, surgery, and midwifery."
5. "That the expenses of the professional examinations shall be defrayed in equal shares by the two Colleges, and that the surplus thereafter remaining shall be divided between the College of Physicians and the College of Surgeons, in the proportion of three to five respectively."
6. "That in the opinion of this Combined Examination Committee the proposed scheme should be based upon the principle of sessional professional examinations."

The Collection of House Refuse.

The National Health Society proposes a method of rendering the atmosphere of large towns less unsavoury, by requesting each householder to burn the vegetable refuse, which can easily be done without smell by first drying it daily under the kitchen fire, and depositing the incombustible dust in metal pails. The part of the vestries is to collect compulsorily from every house weekly—why not twice weekly? The cost of collection—an important consideration—would be greatly diminished by the universal use of the metal pails. However desirable such a method may be, we fear that when it comes to the question of carrying out, it will take its place in that vast limbo of good resolutions peopled with theories.

THE death is announced of a man in the county Monaghan at the age of 102 years.

IT seems that a new anti-vivisectionist organ is to appear, entitled the *Champion*. It is to be written in two languages!

DR. QUAIN has recently been re-elected for a further term of five years as Crown representative on the General Medical Council; and Professor Struthers has been elected to succeed Professor Turner as the representative of the joint Universities of Edinburgh and Aberdeen on the same Board.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 26, Bombay 21, Paris 22, Geneva 17, Brussels 24, Amsterdam 28, Rotterdam 24, The Hague 18, Copenhagen 17, Stockholm 18, Christiania 18, St. Petersburg 25, Berlin 24, Hamburg 18, Dresden 28, Breslau 21, Munich 27, Vienna 24, Prague 29, Buda-Pesth 21, Trieste 26, Rome 21, Turin 18, Venice 22, Lisbon 30, New York 20, Brooklyn 19, Philadelphia 19, and Baltimore 20.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From scarlet fever, 4·7 in Leeds, 2·4 in Newcastle-upon-Tyne, and 2·1 in Preston; from measles, 2·4 in Birkenhead, and 1·9 in Salford; from whooping-cough, 2·5 in Huddersfield and 1·1 in Salford; and from "fever," 2·9 in Blackburn, and 1·6 in Preston. The 46 deaths from diphtheria included 21 in London, 8 in Glasgow, 4 in Edinburgh, 2 in Birmingham, 2 in Liverpool, 2 in Manchester, and 2 in Leeds. Small-pox caused 4 deaths in Sunderland, one in London, one in Liverpool, and one in Wolverhampton.

THE first annual general meeting of the Dublin Medical Students' Club was held last week at the club-rooms, Stephen's Green. It is satisfactory to hear that the club, which supplies a long-felt want to medical students, is in a flourishing condition. It has been established for only nine months, and already it is contemplated to obtain more capacious premises, in order to meet the increase in its members. As yet the institution is not fully developed as a club, being mostly a house of *conversazione* and amusement. It is now the intention of the committee to make provision for the supply of meals to its members. The club is a great boon to medical students; it is well managed, and we wish it every success.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE APPOINTMENT OF ASSISTANT GYNÆCOLOGICAL PHYSICIAN IN THE INFIRMARY, EDINBURGH. — The canvass for this appointment is being actively carried on by the respective candidates, and "first" and "second series" of testimonials are flying about in all directions through the city. There is something not altogether dignified in the proceeding, but, under the circumstances as they exist, the candidates are certainly not to blame. The testimonials are in some cases unique; for instance, we learn that an excellent compilation of one candidate has had "a sale of over 15,000 copies" in America. It is very doubtful if these elaborately-prepared testimonials do any good, for more dependence in Edinburgh is to be placed on being a pious Freechurchman than on any real aptitude for a vacant post. Next to this is, perhaps, a run round the Continental schools for a week or a fortnight, from the professors of which testimonials are, of course, in due time extracted. It is a singular fact that there never is an appointment vacant but some candidate boasts that he has studied under some celebrated foreign professor. How is this? Are *our* professors not good enough? Have the large salaries which they draw from students rendered them idle? Is the teaching in the Continental schools better than in our own? Whatever may be the explanation, the fact remains that more store is placed on these Continental trips than on the reputation of our home-grown produce.

THE COMBE LECTURES.—Dr. Andrew Wilson, F.R.S.E., last week gave the last of a course of six health lectures in Leith. The subject of the lecture was—"Health in its relation to education; physical education and its requirements; and how education may, and why it should, embrace health knowledge." Dr. Wilson is, perhaps, the most successful popular science lecturer in Scotland, and he has done much to popularise and extend a knowledge of the laws of health among the people.

PROPOSED SEWAGE SCHEME FOR INVERNESS.—At the meeting of the Inverness Police Commissioners, held last week, Mr. Willet, C.E., Aberdeen, was instructed to draw up a report as to the best means of disposing of the sewage of the town, and to furnish an estimate of the cost. Mr. Willet made a preliminary survey of the town on Tuesday. The cost of the scheme proposed by the burgh surveyor is over £10,000.

EDINBURGH UNIVERSITY CHEMICAL SOCIETY.—The opening address of the Edinburgh University Chemical Society was delivered on the 28th ult., by the President, Professor A. Crum Brown, in the Agricultural Class room of the University. Taking "Chemical Constitution" as his subject, the lecturer explained the constitution of a substance to be the way in which the constituents were related to one another in the compound. Referring to the various views which had at various times been taken of the constitution of substances, and of the way of investigating the matter, he shortly pointed out the opinions held at different times during the present century, and the nature of the arguments by which each of those views had been superseded by its successor. In particular he illustrated the views of the school of Laurent, Gerhardt, and Williamson, by reference to Williamson's research on Ether, and to Gerhardt's work on the Anhydrides of Organic Acids. At the close Professor Crum Brown was awarded a cordial vote of thanks.

VITAL STATISTICS FOR SCOTLAND. — From the Registrar-General's returns for the week ending Saturday, November 24, the death-rate in the eight principal towns of Scotland would appear to show a somewhat excessive rate of mortality, it being 25·1 per 1,000 of estimated population. This rate is 0·8 above that for the corresponding week of last year, and 1·4 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen—viz., 15·2 per 1,000; and the highest in Glasgow—viz., 29·1 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·1 per 1,000, or 0·5 above the rate for the previous week. The most fatal of these diseases was scarlet fever, the deaths from which were confined to Glasgow and Edinburgh. Acute diseases of the chest caused 140 deaths, or 8 less than the number recorded for the previous week.

Cold in the Treatment of Fevers.—On the 29th ult., before the Glasgow Southern Medical Society, Dr. Cameron, M.P., read a paper on the subject of "Cold in the Treatment of Fevers." Dr. Cameron stated that Dr. Brand, of Stettin, in 1861, had been the first to introduce the treatment of typhoid cases by cold baths, from which wonderful results had since been obtained. In the course of the paper many striking cases of cure by means of cold treatment were instanced, and the investigation of the subject was recommended as worthy of the attention of the faculty in Glasgow, who had generally so much to do with fever outbreaks.

Death of Dr. Kennedy, of Dalkeith.—On Wednesday last, Dr. William John Kennedy died very suddenly in his house at Dalkeith. He was at the dinner given in honour of the Duke of Buccleuch on Monday night, and, though not feeling well, was able to attend to his duties on Tuesday. He retired to bed about six o'clock, and his illness assuming an alarming aspect, Dr. Lucas was called in. Dr. Kennedy, who was only about 36 years of age, was much respected in the neighbourhood. Born at Broughty Ferry, he removed at an early age with his parents to Edinburgh, and received his education at the Edinburgh Institution, and afterwards studied medicine at the University, where he graduated as M.B. and C.M. in 1870. He afterwards proceeded to the Continent, and continued his studies at Wurzburg, Berlin, and Vienna. On his return to this country he made two voyages to China as ship-surgeon, after which he took the degree of M.D. in 1873, commencing private practice immediately after. This he relinquished a few years ago in favour of a commercial occupation.

Health of Edinburgh.—For the week ending with Saturday, the 24th ult., the mortality in Edinburgh was 108, and the death-rate 24 per 1,000. There were 21 deaths under 1 year, and 29 above 60, of which 2 were above 80 years. Diseases of the chest accounted for 56 deaths, and zymotic causes for 16, of which one was due to diphtheria, 5 to scarlatina, and 7 to measles, the intimations of these diseases for the week being 5, 77, and 103 respectively.

Mortality in Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 24th ult., were at the rate of 29 per 1,000 per annum, as against 29 in the previous week, and 28, 21, and 29 in the corresponding weeks of 1882, 1881, and 1880.

St. Andrews University.—At the half-yearly meeting of the General Council of the University of St. Andrews, on Friday last, Dr. Cleghorn was chosen by a majority as assessor in place of Dr. Benjamin Ward Richardson, whose term of office has now expired. A poll was demanded.

Gordon.—Sad Case of Accidental Poisoning.—A sad case of accidental poisoning occurred at Gordon, near Greenlaw, on Wednesday, the 28th ult., by which a little girl, aged nine months, lost her life. It appears that a young lady, named Miss Wood, had been ordered some sleeping powders by Dr. Kynoch, Greenlaw, and the druggist at Greenlaw (to whom the prescription had been sent) enclosed the powders along with another parcel addressed to Mr. John Parves. This gentleman has a daughter whose marriage name is also Wood, and she had been expecting medicine for her child. On receiving the parcel addressed Wood, she concluded that the powders were for her child, and accordingly administered the medicine, the consequence being that the child, having fallen asleep, never woke again, and expired at a quarter past ten the same evening. Such cases as this once again impress on medical men the extreme danger of the administration of opiates to children. We have recently known a practitioner of much experience and ability to prescribe two grains of Dover's powder every six hours to an infant nine months old. Now we have no hesitation in saying that this is dangerous practice. While the quantity of opium that would be thus given to a child would be perilous if reliance could be placed on the uniform strength of the powder, it must also be borne in mind that the constituents of Dover's powder have varying specific gravity, and that on long standing the ipecacuanha and the opium have a tendency to come to the surface, and the sulphate of potash to subside. Too great care cannot therefore be taken in the employment of Dover's powder in infantile ailments.

Literary Notes and Gossip.

Dr. Graham Brown's book on "Physical Diagnosis" has quickly reached its second edition. This is not surprising, as it has the recommendation of Professor Grainger Stewart to sell it.

⁂

Principal Sir Alexander Grant's "History of the University of Edinburgh" is expected to be ready early next year, in time for the tercentennial celebration of the founding of the University.

⁂

We are informed that the meeting of the Linnean Society to-morrow (December 6th) will be devoted to the reading and discussion of a posthumous essay on Instinct by Mr. Charles Darwin.

⁂

Dr. Dohrn's collection illustrating the fauna of the Bay of Naples, which was exhibited at the Fisheries Exhibition, has been purchased for the Cambridge Museum of Comparative Anatomy.

⁂

It is rumoured that Dr. Wyllie is making a most careful collection of the reports of his cases treated in the Edinburgh Royal Infirmary. We hope that we shall soon have to congratulate Dr. Wyllie on the publication of a report of his labours, which will doubtless be of great value, and bear the imprint of so careful an observer.

⁂

A small book on the "Morphology of the Vertebrata," containing a graphic account of the development of the dog-fish, has just been published by Mr. C. Dryden, of Edinburgh. The work should commend itself to Professor Cossar Ewart, whose prelections on this creature form a large portion of his lectures on Natural History!

⁂

The *Archives of Laryngology*, after four years of existence, has ceased to appear. This is not surprising, considering how few specialists in this direction there are to depend upon for pecuniary and literary support; and original researches in diseases of the larynx can scarcely be of such frequent occurrence as to demand a journal for their record; in fact, the day for special journals has vanished.

⁂

Dr. Byrom Bramwell, of Edinburgh, has just produced a Post-Mortem Case Book, published by Maclachlan and Stewart. The book is very well got up, and is undoubtedly very thorough; but, from its extent and its intricacies, we fear its use will not become very general. It would take an operator nearly an hour to read through the five foolscap pages of instructions allotted to each case.

⁂

A new work, "A Study of the Bladder during Parturition," is promised by Dr. Halliday Croom. This and Dr. Hart's Atlas give evidence of a marked activity on the part of obstetric writers to lay bare the secrets and mysteries of the female pelvic organs. When all that can be said has been said, obstetricians will find some difficulty in producing any fresh novelties; but perhaps they may find some occupation in contradicting each other.

⁂

THE *Journal of Education* offered in November a prize for the best list of the ten greatest living English men of letters, with the best work of each. The number of competitors was over 500, and the results of this literary *plébiscite* are tabulated in the current number. The names of the decemvirate thus elected are as follows:—Tennyson (501), Ruskin (462), M. Arnold (453), Browning (448), Froude (391), Swinburne (262), E. A. Freeman (241), Herbert Spencer (235), Newman (192), John Morley (187).

⁂

WE understand that Messrs. W. & A. K. Johnston are preparing an Atlas of Female Pelvic Anatomy, by Dr. Berry Hart, of Edinburgh, which is to contain micro-photographs of special interest, "reproduced by a new and valuable process recently acquired by the publishers," at least, so says an extract from the unpublished preface. A companion Atlas of General Anatomy, by Dr. C. W. Cathcart and Mr. Caird, is also in preparation by the same firm.

⁂

IN the current number of the *Archivio di Patologia Infantile*, published at Naples under the direction of Professor L. Somma, appears the concluding part of an original paper, commenced in the July number, by Dr. W. H. Barlow, of Manchester, "Sulla paralisi cerebrale (O. spastica) dei bambini," very admirably rendered into Italian by Dr. V. Meyer. The communication was written, we understand, at the request of the learned Professor.

⁂

THE Howard Medal of 1883, with £20, has been presented to Dr. R. D. R. Sweeting, Medical Superintendent of the Western District Fever Hospital, Fulham, by the Statistical Society, for "The best Exposition of the Experiences and Opinions of John Howard on the Preservation and Improvement of the Health of the Inmates of Schools, Prisons, Workhouses, Hospitals, and other Public Institutions, as far as Health is affected by Structural Arrangements relating to Supplies of Air and Water, Drainage, &c."

⁂

AUTHORS will be glad to know that a monthly Index to the Copyright Registers at Stationers' Hall now appears in *The Bookseller*. The index is arranged under the titles or subjects of the works entered, so that a glance will suffice to ascertain whether a particular title has been entered. The Index will be of great assistance to authors in enabling them to avoid the use of titles which have already been employed, and they will further contribute to its efficiency by taking care that each of their own works is duly entered.

⁂

WE are said to be very slow in Europe by some of our *confrères* who honour us with an occasional visit from Transatlantic shores, but we have not yet come to the publishing of a medical journal three months after date. In the September number to hand of the *Australian Medical Journal*, the publisher apologises for having omitted to publish the August number, but he promises that it will be ready in a few days, *i.e.*, in October. Paris now boasts of a daily medical journal.

⁂

THE first volume of *Transactions of the Academy of Medicine* in Ireland, has recently come to hand, and is in every way a highly creditable production. We can recall to memory no other Society whose initial volume could lay claim to equal merits with this; and if successive tomes are only on a par—we anticipate they will increase rather than diminish in value—the annual appearance of the Transactions of the Irish Academy of Medicine will be hailed with satisfaction by readers in all parts of the world. We purpose giving a more extended notice later on.

⁂

A PORTUGUESE translation of the Prussian "Handbook of Midwifery for Midwives" has just been published in Lisbon under the title of "Manual de Partos para Parteiras," and has already been accepted as the authorised text-book for pupil midwives in the medico-chirurgical school of that city. The translation, which is from the English version of our esteemed correspondent, Dr. J. E. Burton, of Liverpool, is the work of Senhor Guilherme Maria da Silva Jones, Surgeon to the Hospital de S. José, Lisbon, an author favourably known by his treatises on the Mechanism of Muscular Contraction and on the Pathology of Traumatic Fevers.

⁂

THOSE of our readers who have followed the recent discussion in our columns on "The Philosophy of Voice" will be interested to know that "Voice, Song, and Speech," a practical guide for singers and speakers, from the combined view of surgeon and teacher, has just been issued by Messrs. Lennox Browne and Emil Behnke, through Sampson Low, Son, and Co. It is a handsome volume, well printed and profusely illustrated. The anatomy and physiology are very minute and complete, and owing to the absence of technical phraseology the text is readily comprehensible. The photographs, of which there are many, both of the larynx and soft palate, in the act of singing, may be accepted, quite irrespective of their value to the singer, as triumphs of photographic art, and are of very great interest from many varied points of view.

⁂

MR. LUNN, whose papers in our columns have created considerable interest and discussion, has reprinted them in pamphlet form under the title of "Artistic Voice" (Baillière, Tindall, and Cox, London), with a dedication to Messrs. Sims Reeves, Santley, and Maas. An opportunity is therefore given of deciding by comparison with the foregoing work whether the original views of this author are worthy of acceptance. If true, they would constitute an important revolution in voice cultivation, but we are bound to say that since Dr. Wyllie has repudiated Mr. Lunn's deductions from his experiments no evidence by direct observation has as yet been adduced which would justify us in their unqualified reception. The subject is a difficult one to handle, and the laryngoscope so far has thrown very little light thereon; Mr. Lunn's views are opposed to accepted theories, but, of course, the same may be said of every discovery, and we are not yet in a position to decide.

⁂

THE well-known Medical Diary and Visiting List which is issued annually by Messrs. Letts, Son & Co. is presented this year in a greatly improved form. It is turned out in a handsome morocco cover containing not only pouches but arrangements for holding a few essential instruments and, notwithstanding this, it is neither cumbersome nor over costly. The Diary itself is that with which our readers are familiar, and which experience has proved to be the most convenient for general practitioners, and in its present handsome and handy shape it leaves nothing to be desired to make it the "bosom companion" of the doctor. Its exterior is emblematic of professional respectability The same firm also send us a copy of their Medical Ledger, which is so arranged that a practitioner using their Medical Diary will find his book-keeping reduced to very simple yet adequate limits. The other diaries of Messrs. Letts' are turned out with the same care, completeness, and inexpensive style as usual.

⁂

ANOTHER year's issue, the 38th, of Smith's invaluable Visiting List is before us. It is too well-known to require detailed description; it is not only a visiting list arranged in the most perfect and handy form and capable of serving the purposes of a day book, but it is also a book of reference containing a vast amount of information on a great number of subjects intimately connected with the practitioner's daily routine, and which in a case of emergency may be picked out in a few moments. Amongst other things it contains almanac, table of fees legally claimable by medical men, postal regulations, list of bankers in London, a pharmocopœial companion including in a tabular form the doses of all the medicines of the British Pharmacopœia and other non-official medicines, and a table of the principal poisons and their antidotes. The Visiting List consists of distinct editions for 25, 50, or 100 patients per week to suit every style and extent of practice. Those who have hitherto used this work will not be likely to give it up, and those who have not cannot do better than try it.

⁂

"WIESEN as a Winter Health Resort in Early Phthisis," by A. T. Tucker Wise, M.D. (Baillière, Tindall, and Cox), gives many useful hints to those intending to try Alpine climates. Wiesen is rather more accessible than Davos, and has some advantages over it for quiet people, but at present there are fewer amusements in the place—a defect, if it be one, that will soon be remedied. There are, however, many who will prefer the fewer distractions, and wisely so. We are glad that Dr. Wise has given a chapter on the "drawbacks" of high altitude stations, for it is likely to prevent disappointment, as some persons have gone to these places without the needful precautions. Most of the "drawbacks" can be counteracted, but it is needful to anticipate them. There is an interesting weather-journal with brief notes of comparison with St. Moritz, Davos, and Andermat, printed in a way which renders the comparison easy. We wish the printer had taken more care to render the abundant meteorological tables as easy to refer to. They are, indeed, clearly printed, but as most of them fold together they have to be opened. In a future edition, Dr. Wise should arrange a sized page to contain these or at any rate most of them, and so make his really useful book more attractive. Dr. Wise is not a blind advocate of high altitudes but sees that it is on the way to take a right place with the profession, and admits that it needs time for advocates and opponents to thresh out the subject. His book is a useful contribution.

⁂

New Books and New Editions.—The following have been received for review since the publication of our last list, Nov. 7th :—Diseases, of the Bladder, Prostate Gland, and Urethra (5th edit.), by F. J. Gant, F.R.C.S. Childrens' Diseases: their History and Treatment, by C. E. Armand Semple, M.B.Cantab. The Operative Treatment of Intra-Thoracic Effusion, by Norman Porritt, L.R.C.P. Hints in Sickness, by Hy. C. Burdett. Army Medical Blue-Book for 1881. Elements of Practical Medicine (2nd edit.), by A. H. Carter, M.D. The Teeth: their Formation, Diseases, and Treatment, by J. Gaddes, L.D.S. Note-Book for Post-Mortem Examinations, by Byrom Bramwell, M.D. Medical Diagnosis (2nd edit.), by J. Graham Brown, M.D. Index-Catalogue of the Library of the Surgeon-General's Office, United States (Vol. IV.). The Dissector's Manual, by W. Bruce-Clarke, M.B., and C. B. Lockwood, F.R.C.S. Voice, Song, and Speech, from the combined view of Surgeon and Voice-Trainer, by Lennox Browne, F.R.C.S. Ed., and Emil Behnke.

THE EDINBURGH ROYAL INFIRMARY.

Our Edinburgh correspondent telegraphs that Dr. Halliday Croom was elected on Monday Assistant Physician to the Gynecological Department of the Royal Infirmary, Edinburgh. The other candidates were Dr. D. Berry Hart and Dr. Peter Young. The canvass was unusually active, as noted at page 465 of our present issue.

THE MEDICAL BILL.

In response to numerous correspondents, we give the following brief outline of the Medical Bill of last year, to which we presume the Bill of the coming session will be assimilated :—

1. A divisional board for each division of the kingdom is to be formed by delegates from the licensing bodies therein.

2. That board will have four functions—*a*. To concoct a complete education scheme; *b*. To hold *final* examinations for admission to the Register; *c*. To supervise primary examinations, which will continue to be held by the licensing bodies; *d*. To send forward delegates to the General Medical Council.

3. Licensing bodies will continue to grant diplomas on any terms they please (subject to the supervision of the board), but these diplomas will not be registrable; they will, however, be necessary for anyone going for the *final* examination of the board.

4. The Medical Council will be rebuilt, and reduced in number to eighteen—viz., six Crown nominees, four delegates elected by the profession at large, and eight elected by the divisional boards. Licensing bodies will cease to send representatives.

5. Foreign and colonial diplomas will be registrable under certain restrictions.

6. The law against the fraudulent use of medical titles will be strengthened and its ambiguity removed, but practice by unregistered persons will not be forbidden.

Correspondence.

CHOLERA ON BOARD SHIPS AT SEA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In a recent leader, entitled "Pettenkofer on Cholera and Quarantine, in the columns of a contemporary, the following sentence, apropos of the improbability of this disease being conveyed from Bombay to Egypt occurs :—

"There is (says the article, ostensibly quoting Pettenkofer) no instance of the conveyance of the disease by Indian steamers to Australia or the Cape, or even to Mauritius, though the majority of the passengers by the last line are *coolies*." As regards Australia and the Cape, this is correct, and it is probably owing as much to the character of the passengers and ships, and the duration of the voyage, as to existence of quarantine, which precaution, unless when the disease broke out on board, could not possibly be needed. As regards Mauritius and the coolies, such is not the case, as the following extracts from Surgeon-General Gordon's careful notes will show :—

"Into Mauritius in 1854 it was carried by coolies from India by the ship *Sultang*; into Mauritius in 1856 by the ships *Hyderee* and *Futtah Monbarek*. These vessels severally arrived at Port Louis on the 5th and 8th of January, having coolies on board. Deaths by cholera had occurred on both during the voyage. On arrival the coolies were landed at Gabriel Island. A creole on that Island having been attacked, was landed at Port Louis by the s.s. *Victoria*, and the crew of this vessel being permitted to ramble through the town, cholera broke out, and sacrificed thousands of victims." Again, in Mauritius in 1859, by the *Topaz* from Calcutta.

I will not enter on the subject of the speedy disappearance of cholera from ships at sea, which is at least partially explicable by the facilities existing for the immediate removal of the stools. Nor would I have troubled you with this letter, did I not feel the urgent necessity of at once contradicting any erroneous statement connected with cholera when supported by the great name of Pettenkofer. The endemic theory as applied to Egypt may or may not be right, but it will certainly not be eventually benefited by ignorance of facts tending in the opposite direction.

I am, &c.,

D. H. Cullimore, M.D.

27 Welbeck Street, W.

THE INUNCTION CURE OF SYPHILIS AT AIX-LA-CHAPELLE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The readers of your valued paper have to be congratulated on having had placed before them, by Dr. Hugh Auchinleck, a synopsis, by Dr. Brandis of Aix-la-Chapelle, of the treatment of syphilis in that city. Although I am, in my capacity as physician to the Rescue Society of London, not inclined to say that many cases of syphilis require the inunction treatment recommended by Dr. Brandis, since the vast majority of all the cases I see get quite well after a more or less prolonged treatment with one-grain doses of mercury and chalk, given twice daily, and plain diet, yet it has occurred to me, in private practice, to see some cases of very severe syphilis really greatly benefited by betaking themselves to Aix-la-Chapelle, and submitting to the "inunction cure," so that it would not be fair to the skilful physicians of that celebrated watering place to withhold my testimony to the value of their plan of treatment. It is, I think, especially in cases of severe secondary symptoms, such as headache, iritis, and rupia, that the careful inunction plan of Aachen is valuable, and perhaps, also equally so in syphilitic affections of the brain and cord. In London the inunction plan is not so easily carried out as in Aix at this moment, and hence, is not so often used in such cases.

I am, &c.,
C. R. Drysdale, M.D.

London, Nov. 28, 1883.

◆

SAYRE'S TREATMENT OF CARIES OF THE SPINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Kindly correct the report, in your issue of Nov. 28th, of my remarks made at the Medical Institution on "Sayre's Treatment of Caries of the Spine." I am there reported to have stated that "Sayre had *professed* to be able to do things that could not be done by *professing* to straighten the spine by *his* piece of lead, &c., &c."

Now I said nothing about Sayre's *professing*, nor did I put it *his* piece of lead. What I did say, and this was in reply to a question after my paper was read, was, "that those who saw Sayre's demonstration had their attention drawn away by his curves shown on the board by means of a piece of lead before and after suspension, and missed the really valuable part of the demonstration." Your reporter must excuse my correcting him, but, seeing that I consider every detail that Sayre insists upon of the greatest importance, and that I have read his book carefully many times, and know how very strongly he insists upon not attempting to straighten the diseased curve, I feel it a duty to let the readers of your journal, as well as Professor Sayre, know what really was said by me in reference to Sayre's treatment.

I am, Sir, yours, &c.,
80 Rodney Street, Liverpool. Martin G. B. Oxley.
Nov. 29th, 1883.

[The sentence in our report of the proceedings of the Liverpool Medical Institution, of the inaccuracy of which Dr. Oxley complains, runs as follows:—"By professing to straighten the spine, and by his piece of lead, which, applied to the back before and after the tricing up, showed the degree of straightening, he (Dr. Sayre) had drawn off the attention of people from the really valuable part of the treatment." After giving the words as sent by our reporter, and published by us, we leave it to our readers and those who heard the words originally spoken, to judge which has been incorrectly reported—our correspondent or our reporter.—Ed.]

◆

STONEY MEMORIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At a largely attended and representative meeting of past and present students of the Carmichael College, held on the 9th ult., it was decided to found a memorial to the late Dr. Loftie Stoney, and a committee was appointed to raise the funds necessary for the purpose. It was also decided to invite the co-operation of those gentlemen not present at the meeting, who might be willing to further the movement, which it is intended shall result in the foundation of a memorial prize. A large number of Dr. Stoney's former friends and colleagues having already identified themselves with the movement, I beg to draw the attention of Dr. Stoney's past pupils and friends to the matter, in the hope that they will allow their names to appear as subscribers to the Fund; and as it is impossible to get a complete list of names and present addresses of the many pupils who passed through the late Dr. Stoney's hands, I take the liberty of making known in your widely-circulating journal the object in view, of founding a Prize Memorial Fund in memory of one of our late most popular private teachers; and I feel sure when these lines are read by some of the pupils who attended Dr. Stoney's classes it cannot but recall to them his genial good humour and pleasant witty remarks he was in the habit of using when impressing his practical information on his hearers. A very influential committee has been formed to further the object, composed mainly of Dr. Stoney's former hospital and school colleagues, together with a number of his past pupils. This committee have selected me as one of the Hon. Treasurers in conjunction with Mr. Malcolm E. Thomson, 15 MacMahon Street, Dublin, a post I have a peculiar pleasure in accepting, owing to my long and friendly connection with Dr. Stoney as one of the firm of private teachers. Sums varying from £5 to 5s. have been received up to the present. Any sum sent to me will be thankfully acknowledged.

I am, Sir, yours, &c.,
Lambert H. Ormsby, M.D., F.R.C.S.

4 Merrion Square West, Dublin,
Dec. 1st, 1883.

◆

LARGE DOSES OF ATROPINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Dr. Neale has given a useful warning in your issue of to-day upon the above subject. I have for a long time been in the habit of using atropia sulphate hypodermically for the relief of the colliquative sweating of pulmonary consumption, for which it is an admirable remedy, and possesses the further advantage of not deranging the patient's stomach, often so feeble in the advanced stages of the disease. I find it effectual in doses of from 1-100th to 1-50th of a grain, and the larger of these doses is sometimes inconvenient, from the production of dryness of the fauces, and temporary interference with vision. The largest dose I ever used was 1-20th of a grain, and that quantity was gradually reached in a patient not naturally susceptible to the effects of the alkaloid. To begin with 1-16th of a grain would, in my opinion, be a hazardous procedure, and one likely to be attended by serious, if not toxic effects. The atropia sulphate is, on account of its solubility, more suitable for hypodermic use than the basic alkaloid, and I am taking for granted that it is perfectly pure, which is not always the case with these articles.

I am, Sir, yours, &c.,
F. J. B. Quinlan.

29 Lower Fitzwilliam Street, Dublin,
28th November, 1883.

◆

Notices to Correspondents.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE ROGERS TESTIMONIAL FUND.
(FIFTH LIST.)

To the Editor of the Medical Press and Circular.

Sir,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press*.

Yours, &c.,
J. Wickham Barnes, Hon. Sec.

Poor-law Medical Officers' Association,
3 Bolt Court, Fleet Street, London, November 28, 1883.

Dr. Grimshaw	£1	1	0	E. Marshall, Esq.	£1	1	0
Jas. Crocker, Esq.	0	5	0	C. Macnamara, Esq.	1	1	0
J. B. Bromley, Esq.	1	1	0	Dr. Grove	0	10	0
J. Sadd, Esq.	1	1	0	M. Balding, Esq.	0	10	6
Dr. Woodhouse	0	10	6	A. Roper, Esq.	1	1	0
Dr. Young	1	1	0	Dr. Woodward	1	1	0
B. D. Taplin, Esq.	1	1	0	Dr. Pitt	1	1	0
J. Taylor, Esq.	1	1	0	Dr. Pearse	0	5	0
Dr. Matcham	1	1	0	Dr. Walford	0	5	0
G. Evans, Esq.	0	10	6	E. Young, Esq.	1	1	0
W. Martin, Esq.	0	10	0	Fairlie Clarke, Esq.	1	1	0
R. Fothergill, Esq.	0	10	6	H. E. Norris, Esq.	1	1	0
G. T. Willan, Esq.	0	10	6	Dr. Orton	1	1	0
A. B. Simpson, Esq.	1	1	0	W. G. Marshall, Esq.	1	0	0
Jas. Crisp, Esq.	0	10	6	Dr. J. Watson	0	10	6
J. Odell, Esq.	1	1	0	H. Stear, Esq.	0	10	6
Dr. Collyer	0	10	6	Dr. Jno. Thompson	1	1	0
R. Davison, Esq.	1	1	0	Francis Vacher, Esq.	1	1	0
J. H. Steele, Esq.	0	10	0	Dr. W. Wyke Smith	0	10	0
J. Vallance, Esq.	1	1	0	Lancelot Newton, Esq.	1	1	0

Dr. A. Campbell Clark will please receive our best thanks for his acceptable note.

Mr. Waterman.—Fluoride of calcium is a normal constituent of bone, and occurs also in the enamel of teeth. It confers hardness and brittleness on these structures. In the form of hydro-fluoric acid it is easily prepared in the laboratory from the natural product fluorspar.

K. F.—The communicability of phthisis is not accepted by all observers, many of whom reported to the Collective Investigation Committee that they had not witnessed any certain examples of this mode of origin of the disease. Among this number Dr. Clifford Allbutt, of Leeds, must be included. On the other hand, a very large number of instances to the contrary have been collected and published.

INQUIRER.—The "Sanitary Rose Powder" manufactured by Messrs. Woolley and Co., of Manchester, is the most perfect article of the kind we can recommend. It has many valuable properties.

VACCINATION PROSECUTIONS.

MEDICUS asks us to state if a dispensary medical officer is bound to attend at Petty Sessions both as a prosecutor and witness under Vaccination Act? I have informed (he says) my board of guardians that I will attend only as witness; but their clerk informed me that I was required to attend as both, which I shall again decline.

[You are quite right. It is no business of yours to prosecute, nor, except indirectly, does it matter to you whether the guardians prosecute or not. Your function is discharged as soon as you have reported the default to the guardians, and if your further attention to the matter is requisite it is only as a witness duly summoned.—ED.]

DR. SEDGELEY.—Dr. Macalister's translation of Ziegler's "Pathology" has been recently reviewed in our pages. The second volume of the work has not yet been published.

DR. CARTER.—For treatment of cases in which the application of poultices is undesirable, an admirable substitute is afforded by the substance known under the name of spongio-piline, and which is now very extensively employed in this connection. It is simple, cleanly, and comfortable.

ISLE OF MAN.—You should have no difficulty in procuring what you require from a respectable chemist on the spot; but either of the principal London drug houses will supply the articles on receiving a request to that effect. The papers shall be sent to you direct from the office in future.

WHAT IS A "POOR" PERSON?

J. D. (Belmullet) asks: 1. What is a "poor person" as regards medical relief—(Poor-law) Ireland? 2. Am I correct in supposing that I can successfully sue for fees either the issuer of the ticket or the patient, in case of the latter *not* being a "poor person" within the meaning of the Act?

[A "poor" person is any one whom a dispensary committee may consider entitled to that name. The word was purposely used in the Poor Relief Act to allow of unlimited latitude, and no medical officer can refuse to attend on a ticket, though he may know that the holder of it is not—in any sense—"poor." 2. If the committee cancels the ticket, the doctor can successfully sue either the issuer or the recipient, and there are abundant legal precedents for recovery of his fees. It has never been decided in law whether he can sue if the ticket has not been previously cancelled, but custom requires that this step shall be taken.—ED.]

MR. W. BERRY.—The case presents some points of interest; it shall appear in an early number.

MR. W. J. V. is thanked for the information, which he will see has been utilised.

MR. HY. WALKER, MR. W. Y. BUSH, and MR. J. DEWHURST.—Our exchange list is quite full; we cannot add thereto.

MR. F. M. R.—Mr. Gant's "Diseases of the Bladder, Prostate Gland, and Urethra," a fifth edition of which has just reached us, would be consulted with advantage in the troublesome case you have under treatment.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, DECEMBER 5TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 7.30 p.m., Council Meeting.—At 7.45 p.m., Special General Meeting.—At 8 p.m., Sir W. R. E. Smart, On Scurvy in its Bearings on Explorations at Sea.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown.—Dr. Barnes, On the Mechanism of Labour, especially with reference to Naegele's Obliquity and the Lumbo-Sacral Curve.—Dr. E. S. Tait, On Puerperal Temperature.

THURSDAY, DECEMBER 6TH.

THE PARKES MUSEUM OF HYGIENE.—At 8 p.m., Dr. G. V. Poore, On Coffee and Tea.

HARVEIAN SOCIETY.—At 8.30 p.m., Third Harveian Lecture: Dr. Broadbent, On Prognosis in Heart Disease.

FRIDAY, DECEMBER 7TH.

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—At 8 p.m., Living Specimens: Mr. Stokes, Case of Excision of the Knee-joint for Caries in a patient æt. 36.—Mr. Benson, Case showing appearances of Jequirity Ophthalmia.—Mr. Barton, Case of Double Tibial Osteotomy. Mr. Lambert H. Ormsby, Case of Osteotomy for Genu Valgum. Specimens exhibited by Card: Mr. Thornley Stoker, Wax Cast of Compound Luxation of the Ankle-joint.—Mr. Hayes, (1) Spindle-celled Sarcoma of the Inner Ankle removed by Teale's amputation; (2) Epithelioma of the Tongue engaging the left side of the floor of the mouth, necessitating excision of part of the lower jaw and removal of left half of the tongue; (3) A loose body extracted from the Knee-joint.—Mr. Stokes, Anterior half of the Tongue, Floor of the Mouth, and portion of the Lower Jaw removed for Epithelioma.—Mr. L. H. Ormsby, Tumour of Lower Jaw removed by Excision; Photographs of patient before and after the operation.—Dr. McArdle, Leg removed for Sarcoma of Tibia. Papers: Mr. Thornley Stoker, On Removal of Naso-pharyngeal Tumours.—Mr. Stokes, A Case of Gun-shot Injury with unusual Thoracic Complications.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At 8 p.m., Mr. A. E. Dodson, On Cremation.

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Vacancies.

Addenbrooke's Hospital, Cambridge.—House Surgeon. Salary, £85, with board, &c. Applications to the Secretary before Dec. 11.

Ballymahon Union, Abbeyshrule Dispensary District.—Medical Officer. Salary, £120. Election, December 18. (See advt.)

Clifden Union, Renoyle Dispensary.—Medical Officer. Salary, £120, and fees. Election, December 7.

Coton Hill Lunatic Asylum, Stafford.—Resident Medical Superintendent. Salary commencing at £400, with board, &c. Applications endorsed to "The Committee of Visitors," before Dec. 9.

Edinburgh University.—Additional Examiner in Medicine. Applications to the Secretary, 40 Moray Place, Edinburgh. (See advt.)

Gesto Hospital, Edinbane, Skye.—Resident Medical Officer. Salary, £275, with furnished house, fire, and light. Applications to MacLennan Portree, before December 1.

London Hospital.—Surgical Registrarship. Salary, £100. Applications to the Secretary before December 17, of whom full particulars are obtainable.

Liverpool Northern Hospital.—House Physician. Salary, £80, with board, &c. Applications to Chairman of Committee by Dec. 14.

New Ross Union.—Workhouse Medical Officer. Salary, £40, and £10 as Consulting Sanitary Officer. Election, December 19. (See advt.)

Portsmouth Royal Hospital.—House Surgeon. Salary, £100, with board. Applications to the Chairman of Committee before December 6.

Royal Cornwall Infirmary, Truro.—House Surgeon. Salary, £120, with furnished rooms. Immediate applications to the Secretary.

Victoria Hospital for Children, Chelsea.—Assistant Physician, Honorary. Also House Surgeon. Salary, £50, with board. Applications to the Secretary by December 10.

Appointments

CAIGER, F. F., M.B., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

FOX, W. H. P., L.R.C.P., L.R.C.S. Ed., Resident Surgeon to the Wrexham Infirmary.

GREEN, C. D., M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.

HOWARD, J., L.K.Q.C.P.I., M.R.C.S., Medical Officer for the Altofts District of the Wakefield Union.

ORFORD, J., M.R.C.S., L.R.C.P., Non-resident House Physician to St. Thomas's Hospital.

PARRY-JONES, M., M.B. Lond., M.R.C.S., Resident Clinical Assistant at the City of London Hospital for Diseases of the Chest.

PRITCHARD, E. J., M.B., C.M. Glas., Medical Officer for the Stoke Golding District of the Hinckley Union.

ROULSTON, W., M.D.Q.U.I., M.Ch., Medical Officer for the Crofton District of the Wakefield Union.

SHEPPARD, W. J., M.B., M.S., L.R.C.P., Resident Accoucheur to St. Thomas's Hospital.

WISE, A. T., M.D., L.R.C.P. Lond., Resident Physician to the Hotel-Kursaal Maloja, in the Engadine.

Births.

TONGE-SMITH.—November 27, at 129 Ladbroke Grove, London, W., the wife of Winkworth Tonge-Smith, M.D., of a son.

Marriages.

EVANS—GLYN.—November 29, at St. Gabriel's, Pimlico, Evan Evans, M.R.C.S., to Ada, elder daughter of Wm. Glyn, Esq., of 69 Gloucester Street, S.W.

WILLES—RAWES.—November 28, at St. Andrew's Church, Bath, William Willes, M.R.C.S., of Weymouth, to Emily Kate, second daughter of Dr. W. W. Rawes, Deputy Inspector-General of Hospitals, of Bath.

Deaths.

CROMBIE.—November 26, at his residence, 1 Oakley Square, N.W., John M. Crombie, M.A., M.D., aged 39.

GREAVES.—November 23, at Brighton, William Thomas Greaves, M.R.C.S., late of Penrith, Cumberland, aged 74.

HARPER.—November 29, at his residence, 30 Cambridge St., London, W., Philip Hy. Harper, F.R.C.S., aged 61.

HASLETT.—November 27, at Lahey, Donegal, Samuel Torrens Haslett, M.D.

HASTINGS.—November 25, at the Abbey Green, Chester, Richard Ledsham Hastings, M.R.C.S., aged 85.

JOYNT.—November 24, at Teignmouth, Devon, Surgeon-General Francis G. Joynt, Indian Medical Department (Retired).

LESLIE.—November 25, at Amery House, Alton, Hants, Louis Leslie M.D., aged 61.

PEARLESS.—November 30, at the Colonial Hospital, Georgetown, Demerara, E. Montague Pearless, M.R.C.S., of East Grinstead, Sussex, aged 25. (By Telegram.)

PEARSON.—November 25, at Lincoln House, St. John's Wood, George Pearson, M.D.

TARRAL.—November 26, at Havre, France, Nicolas Tarral, M.D. F.R.C.S., aged 72.

WILLIAMS.—November 19, at Ryde, Isle of Wight, Surgeon J. Williams, M.R.C.S., late Madras Army, aged 86.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 12, 1883.

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A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the Royal College of Surgeons in Ireland

By **ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,**
Professor of Ophthalmic and Aural Surgery in the College;
Ophthalmic Surgeon to the House of Industry Hospitals.

As the lectures of which the following is an abridgement were delivered for the instruction of students, and are now published for the assistance of surgeons in general practice, it will be understood that they are not intended to be exhaustive of the subject, and do not aim at giving expression to original views or investigations, which would be appropriate if I were writing for specialist readers. The fact that the Royal College of Surgeons in Ireland has lately introduced ophthalmology into both the curriculum and the examination for its Letters Testimonial has created a special demand for a plain and brief epitome of the current information on the diseases of the eye and the operations necessary for their treatment. I have, therefore, thought that the publication of such a *résumé* may not be unacceptable to the members of the profession who have neither leisure for studying specialties nor facilities for perusing the literature of the subject, and I trust that these abstracts of my lectures will be accepted for what they profess to be, and that their simplicity of character will thus be excused.

I propose to treat of the various structures of the eyeball, commencing with those most superficial, and concluding with the retina, following then with the diseased conditions of the eyelids and orbit, and, finally, devoting a couple of lectures to the ophthalmoscope, the defects of accommodation, and the means of remedying them. To each section will be prefixed a brief sketch of the anatomy and histology of the structure which is about to be discussed.

The parts which come specially within the domain of ophthalmology are—*a.* The eyeball with its contents and its coverings; *b.* The muscles which give it movement; *c.* The lacrymal apparatus; and *d.* The *tutamina oculi*, comprising the lids and the external protective muscles.

The eyeball regarded as a whole is a hollow chamber, built up of tough inelastic material and filled with semifluid contents. It is almost exactly an inch in diameter, but is not exactly spherical, its anterior sixth—composed of cornea—being a segment of a smaller sphere than the posterior five-sixths, formed by the sclerotic coat, into which the cornea is inserted. The apparent size of the eye differs much in different individuals, according as the opening of the lids is greater or less and the globe more or less prominent, but this variation is not real. Nor does the eye differ much in size according to age, being nearly as large in the child as in the adult. Nevertheless, there are slight differences of size in individuals, the eyeball being in near-sighted persons slightly larger and longer than is natural, while in far-sighted persons it is the reverse.

The eyeball is slung nearly in the centre of the front opening of the orbit, being enclosed in a suspensory fascia which is attached to the orbit at several points and encloses the eye as the kernel of a nut is enclosed in a shell, being, however, attached to it in front. It is grasped by the four recti and two oblique muscles, held back by the optic nerve which enters the eye about a tenth of an inch inside its axis. It is to a limited extent movable, so as to admit of side-way vision without motion of the head, and these movements are effected by means of the six muscles which pass through the suspensory fascia and are attached to the eyeball on its four sides. The eyeball consists of—1. A containing wall made up of the sclerotic and cornea; 2. A vascular coat (choroid) to provide for blood supply; 3. A special nerve coat (retina) to receive the image and transmit it to the brain; and, 4. Certain optical mechanism to give exactness to that image. The containing wall of the eyeball, consisting of the sclerotic and cornea, is covered anteriorly with a mucous membrane called the conjunctiva.

Anatomy of the Conjunctiva.

This membrane lines the inside of the lids, covers the anterior face of the eyeball, and provides the latter with the lubricating material essential for its free movement. As the skin of the face becomes changed to mucous membrane when it is reflected into the mouth, so the skin of the eyelid becomes conjunctiva when it is turned back at the lid border to cover the inner surface. It is, therefore, an epithelial membrane. Like other such membranes, it is, in structure, formed of stellate connective tissue corpuscles packed in a loosely-fibred intercellular substance, and lying on a basement membrane, the cells being of the flattened variety on the palpebral conjunctiva and of the cylindrical variety on the ocular portion of the membrane.

The conjunctiva is divisible into two portions—*a*. Palpebral; *b*. Ocular.

The palpebral conjunctiva commences at the margin of the lid, where the Meibomian glands (about 30 in number) which lie within the tarsal cartilage discharge the oily secretion which prevents the lids being glued together in sleep, and which keeps their edges greased, so as to prevent the tears passing over to the cheek. The conjunctiva is here thick and vascular, and closely adherent to the inner surface of the lids. Passing upwards and backwards for two-thirds of the extent of the lid, the palpebral conjunctiva is then reflected over the surface of the eyeball. The angle of this reflexion is called the *fornix*, or *retro-tarsal fold*, and here the lacrymal glands and a number of racemose glands, known as its accessories, discharge themselves. The space between the lid and eyeball bounded behind by the retro-tarsal fold is called the *palpebral sinus*. The lid conjunctiva is vascular, and is thrown into a multitude of minute papillæ which, in disease, are liable to become hypertrophied and to cause the sensation of sand in the eye, which is specially indicative of conjunctivitis, and eventually to produce the condition known as "granular conjunctiva."

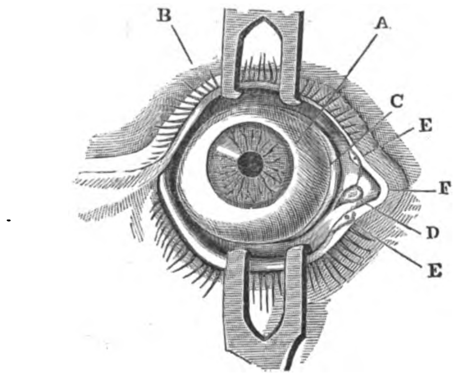

Fig. 1 (Quain).

a Limbus conjunctivalis. *b* Petro-tarsal fold (fornix *c* Plica semilunaris. *d* Caruncula lacrymalis. *e* Puncta lacrymalia. *f* Inner canthus with tarsal ligament.

The ocular conjunctiva is thin, and in the natural state not visibly vascular, and it is so loosely attached to the eyeball that it can be readily moved upon the underlying sclerotic. Its attachment to the eyeball commences a little in front of the equator of the eye, not more than ¼ of an inch from the edge of the cornea. When it reaches the corneal margin it extends a little over the corneal surface, forming there a crescentic margin, called the *limbus conjunctivalis*. This margin being transparent, is not visible in the human subject, but in the horse and other animals it contains pigment cells, and is conspicuous as a brown rim overlying the corneal edge. The epithelial or surface layer is alone carried on over the cornea. At the inner corner (*canthus*) of the eye the conjunctiva is thrown into a small crescentic fold (*plica semilunaris*), which is the analogue in the human subject of the *membrana nictitans*, or winking membrane, which exists in birds. At this spot also are crowded together a number of sweat glands, which discharge their secretion into the follicles of very minute hairs, and form a red elevation called the *caruncula lacrymalis*.

The blood supply of the conjunctiva is twofold—anterior and posterior. The anterior vessels supply the front portion of the ocular conjunctiva, joining the deep vessels of the eye and falling into the anterior ciliary veins; they are derived from the anterior ciliary branches of the ophthalmic artery. The posterior supply is derived from the palpebral branches of the same artery, and it does not join the deep vessels, though it anastomoses with the anterior vessels; it supplies the posterior part of the ocular and *the whole* of the palpebral conjunctiva. While the posterior vessels are irregularly spread through the conjunctiva, the anterior vessels are closely packed, and run in straight lines, and their close connection with the deep sclerotic and ciliary vessels explains the occurrence of the "vascular zone," which is the physical sign specially indicative of all deep-seated inflammations of the eyeball as distinguished from the reticulated vascularity visible in engorgement of the posterior vessels.

The nerve supply of the conjunctiva is derived from the ophthalmic division of the fifth nerve, and is greatest on the palpebral surface and at the limbus conjunctivalis. It is much less in the neighbourhood of the retrotarsal fold, so that in this position foreign bodies, which would cause excessive irritation in other positions, may remain without much inconvenience. The nerves are found to end in minute terminal knobs, which lie beneath the epithelium, and the connection with the remaining twigs of the trifacial, especially the ciliary nerves, is very close, from which it results that the irritation arising from ulcers of the conjunctiva is reflected back to the retina and gives rise to much retinal hyperæsthesia—intolerance of light and abundant lacrymation, which symptoms are, therefore, prominent in the herpetic and phlyctænular ulcerations of the conjunctiva and cornea.

The lymphatics are very abundant in the conjunctiva, and its power of absorbing applications made to it is, therefore, remarkable, as may be judged by the rapidity with which an infinitesimal dose of atropia produces paralysis of the iris. I have seen a rabbit killed in seventy-five seconds by the absorption of a single drop of strong prussic acid introduced within the conjunctival sinus. The lymphatics converge in a thick network towards the corneal margin, where they coalesce in a long lymphatic vessel, which forms a ring round the periphery of the cornea. These are ultimately connected with the sublingual glands.

Hyperæmia of the Conjunctiva.

Before referring to the actual inflammations of the conjunctiva, it is necessary to deal with the congestion of the membrane known as *hyperæmia*.

In this condition the conjunctiva appears slightly pink in colour and suffused with water, a few of the surface vessels at the back of the eyeball being enlarged. There is no pain, but a sensation as if an eyelash were inverted, or occasionally as if a minute grain of sand was under the lid. There is no loss of sight, except so much as may be occasionally produced by the excessive amount of tears interfering with the vision. The inner surface of the lids shows abnormal vascularity, and, if the hyperæmia has existed for some time, the enlargement of the papillæ presents an appearance of very minute granulations, as if the lid had been dusted with fine sand. There is some intolerance of light, and the patient complains that cold wind or much light causes both watering and a feeling of heat and fatigue in the eyeball.

Hyperæmia may arise from either local irritation of the conjunctiva or from constitutional condition. Amongst the local causes may be mentioned—irritation of the eye by smoke, inverted hairs or other foreign bodies in constant contact with the eye surface, or, as frequently happens, the constant overflow of tears which occurs in disease of the lacrymal apparatus. Two constitutional conditions especially give rise to it: *a.* Inertia in the liver and portal circulation; and *b.* Strain of the accommodative apparatus in its effort to overcome some optical fault of the eye.

The hyperæmia from portal obstruction is most usually observed in elderly persons of indolent or intemperate habits, and for it, active treatment suitable to relieve the liver is indicated. I have found podophyllin with aloes specially useful, accompanied with saline waters and a regulated dietary. Turkish baths are in these cases very beneficial, and personal exercise should be prescribed.

Accommodative hyperæmia is extremely common and is often the only symptom of accommodative deficiency of which the patient is conscious. Faults in the optical condition of the eye may be suspected whenever the patient complains of the hyperæmia being worse after prolonged eye-work in the evening or when the trouble is confined to one eye. It is usually found in such cases that the eye is either hypermetropic, presbyopic, or astigmatic, and that proper spectacles have not been used. In these cases the ciliary muscle is called upon for an excessive effort to overcome the error of accommodation, and becoming excited by the effort its irritated condition is reflected through the ophthalmic division of the fifth nerve back to the conjunctiva. In such cases, and, indeed, in all cases of hyperæmia, the refractive condition of the eye should be carefully examined and any error adjusted by spectacles; but this will usually be insufficient to cure a long-standing hyperæmia because the papillæ of the lids will have become slightly enlarged, and this condition must be brought right by means of astringent applications, such as a solution of nitrate of silver, 10 grains to the ounce, brushed on the evertid lid surface. The repeated instillation of atropine is also useful because it suspends the accommodation, and relieves the fatigue of the ciliary muscle.

Inflammations of the Conjunctiva (Ophthalmia).

Inflammations of the conjunctiva have hitherto been known under the general term "ophthalmia," which must not be confounded with "ophthalmitis," the term used to designate inflammation of the eyeball and its structures.

These inflammations may be classified as—

a. Idiopathic muco-purulent.
b. Contagious muco-purulent.
c. Diphtheritic.
d. Herpetic or Phlyctenular.

Idiopathic muco-purulent Ophthalmia.

The conjunctiva being in the nature of a mucous membrane, its inflammations are characterised by the same conditions as those of the mucous membranes of the nose, throat, or other situations. They begin with the catarrhal stage, marked at first by dryness, itching and smarting of the eye and more or less swelling of the lids, but no aching pain; then comes excessive exudation of water similar to that which occurs in coryza, and finally an abundant discharge of mucus. The eye looks red and is suffused with water, and a few distinct engorged blood vessels are visible on the brilliant white background of the sclerotic coat. The sight is not affected except by the occasional interposition of mucus on the surface of the cornea, and the colour and mobility of the iris are unimpaired. The abnormal sensation is limited, as I have said, to the feeling as if a grain of sand were irritating the eye, a sensation which is so pronounced that many patients will attribute the attack to the intrusion of some foreign body between the lids, and will be difficult to persuade that there is nothing which can be removed so as to give relief.

Characteristics of Conjunctival Vascularity.—The appearance of the vascularity in muco-purulent inflammation of the conjunctiva, of which an illustration is subjoined, is characteristic as a means of diagnosis between the superficial and deep diseases of the eye. It will be observed that the blood vessels are in greater number and size at the back part of the eyeball, which presents a vivid vascular network where the posterior blood supply of the eye anastomoses with the anterior, and they are backed by the sclerotic coat clearly visible between the meshes of the anastomosing vessels, and in uncomplicated cases, perfectly white. Close to the edge of the cornea the network is much closer, and the sclerotic less visible. When the inflammation also engages the sclerotic and ciliary vessels and is deeper seated, as in the appended illustration, this whiteness of sclerotic is lost, and the entire eye has a dark pink or lurid red look, and the region close to the corneal margin is marked with a well-defined pink zone known as the "vascular zone," the vessels being minute but very numerous, and running in straight lines converging toward the conical edge. The peculiar vascularity which indicates conjunctival inflammation is often obscured in the more severe cases by the swelling of the membrane, this condition being especially visible on the inside of the lid.

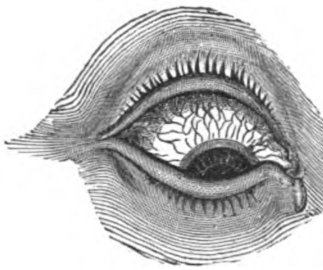

Fig. 2. Simple conjunctivitis (Wardrop).

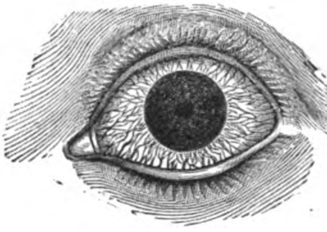

Fig. 3. Sclerotic vascularity (Mackenzie).

When the catarrh of the conjunctiva passes into the muco-purulent stage the foregoing symptoms are all aggravated, and to them are added the tumefaction of the lid, known as *chemosis*, and the purulent discharge. In the milder cases this discharge amounts only to an occasional flake which accumulates under the upper lid, and slipping down, hangs about the inner canthus, as is shown in the foregoing illustration, and the chemosis is only a slight puffiness of the lid, but as the intensity of the disease advances, the lids become enormously swollen and brawny, so much so that it is with the greatest difficulty that they can be opened sufficiently to view the eyeball, and they assume a deep purple colour. The adjoining cut illustrates this condition. This amount of lid chemosis may be regarded as a very serious symptom, and as indicating not only acute conjunctivitis, but also a probability of the extension of the disease to the deep structures of the eye and cellular contents of the orbit. The chemosis of the ocular conjunctiva when first developed is a general œdema, but the membrane is thrown into ridges and folds of a deep scarlet colour. At the corneal margin of the conjunctiva the chemosis has a well-defined limit, the cornea being itself free from conjunctival covering, and therefore, free from the swelling. Around its edge, therefore, the chemosed conjunctiva appears in a thick ridge and the cornea itself has the appearance, indeed, of being sunk in a deep pit of swollen conjunctiva, and is, here and there, overlapped by it. This condition is shown in the attached illustration. The ocular chemosis in its worst condition is sometimes so great that it presses out between the lid, and sometimes even everts the entire conjunctival sac which lies upon the cheek like a purple bag of water.

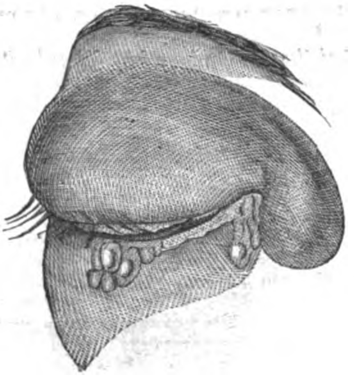

Fig. 4. Lid chemosis (DALRYMPLE).

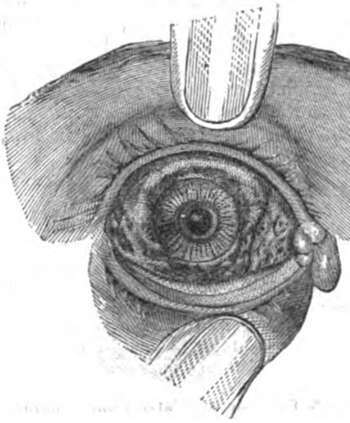

Fig. 5. Ocular chemosis (DALRYMPLE).

This chemosis is the most troublesome and dangerous adjunct of a conjunctival inflammation, for it impedes access to the eye, prevents the exit of unhealthy discharges and imperils the vitality of the cornea. The sloughing of the cornea is the result to be apprehended when it appears sunk in the conjunctival pit, for in that case, the circulation around the cornea is constricted, and its nutrition interfered with to such an extent that sloughing and gangrene of it, with consequent total loss of the eye, is imminent. When this fatality is threatened the cornea assumes a peculiar hazy appearance resembling muffed glass, as shown in the above illustration, and if the disease progresses its edge first becomes infiltrated with pus which gradually extends throughout the structure, and a partial or complete slough is established, which results in perforation of the cornea and escape of a part or the whole of the contents of the eyeball.

(*To be continued.*)

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A STAINED glass window to the memory of the late Dr. Robert Druitt, author of the *Surgeon's Vade Mecum*, is about to be placed by Mrs. Druitt in Wimborne Minster.

NOTES OF A FAMILY PRESENTING, IN MOST OF ITS MEMBERS, CERTAIN DEFORMITIES ABOUT THE JOINTS OF BOTH LIMBS.

By R. J. PYE-SMITH, F.R.C.S.,
Surgeon to the Sheffield Public Hospital and Dispensary.

A YOUNG MAN, admitted into the Sheffield Public Hospital and Dispensary, in July last, on account of diffuse cellulitis of the left axilla and chest, following a wound of the left middle finger, was found to have his right radius dislocated backwards at the elbow. On inquiry it seemed that the dislocation was congenital, and that a sister of the patient had a similar condition of the left elbow. This sister was shown at a meeting of the Sheffield Medico-Chirurgical Society, on Nov. 8th, 1882. The mother was quite positive that both children had been born with the deformity, and she stated that nearly all her children had more or less similar deformities about their joints. Most of the members of the family have been examined, and none of them have been found free from joint deformities except the mother. The defects have evidently been inherited from the father's side, for he states that *his* father was similarly affected, and also the children of his father's brother; his father's sisters were not affected.

The following notes give the peculiarities observed in the limbs in the different members of the family:—

Benjamin S., the father. *Upper Extremities:* The internal condyle of the humerus and the olecranon process of the ulna are very prominent on both sides. On the right side, supination of the hand cannot be fully effected. The fingers of both hands are thick and short, and can be over-extended. *Lower Extremities:* The patella in both knees slips outside the external condyle in flexion. Both feet are contracted in the sole, making the tarsal arch short and high.

Ellis, first child. *Upper:* Left olecranon very prominent.

A daughter, second child, died young. *Upper:* Right finger nails said to have been ill-developed.

William, third child, not seen, said to be free from deformities.

Edward, fourth child (the patient). *Upper:* The head of the right radius was dislocated backwards, projecting behind the external condyle of the humerus as far as the tip of the olecranon. The ulna and radius were of equal length. The joint could not be fully extended, and when as much extended as possible the forearm was considerably abducted at the elbow. The hand was semi-pronated and could not be supinated, but it was capable of further pronation. (*a*) The left elbow was normal. The fingers of both hands were short and the nails ill-developed. *Lower:* The right lower limb was smaller than the left, measuring half an inch less in length, the right foot was also stunted and half an inch shorter than the left. The nails on both feet were poorly formed.

Sam, fifth child. *Upper:* Both internal condyles very prominent. Supination incomplete in both limbs. Nails ill-developed in both hands. *Lower:* Knees large, especially left.

Sarah Ellen, sixth child, (the case shown at the Society). *Upper:* The head of the left radius is dislocated backwards, and the radius is almost as long as the ulna. Extension cannot be quite fully made, and supination is very incompletely performed. The right elbow is normal, except that supination cannot be fully performed. The fingers of both hands are short and capable of over-extension. The finger nails of both hands are imperfect. *Lower:* Normal. (*b*)

(*a*) This patient died in the Hospital, and Dr. Sinclair White, the House Surgeon, made a careful dissection of the elbow. The lesser sigmoid cavity of the ulna and the orbicular ligament were absent. The head of the radius lay in a pouch of the posterior ligament, between which and the skin a bursa intervened. The specimen was sent to the Museum of the Royal College of Surgeons.

(*b*) This woman is married and has three well-formed children, but a fourth (not living) had a contracted foot and ill-formed thumb nails.

Tom, seventh child, not seen, said to be well made.

Ben, eighth child, not seen, said to be free from deformities.

Mary, ninth child, died young. *Upper:* Finger nails said to have been ill-developed.

John Thomas, tenth child, dead. *Upper:* Finger nails said to have been ill-developed.

Mary, eleventh and last child. *Upper:* The elbows cannot be fully extended—both arms. The fingers of both hands admit of over-extension, and the nails on both hands are ill-developed. *Lower:* During flexion, in both knees, the patella slips outside the outer condyles.

It will be seen that out of the eleven children, eight have presented deformities in one or more limbs, and as regards the three not seen, but reported to be free from deformities, it is not improbable that examination might reveal some of the minor defects. The youngest of the family is nearly adult, and most of the members are tall and healthy-looking.

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THE EFFECTS OF UNHEALTHY OCCUPATIONS AND THEIR AMELIORATION. (a)

By ANDREW SMART, M.D., F.R.C.P.E.,
Assistant Physician to the Royal Infirmary, Edinburgh; Lecturer on Clinical and Practical Medicine in the Medical School.

Dr. Smart, at the outset, said his subject did not include the professions, but he indicated that, as a rule, the clergy were the longest lived among the people; the legal profession came second; while the average life of medical men fell considerably short of either. Nearly all trades and manufacturing processes are attended by the evolution of dust, or of volatile particles more or less considerable, and more or less hurtful. Persons habitually breathing a dust-laden atmosphere of this kind acquire a liability to diseases of various sorts; but as the inhaled dust is necessarily, in every instance, brought into contact with the lungs, it is accordingly the pulmonary organs that chiefly suffer in the end. Speaking in the first place, of the effects of metallic dust, Dr. Smart instanced the steel-workers of Sheffield. Upon entering one of the busy workshops of Sheffield, amid the turmoil of machinery, with its stifling atmosphere charged with minutely pulverised dust, emitted by hundreds of wheels, any one unaccustomed thereto would experience the greatest difficulty in breathing, and would have a practical experience of the cause why few, if even one, of all the workers there would ever reach his fortieth year. The average duration of life among the dry-grinders of forks is twenty-nine years; of razor-grinders, thirty-one years; edge-tool grinders, thirty-two years; spring-knife and file grinders, thirty-five years; and saw and sickle grinders, thirty-eight years. The cause of this excessive mortality is apparent. In every hundred sick among the needle-makers, seventy are consumptive; and among the file-makers sixty-two in the hundred are consumptive; and, taking the steel-grinders all round, rather over forty in the hundred are consumptive. In the same way, Dr. Smart pointed out the effects of their occupation on workers of copper and white lead. Consumption among them is the predominant disease; and in every 100 sick lithographers, for instance—workers in copper—one-half nearly (38·0) are consumptive. In pointing out the effects of mineral dust, Dr. Smart said that notoriously over-topping all the other dusty occupations in their effects upon life and health were those of the grindstone makers, flint cutters, and glass polishers. The condition under which their work is carried on is in the highest degree favourable to the production of pulmonary disease. They work in an atmosphere loaded with sharp spiculæ, which lacerate the lungs, and quickly induce consumptive disease. Every grindstone-maker is cut down with it at, or soon after the age of twenty-four. Hardly one escapes. The flint cutter and glass polisher have each eighty deaths per hundred sick of consumption, and their average life is under thirty years. Again the stone-cutters—a term equivalent to that of our stone masons (not builders)—terminate their average life at the age of thirty-six years—thirty-six in every hundred sick being consumptive, The occupations which are productive of vegetable dust include a somewhat promiscuous and apparently incongruous variety of workers. Among these we have the cigar-maker and the tobacco and snuff-worker. Although they enjoy an average life of fifty-five years they, nevertheless, head the list with thirty-six cases of consumption in every hundred. Amongst the different classes of workers in textile fabrics, the weavers engaged in the cotton, flax, and hemp branches are unquestionably the chief sufferers. It is stated on the best authority that three-fifths of the flax mill workers of Belfast—the chief centre of that textile manufacture—are consumptive. In other words, sixty in every hundred die of that disease. The average life of the weavers of this restricted class is forty-four years, whilst that of weavers in general is about fifty-seven. Carpenters, joiners, and cabinet-makers are affected by their dusty occupations—each group having fourteen consumptive cases in every hundred. It is generally believed that the coal miner's occupation is one most highly productive of pulmonary disease, and on that supposition, when consumption occurs in the coal-miner, it is designated "miner's phthisis." He felt bound to state that in his experience—hospital and otherwise—he had not been able to confirm this prevalent belief, nor did he believe it to be well-founded. In every case of so-called "miner's phthisis" which he had seen, there has been a distinct family history of the disease. A man predisposed hereditarily to consumption developes it not more readily as a coal-miner than in any other employment. The black expectoration seen in miner's consumption proves no more than that the coal dust has reached the lungs—certainly not that it is the cause of the disease. Coal dust—or, to call it by its proper name, carbon—from its highly antiseptic properties acts as an excellent protective to the pulmonary organs. They would notice, perhaps with surprise, that among twelve hundred sick miners only one case of consumption occurs. In illustrating the effects of animal dust, the lecturer brought out figures in the same way. The percentage of consumption among brushmakers is 49·1; hairdressers, 32·1; skinners, 23·2; tanners, 16·2; hatters, 15·5; buttonmakers, 15·0; harness-makers, 12·8; cloth-makers, 10. After describing the asthmatical and bronchial affections induced by inhaled gases of an irritant character, Dr. Smart proceeded to speak of the effects of constrained bodily position, restricting attention to three well-known classes—needlewomen of every class, tailors, and shoemakers. They suffer from consumption in a nearly equal degree. The tailors and needlewomen have each nineteen deaths from consumption per hundred sick. The shoemakers fall short of that number only by a fraction, being 18·7. Speaking next on the effects from poisonous metals, Dr. Smart illustrated the subject by exhibiting a favourite and much-used arsenical wall paper, which, in an ordinary-sized room, would contain 20,000 grains of arsenic, which was easily detached, and diffused through the room as dust. Hair restorers and face enamelling were liable to similar objections. On this point he suggested legislation, such as that recently adopted in Germany, for the restriction of the manufacture of those poisonous colours and pigments. Carefully scanning the various employments embraced by the entire industrial class, he reckoned that a proportion of one-tenth of their number suffers—that is, 850,000 are thus exposed to the injurious effects of their occupations. The first and immediate effect of this is that every member of this 850,000 has his life reduced to an average of forty-five years. Taking sixty years as a fair average standard to which each ought to attain in favourable surroundings, we observe that each of these workmen loses fifteen years of his working life. It therefore follows, as three times fifteen complete the average life of forty-five, that every fourth man of the number above stated drops out of account as completely as if he had not existed. The practical result of this mode of computation is, that 212,500—a number nearly equal to the inhabitants of this city—are struck out of the roll of life, and absolutely lost to the State during the whole period of their lives. In the face of an evil of such increasing magnitude, there could not be any remedy short of its prevention. In the meantime, however, those who, in increasing numbers, were seeking for help must be cared for, and on this point Dr. Smart spoke of the extreme desirability, and even necessity, of instituting a consumptive hospital in Edinburgh. Whilst London has its half-dozen hospitals for consumptive cases, and other considerable cities are not without some provision for them, Edinburgh, which owns a great medical school, is, it must be confessed, in the position of not having a single bed set apart for so necessary an object. It would be a great and truly useful work to devote an edifice to so benevolent a purpose, and to the good Samaritan who shall do so there shall be the reward, not of the approbation of his fellows, or the thanks of the medical profession, or the lasting gratitude of those who shall reap its benefits, but the enviable consciousness of a deed that shall perpetuate the relief of a sadly numerous and interesting class of sufferers. Proceeding to discuss the means of preventing the effects of unhealthy occupations, Dr. Smart said the problem to be solved was this:—How to environ each worker in the prosecution of his work with a pure atmosphere? It was not for him to undertake the solution of this problem, because he held that to be a matter for which the responsibility rests upon the Legislature. He was nevertheless free to express his confident conviction that this result appeared to be only a question of certain simple, practical, mechanical adjustments, requiring no effort of genius, or even outlay, where there is so much already existing machinery. The Legislature having, by means of the Factory Acts and otherwise, assumed the responsibility of regulating much in connection with our great industries, it would seem that we must necessarily fall back upon Government regulation and control as the only available remedies for these evils. Previous to the passing of the Factory Acts the ill effects of their work upon the health of the workmen were so notorious that, in response to the wish of the country, a Commission was appointed in 1833 to inquire into their causes. The Factory Acts were at that time undoubtedly a great boon to the people; but it is evident that they are not now fitted to accomplish the object for which they were intended in the sanitary regulation of our industries. The facts eliminated prove this, and also that an inquiry is urgently necessary. The vast increase in the country's industrial resources and population since 1833, together with corresponding improvements in machinery and in chemical appliances, have altered the entire complexion of our industrial occupations, and have led to insanitary conditions which demand a remedy as much as did those for the removal of which the Factory Acts were originally passed. There is no *à priori* cause why our countrymen more than others should be addicted to intemperance, except it be through their unhealthy occupations superinducing a condition—a disease he called it—which craves for drink. It might be well if our social reformers would regard our prevailing intemperance from this point of view, for he was satisfied that it is an incredibly fruitful, if not the chief, source of it. It was his contention that our great operative industrial class was entitled to be cared for and protected as to their health in the pursuit of their avocations. Labour and capital were the two pillars upon which a free commonwealth rested. Disease paralyses labour and wastes capital. It ought, then, to be the primary object of an enlightened State to prevent disease, preserve health, and prolong life, and to maintain the whole people in the highest efficiency, alike for the labours of peace or the struggles of war.

(a) Lecture delivered under the auspices of the Edinburgh Health Society, November 24th, 1883.

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ABSTRACT OF A CLINICAL LECTURE ON PUSTULAR OPHTHALMIA.

By Professor JAGER, of Vienna.

This child holds its head bent forward; the look is directed downwards. If the head is now raised, the eyelids are pressed firmly together, so that the edges of them can only be separated with great difficulty. Photophobia is stamped on these appearances, so high a degree of which is never encountered but in pustular affections of the eye. The lids are slightly swollen, œdematous, and the edges reddened; they are moistened; in some places the epithelium is wanting. The redness of the edges is caused by continued contact with the secretions from the eye. The secretion is seen, too, in part dried to a crust—a proof that not only tears, but mucus, is secreted. The conjunctiva is everywhere injected, least so over the sclerotic portion. As far as can be seen through the almost closed lids, the cornea is slightly cloudy. No vesicle is seen, however; probably it lies towards the upper border of the cornea, and is still covered by the lid. We will not torture the child, but be content without seeing it; the diagnosis is certain without it. If we ask after the cause of the affection, generally speaking a dyscrasia — scrofula—must be pointed out. We do not find much of scrofula, at any rate, in this child. The face is not puffed up, nor is the nose; the lips are but little swollen, and no swellings of lymph glands are to be seen. The colour of the child's face is, however, extraordinarily pale, and the skin feels peculiarly soft. As regards therapeutics, your principal aim should be to improve the general condition. In scrofula cod-liver oil is a favourite remedy. I am not particularly partial to it. It is certainly a good food, more valuable than an equal quantity of meat. This was once shown in Munich. A very considerable famine prevailed amongst the lower classes, and many cases of pustular ophthalmia came under treatment. The physicians prescribed cod-liver oil, and it was soon evident that these children bore the famine much better. They appeared to be better nourished, so that the people besought the physicians to order cod-liver oil for their children that were not ill. If, however, people are in a position to give their children good roast meat regularly, it is certainly to be preferred to the best cod-liver oil. There are, moreover, many individuals who do not bear it well—the smell and taste are objectionable. On the other hand, there are again children who take it with pleasure, from whom the bottle has to be hid, as they would otherwise get it by stealth, as other children go to the honey-jar. As regards local treatment, diligent cleansing of the eyes and washing away of the crusts are the most important. For this purpose distilled water may be used, or water that has been boiled, or infusion of marsh mallow. If the general condition of the child is improved by this alone, very good results have already been achieved. Calomel inspersions are also of real service, especially if the inflammations have not a hyposthenic character. Calomel acts mainly in such cases mechanically, and its activity is greatest when the pustules have already become converted into ulcers. But the main thing is nourishment. Unless the general health is improved, no success can be expected from any treatment. If we group together the medicinal treatment, it is as follows:—Calomel, iron, quinine, and to these, cleanliness about the eyes. But is not atropia indicated? Only when very violent inflammation of the cornea is present, is there any sense in the use of atropia. Atropia is used far too frequently. If a patient suffering from any eye affection comes to a physician, and he does not know what to prescribe, atropia, belladonna, and mercurial ointment are always at hand. If the physician does no harm by prescribing these—if he does his best in other ways—then the employment of these remedies should not be taken amiss. But they should be taken away from the man who is satisfied with the use of them, and believes he has done all that can be done, in order that his endeavours in other directions may be aroused. Such physicians believe that they have in atropia, calomel, and mercurial ointment medicines that are serviceable in all eye diseases, just as in former times every one resorted to bleeding in general disease, gave purgatives, or otherwise acted according to rule of thumb.

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Clinical Records.

THE MIDDLESEX HOSPITAL.

Three Cases of Gastrostomy for Epithelioma of the Œsophagus.

[For the Notes of these Cases we are indebted to Mr. W. Roger Williams, F.R.C.S., Surgical Registrar.]

Case I.—Under the care of Dr. Cayley and Mr. Hulke, F.R.S.

A small man, æt. 42, exceedingly emaciated, admitted into the hospital, under the care of Dr. Cayley, on December 21st, 1882. He then complained of a sharp, piercing pain at the mid-sternal region, and of complete inability to swallow solids: fluids—even water, could only be swallowed in small quantities, and with the greatest difficulty. He had a frequent hacking cough, with abundant muco-purulent expectoration: bronchial breathing: and moist râles were heard over the upper lobe of his right lung. No enlarged glands or tumour could be detected in the neck or elsewhere. Pulse 80: temp. 100·2°. He stated that he first felt pain in swallowing and some difficulty 14 months ago. For the last 6 months, he said, he had been unable to swallow any solid food; and 10 days ago there supervened great difficulty in swallowing even fluids. He had fistula in ano 11 years ago, and 6 years later hæmoptysis. No family history of cancer, tumour, or phthisis.

Mr. Hulke saw the patient on the day after his admission, and attempted to pass the stricture, which was situated very low down, with an œsophageal bougie the size of a No. 10 English urethral catheter; but in this he failed. Gastrostomy was advised, but declined. He was kept alive for a week with nutrient enemas and suppositories; not without loss of strength, however, though he managed to swallow considerable quantities of milk and iced water. Being then very feeble and weak he agreed to submit to the operation. Since admission the temperature had ranged about 1° above normal.

On December 28th, the anterior wall of the stomach was exposed in the usual way, by making an incision 2½ inches long, from a point a little below and to the left of the tip of the xiphoid cartilage, downwards and outwards, parallel with the costal margin, and at a finger's breadth interval to it; and it was then united to the peritoneum surrounding the edges of the wound by half-a-dozen sutures.

Two days later the operation was completed by making a small incision into the stomach, and some liquid food was introduced. He died 24 hours later of exhaustion. The temperature and pulse range after the operation remained about the same as before it.

At the *necropsy* by Dr. Fowler, on the following day, the body was emaciated to an extreme degree. At the lower end of the gullet, close to the stomach, there was an annular epitheliomatous ulcer, narrowing the passage, so that it would admit nothing larger than a No. 12 English urethral catheter. On section the diseased part was hard and white, and small nodules could be seen infiltrated in the muscular coats. For a few inches above the ulcer the gullet was pouched, but in the rest of its extent it was normal. Below the upper part of the left costal arch, in the usual gastrostomy position, was an oblique wound 2½ inches long. Its middle third remained open, and an india rubber drainage tube passed through it into the stomach, these parts being kept in proper position by six sutures. On cutting the abdominal wall at this spot, a considerable extravasation of blood was seen in the adjacent part of the rectus muscle. The anterior wall of the stomach was firmly united to the parietal peritoneum around the wound. The liver also was slightly adherent here to the parietal peritoneum. There were no signs of peritonitis. A fistulous opening, the size of a goose quill, was found in the anterior wall of the stomach midway between the curvatures, but considerably nearer the pyloric than the cardiac end. Viewed from within, its orifice was hardly perceptible, being covered by the loose folds of the surrounding mucous membrane. The cardiac part of the organ was somewhat dilated, and contained about two ounces of dark brown grumous fluid. The rugæ were well marked, their summits injected and ecchymosed, especially in the vicinity of the fistulous orifice. In the posterior wall of the organ, near the pylorus, was a secondary cancerous nodule the size of an olive. On section it presented a firm, white, and glistening appearance. There were two similar nodules in the right lobe of the liver, and several smaller ones like them, in the adjacent parietal peritoneum, and in that covering the bladder. Old pleuritic adhesions existed over both lungs. The right pleura was greatly thickened throughout and of cartilaginous consistency. The bronchial glands were enlarged. In each upper lobe there was an old phthisical cavity, as well as old collections of caseous matter, and throughout both lungs there were recent tubercular deposits. The capsules of both kidneys were slightly adherent. The other organs examined presented no noteworthy changes.

Case II.—Under the care of Mr. Pearce Gould.

An extremely emaciated, dark-haired woman, æt. 40, but looking much older, admitted into the Hospital on July 11th, 1883, in a very weak and exhausted condition, complaining of inability to swallow either solids or liquids. Her breath was foul, and she weighed only 4st. 10lbs. There were some enlarged glands at the root of her neck. Pulse, 84; temp. 99·8°. On attempting to pass a small œsophageal bougie, it stopped dead behind the middle of the sternum. She said she first noticed difficulty in swallowing solids about a year ago. This had gradually been getting worse ever since. Three months ago she found herself unable to swallow any solids at all. During the last month she had experienced the greatest difficulty in swallowing even liquids. Under these circumstances gastrostomy was advised, meanwhile she was fed with nutrient enemas. On the following day, the patient being anæsthetised, an incision was made in the usual position under the left costal arch, and the anterior wall of the stomach was stitched to the edges of the wound. The same evening the temperature rose to 100·2°. Subsequently it remained sub-normal, on the morning of her death being only 96·8°. On the fourth day after the preliminary operation, the stomach was opened, and food administered. She died exhausted twelve hours afterwards.

At the *necropsy*, by Dr. Fowler, on the following day, the body was exceedingly emaciated. The gullet was normal for its first six inches, at this point a narrowing commenced, which extended downwards for 2½ inches: this was caused by an ulcerated epitheliomatous growth, involving its whole circumference, to such a degree that the passage only admitted a small probe. There was marked dilatation of the œsophagus immediately above the stricture. The growth on section was hard and white, having invaded the glands, &c., of the posterior mediastinum, and ulcerated into the left pleura by a ragged opening about the size of a shilling. The anterior wall of the stomach was found united to the margins of the wound in the abdominal wall by several fine sutures and some plastic exudation. There were no signs of peritonitis. The stomach and small intestines were contracted, the cæcum being distended with gas. The stomach contained rather more than half a pint of milk and egg mixture, but little digested. In its anterior wall, midway between the curvatures and the cardiac and pyloric extremities, was a small fistulous opening. No signs of inflammation of the gastric mucous membrane. The right lung was extensively consolidated throughout by red and grey hepatisation. At about the centre of its lower lobe was a cavity, the size of a hazel nut, filled with purulent fluid, presenting the appearance of a broken-down secondary cancerous nodule. There were signs of recent pleurisy with adhesions. The left lung was intensely congested. The cortical parts of both kidneys were somewhat wasted. No other important changes.

CASE III.—Under the care of Mr. PEARCE GOULD.

A pale and rather sallow looking woman, æt. 42, admitted on September 2nd, 1883, with complete inability to swallow solids and great difficulty in swallowing fluids. She was emaciated and weak, and had a frequent, short cough, with abundant, frothy, muco-purulent expectoration. Pulse 80, small and weak; temperature 99·2°; weight 6st. ½lb. The glands at the middle of both sides of the neck were slightly enlarged, but no other abnormality could be detected by digital examination, either externally or through the mouth. On attempting to pass a bougie it was arrested opposite the cricoid cartilage: when withdrawn the end of instrument was bloodstained. No. 11 English urethral catheter passed through the stricture. Difficulty in swallowing was first noticed 10 months ago, it gradually got worse, so that 3½ months ago she became unable to swallow any solid food. During the last 6 weeks she has had great difficulty in swallowing even fluids. Of late she has been subject to a troublesome cough and shortness of breath. She has always been delicate, and subject to headaches, but she cannot recollect having had any serious illness. No history of tumour, cancer, or phthisis in the family. She was fed chiefly with Brand's extract, milk, and beef-tea.

On the 8th day after her admission the preliminary operation for gastrostomy was done in the usual way. Two double silk sutures were passed through the muscular and peritoneal coats of the anterior wall of the stomach to hold it in position; and it was then fixed to the edges of the wound by seven fine silk sutures. The adjacent parts were brushed over with tincture of iodine, and the carbolic spray was used. She was fed subsequently by the rectum. The temperature ranged as before the operation, there being generally a slight evening elevation of about 1°. The cough continued very troublesome.

On the eighth day after this operation Mr. Gould opened the stomach by a small incision, and poured in an ounce of peptonised beef tea with the yolk of two eggs. She was afterwards fed alternately by the stomach and the rectum.

On the fourth day after opening the stomach, tracheotomy had to be performed for the relief of violent fits of coughing and dyspnœa; but this only partially relieved the symptoms. Nine days afterwards she died exhausted.

The temperature ranged as before, except during the last few days that it became sub-normal.

At the *necropsy*, on the following day, the body was very emaciated. The upper part of the œsophagus, as far as two inches below the cricoid cartilage, and the adjacent part of posterior wall of the pharynx, were extensively infiltrated by an ulcerated epitheliomatous growth, which extended to the pre-vertebral connective tissue, although the bodies of vertebræ were not involved. The remainder of the œsophagus was normal. There were some enlarged and infiltrated glands on both sides of the neck. The anterior wall of the stomach was firmly adherent to the edges of the wound. There were no signs of peritonitis. The organ contained about two ounces of milky fluid. The fistulous opening was situated as in case No. I. No signs of gastritis. In the mid-line of the front of the neck, at its lower part, was the tracheotomy wound, sloughy and gangrenous, suppuration having spread from it among the adjacent muscles; the five upper rings of the trachea had been divided, and the isthmus of the thyroid; several of the tracheal rings were necrotic. The lower lobes of both lungs were consolidated from broncho-pneumonia, several of these patches were gangrenous; the bronchi contained fœtid purulent matter, probably derived from the discharges from the wound and the cancerous ulcer. Both kidneys were somewhat indurated and presented a few atrophic patches on their surfaces. No secondary deposits.

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Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

THE Opening Meeting of the Medical Section was held at the College of Physicians on Friday evening, the 16th ult., Dr. W. MOORE, President of the Section, in the chair.

LIVING SPECIMENS.

Dr. J. M. REDMOND exhibited a case of Compression Myelitis.

Mr. LENTAIGNE showed a case of Empyema treated successfully by drainage and antiseptic irrigation.

Dr. C. F. MOORE presented a child suffering from Degenerate Varicella.

THE PRESIDENT'S ADDRESS.

The PRESIDENT delivered a brief opening address on the correlation of symptoms in disease. He emphasised the necessity of teaching students the correlation of diseases as a factor of great importance in prognosis. Before the physician could begin to correlate symptoms he must, however, be familiar with symptoms *per se*. A thoroughly educated man conversant with the correlation of symptoms in disease could say on ascertaining the pulse and temperature that "such a man was in typhus; or another was in pneumonia; or a third was in enteric fever." Thus the knowledge he recommended gave the physician a commanding advantage in the diagnosis, and therefore in the treatment, of disease.

NOTE ON ENTERIC FEVER.

Dr. J. W. MOORE read a clinical note on enteric fever. Briefly summarised, the case reported was one of severe enteric fever, running a course of four weeks, characterised by a succession of high temperatures during the first twenty days, ataxic symptoms, obstinate constipation, hypostatic congestion, and right basic pneumonia. The patient was a grocer's assistant, aged 20. Treatment of a decidedly active kind was employed, and apparently with marked benefit to the patient. On five separate occasions twenty grains of quinine were given as an antipyretic in quickly succeeding doses of ten grains each; twice the wet pack was employed for two hours at a time to control the pyrexia; and on three occasions, at intervals of 48 hours, ten-grain doses of calomel—guarded with a grain of opium—were administered as an antiseptic aperient. Having referred to the use of calomel in typhoid fever in Germany, the author alluded to Dr. Wassiljeff's experiments in Hoppe-Seyler's laboratory as to the influence of calomel on fermentation and bacteria, from which it would seem probable that much of the good which calomel is known to accomplish in various intestinal troubles is due to its aseptic or antiseptic properties.

The PRESIDENT remarked that the treatment of enteric fever by small frequent doses of calomel was a long-established one.

Dr. HENRY KENNEDY hoped that the treatment detailed in the note would not be generally carried out. He strongly objected to large repeated doses of calomel. To the use of cold baths and quinine for reducing high temperatures he also took exception, and compared the unfavourable results obtained in Germany and London with the low rate of mortality experienced by him in this fever in Dublin.

Dr. MACSWINEY referred to the remarkable powers of calomel in destroying microscopic organisms, and suggested this as an explanation of the success obtained by large repeated doses of calomel in the treatment of cholera as introduced by Eyre.

Dr. FINNY pointed out that, while Dr. Moore had spoken of the effect of mercury in curtailing fever, he had not in his case used it to the extent justified by its reputed antiseptic properties. In his experience quinine in large doses certainly did reduce temperature for some hours, but did not shorten the course of the fever. The packing adopted by Dr. Moore obviously lowered the temperature by inducing profuse diaphoresis; but the point of greatest interest diagnostically was the want of correlation between the pulse and temperature.

Dr. DOYLE said he had for some years used calomel in suspected typhoid fever, without, however, succeeding in stopping a case.

Dr. J. W. MOORE, in replying, said that as the large doses of calomel passed through the system much more quickly than smaller ones, there was the less risk of its conversion into corrosive sublimate. The rate of mortality in enteric fever in Cork Street Hospital was very low, merely an average of 7 or 8 per cent., and the case in question recovered. He quite agreed with Dr. Finny as to the transitory nature of the reduction of temperature by quinine, but he thought that in a disease where hyperpyrexia alone might threaten life it was of considerable importance to have a reduction of temperature even for twenty-four hours. With regard to the correlation of pulse and temperature, he mentioned that the pulse observations were only taken in the morning.

two years previously, but the tremor did not commence until eighteen months afterwards. The patient was admitted to Dr. Steevens's Hospital on the 15th Oct. last, and two days subsequently was given 1-16th gr. hyoscyamine in pill without any effect. Next day, 1-16th gr. morning and evening relieved the tremor, and the following morning 1-8th gr. was given at 11 o'clock, causing at 2 p.m. considerable delirium, which continued during the day, but the tremor ceased. The next morning 1-16th gr. was given, delirium again appearing at 3 p.m., and not completely passing off with the following morning, the tremor continuing less. The patient's accommodation being now quite paralysed, and not having had refreshing sleep since getting the 1-8th dose of hyoscyamine, the drug was omitted; but the tremer at once returned, and shortly became very marked. After three days the hyoscyamine was resumed, 1-32nd grain being given t. d. In two days the tremor was better; but after six days, although the tremor was somewhat better, the ciliary muscle having again become paralysed, the patient objected to the further use of the remedy, and it was discontinued. During the administration of the smaller doses the pupils seemed unaffected, although the accommodation was so completely influenced that reading was impossible. Whilst the patient was under the influence of the larger doses their possible effect on the iris was unfortunately marked by the still remaining dilatation resulting from atropia which had been applied to facilitate an ophthalmoscopic examination.

Dr. **Henry Kennedy** mentioned the case of a gentleman in whom alarming symptoms were produced by 1-16th gr. taken in pill shortly before dinner.

Dr. W. G. **Smith** asked whether Dr. Hayes had used the drug hypodermically, and also what was its appearance, as the doses mentioned in the books varied widely. This was explained by the fact that there were three forms of the drug in the market—viz., the impure substance, the pure crystalline alkaloid, and the brown amorphous substance with a smell like tobacco. Chemically, hyoscyamine and atropine appeared to be isomeric, but their physiological effects differed: hyoscyamine produced less excitement than atropine, and was more hypnotic, while the former dilated the abdominal vessels, and the latter did not. He suggested a solution of the sulphate in distilled water as a convenient method of hypodermic exhibition.

Dr. **Montgomery** and Dr. **Doyle** having also joined in the discussion,

Dr. **Hayes** replied, stating that, having made careful inquiries of the source whence the drug was obtained, he was satisfied of its purity. He had, as mentioned in his paper, given the drug in pill. Although apparently serious results had sometimes followed the use of the drug, he was not aware of any fatality consequent on its use.

The Section then adjourned.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Thursday, November 22nd.

Dr. Banham, President, in the Chair.

Mr. **Baldwin** (Rotherham), showed an interesting specimen of

RUPTURED HEART,

and gave the following notes of the case:—Some year and a-half ago H. L., a man, æt. 54, came to consult me for pains in the legs of a muscular character; these yielded to the ordinary remedies in eight or ten days, since which time he has continued his trade, that of fender burnisher, till Friday, the 16th inst. On that day I was sent for to see him, as he complained of some pain across the chest, extending from the sternum above the level of the 4th cartilage to the left mamma. There was nothing particular in the pain more than he felt it bothered him in breathing, such, as he described it, as indigestion would. On examining the man, one found a fairly-nourished muscular frame, without any external marks over the body to guide one to form any diagnosis as to syphilis, which disease he had not had. All the organs of the body were healthy save the heart: here one found a soft systolic apex bruit, to be followed from apex to centre of heart, then lost, and reappearing in the pulmonary area, again being followed up to almost the middle of the left clavicle, and terminating an inch below. The man was put on hydrocyanic acid, bicarb. of soda, with cinnamon water, from which he was much relieved for two days, when the pain again returned, more particularly at night, causing the subsequent two nights to be very restless. His medicine was changed to tr. belladonnæ ♏v. for a dose. No relief to the symptoms followed, and on the 4th night of illness he suddenly gave a blow of his breath and was dead. The man had been in bed the whole time, so that no exertion had taken place. The pulse had always been soft, not leading one to suppose the heart was doing extra work. The urine healthy. Previous health good. Very little illness in life.

Post-mortem.—All organs except the heart healthy. On opening the chest the pericardium was somewhat bulging; this on being opened was found full of clot; could not measure the quantity, as the post-mortem was performed under difficulties in a private house. I removed the heart, with about six inches of the aorta, and found that the left ventricle was ruptured at the apex to the extent of nearly two inches, and above to the extent of three-quarters of an inch. On examining the valves, the aortic with aorta healthy; the mitral were slightly fringed with old vegetations, hence one soft bruit. A huge clot filled the apical rupture; and, in the heart, around the carnæ columnæ, some *ante mortem* clots were found. The ventricular walls were thin at the seat of rupture. I could not find any obstruction to the blood flow through the main arteries.

Remarks by Mr. Baldwin.—This case is the more interesting to me that, eight months ago, this man lost a son from aneurism of the third part of the aorta. He had no other symptom than persistent pain over an area which could be discovered by the thumb in the left mammary region, with corresponding pain in the back; this was liable to exacerbations at night? I recollect, when at Guy's Hospital, a man suffering pain over a similar area at the left 2nd intercostal space. He died suddenly. Post-mortem gave dilatation of the aorta affecting more especially the second and third portion. All other organs healthy. Another case of fatty heart with anginal symptoms died suddenly; the symptoms in this case were relieved by nitrite of amyl inhalations. One more, of a sailor who had aneurism into the pericardium, very small, with ultimate rupture through thinned walls into the pulmonary artery, causing sudden death. This man had no symptoms beyond bronchitis and pain over sternum. I bring these cases before you thinking our profession should be cautious in persistent thoracic pain.

Dr. **Thomas** introduced a patient with clonic spasm of the muscles of the face—bilateral—of eight years' duration, occurring in a man of middle age, due, he thought, to central mischief situated in or near the floor of the 4th ventricle.

Mr. **Pye Smith** showed specimens of blood taken from a patient in whom the general symptoms seemed to be those of idiopathic anæmia, but in whom there were some suspicions of plumbism, and whose water presented faint traces of albuminuria. The blood cells did not run together in *rouleaux*, they were altered in shape, and in the liquor sanguinis there were noticeable a number of microcytes.

LARGE TUMOUR IN A BOY OF FOUR YEARS.

Mr. E. **Skinner** showed a little boy, æt. 4, the subject of a large tumour about the size of a large fœtal head, occupying the right side of the abdominal cavity, the attachments of which and nature were difficult to make out. The surface was somewhat irregular, generally hard, but in places giving the sense of slight fluctuation. As one passed round towards the lumbar region the hard mass seemed to pass upwards towards the under surface of the liver, but in front it appeared to be separate from it. The child had enjoyed good health until 2 years of age. Then he had an attack thought at the time to be consumption of the bowels, the symptoms connected with which yielded under treatment. About six months ago enlargement at the seat of tumour first noticed, accompanied by pain. About this time he had a slight fall, which was followed by dyspnœa and hæmaturia. These symptoms recurred three months ago, again as the result of a slight fall, and again subsiding under treatment. The child is fat and well nourished, and is able to run about and enjoy his play, &c. Mr. Skinner had not formed any decided opinion as to its nature.

The President (Dr. **Banham**) thought, from the presence of fluctuation in parts, that it was probably due to hydatids. The general appearance of the child, he thought, also favoured this opinion.

Dr. **Thomas** did not think it connected with the liver, and thought it was more likely to be renal than hepatic or omental.

Mr. **Knight** regarded it as probably malignant renal disease due to injury, and gave some interesting details of cases that had fallen under his notice.

NOTE ON HYOSCYAMINE.

Dr. R. A. **Hayes** read a note on hyoscyamine, which drug he had employed in the treatment of a case of tremor of the left arm. There was a history of injury to the left shoulder

Mr. **Baldwin** favoured the idea of its being hydatid; did not think that it was malignant.

Mr. **Garrard** recommended aspiration.

The question was put as to the presence of albumen.

Mr. **Skinner** stated that there was none.

Dr. **Thomas** related some cases of

INTESTINAL OBSTRUCTION,

which he trusted would be of interest to the members of the Society:—J. Z., æt. 34, cutter, with no history of hereditary disease, and who had always enjoyed good health, three months ago noticed that he had a large swelling in the left side of the body in the situation of the left colon. His bowels had always been costive, but were more especially so now. This swelling continued to increase in size, and when he presented himself at the hospital, a tumour about five inches long, by three to four inches wide, placed vertically between the spleen and left iliac region was found. This was hard, rather irregular, and movable. It occasionally was very painful. Vomiting, but not stercoraceous, obstinate constipation, want of appetite, gradually increasing debility, were symptoms complained of. The bowels had not been moved for six weeks. Inasmuch as it shows how easy it is to commit an error, a most intelligent medical man had said that it was a malignant tumour. Dr. Thomas thought that it was a case of obstruction from impaction, with perhaps a tumour behind, which could not be made out until the bowels had been moved. A strong purgative was given, and injections of gruel and castor oil administered, but without effect. The tumour was then well kneaded, and the lower part was more especially treated in that way. This kneading, assisted by injections of gruel, had a most astonishing effect. The tumour disappeared in four days. Dr. Thomas found that the sound of moving fæces heard through the stethoscope, produced by pressure on the tumour by the hand materially assisted him in forming an opinion; so also did the fact that, when any part of the swelling was pressed, an indentation was produced. Although purgation had entirely failed, massage had the effect of acting upon the bowels. In fact, the patient may be said to have been cured by that and that alone, for the injections only gently assisted.

The next patient was a married lady, æt. 30, who suffered from impaction in the cæcum, and who was relieved by massage. The question raised for discussion was, In what cases is friction allowable? as it is very desirable to propel the cause of inflammation, if it can be done without danger. Opium and belladonna had been the remedies used in this case.

The next case was one of obstruction in the sigmoid flexure. The patient, a man, æt. 40, whose bowels had not been opened for a week, after suffering from stercoraceous vomiting for three days, died. After death a portion of the sigmoid flexure was found bent on itself, forming quite an acute angle. At this angle, where the mucous membrane protruded into the cavity of the bowel, it and other tissues subjacent to it were much hypertrophied, forming a semi-cup shaped valve, which received, not only the wall of the opposite side of the bowel, but also a fold of gut above, thus entirely closing the canal.

The next patient, æt. 35, who was said to have suffered from obstruction, with stercoraceous vomiting, for three days, was admitted to the Sheffield Public Hospital. Soon after admission he vomited some beer and food he had taken on starting from his home, but after that seemed quite easy in every way from that time, until about four in the following day. There was no vomiting, and not much pain. The bowels were not opened, but he enjoyed five hours sleep during the night. At 4 o'clock stercoraceous vomiting commenced, and continued until evening, when, after due consultation, as the patient was rapidly sinking, it was decided that the bowel should be examined. His colleague Mr. Thorpe, with the assistance of the other members of the surgical staff, carefully performed the operation, making the median incision, and adopting strict antiseptic precautions, when a strong band of lymph was found stretching across the lower end of the ileum, an inch from the ileo-cæcal valve. This was torn through, but, unfortunately, although the cause of obstruction was found and removed, the poor fellow did not survive, but died an hour after the operation had been performed.

Dr. **Thomas** desired to have the opinions of the members present concerning the proper moment for operative interference. Of course many cases have occurred where patients have recovered without surgical aid, where stercoraceous vomiting and obstruction have continued for many days, but yet on the other hand, although so many of these cases die after operation, may it not be because the operation has been too long delayed?

An interesting discussion took place, in which Drs. Keeling, Banham, Martin, and Messrs. Knight, Baldwin, and Hargreave took part.

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LIVERPOOL MEDICAL INSTITUTION.

The fifth ordinary meeting of the session was held on Thursday, Dec. 6th, Mr. **Rushton Parker**, Vice-President, in the chair.

A CASE OF TUBERCULOSIS.

Dr. G. **Hamilton** showed a stomach from a case of tuberculosis. The case was that of a child said to be not more than two or three months old, admitted into the Children's Infirmary suffering from persistent diarrhœa and vomiting. The latter symptom was relieved by the employment of pancreatised food prepared with Benger's liquor pancreaticus. The child died not long after admission, and on section numerous ulcers were found in the intestines. In the stomach were found two or three ulcers, and besides these a nodule which the speaker believed to be caseous, and the forerunner, had the patient lived, of ulcers similar to those present.

Dr. **Rich** showed

A CASE OF OSTEO-MYELITIS,

a disease to which Professor Albert, of Vienna, in a brilliant series of articles recently published by him, has given the name of Spontaneous Ostitis. The specimen was taken from a young woman, aged 19 years. The cause of the disease was unknown, but the onset seems to have succeeded a heavy day's washing. The temperature was very high, 110° shortly before death, which took place on the 13th day after admission.

Mr. E. A. **Browne** related

A CASE OF DEATH FROM CHRONIC SUPPURATIVE DISEASE OF MIDDLE EAR EXTENDING TO THE BRAIN (with specimen).

The patient was a man, æt. 27, who had suffered from a discharge from the ear for a period of ten years. Cerebral symptoms preceded the onset of those by which a fatal result was brought about by some months, but these were relieved on one or two occasions.

Mr. **Newton** then read a paper on

THE CHIEF CAUSES OF THE HIGH DEATH-RATE IN LIVERPOOL.

This is a topic that has been often discussed, and nothing particularly new was brought out. The first cause was stated to be overcrowding, there being, as is well known, a much greater population per acre in Liverpool than in any great city in the United Kingdom. The second was the character of the population. This point was much contested, however, by subsequent speakers. The third was the insanitary arrangements of the streets and dwellings. The first are crooked, and, near the docks, often narrow, so that the health-giving westerly breezes cannot penetrate in an effective manner the overcrowded courts and alleys.

Dr. **Carter**, who had a resolution to propose, showed by means of maps and diagrams that by structural alterations in a sanitary direction, not so much by the demolition of property as by letting light and air into alleys and courts, and by diminishing overcrowding, a great improvement in the death-rate had been effected as compared with previous fever epidemics.

Dr. **Cameron** believed overcrowding to be the great cause of the high death-rate, and pointed out that deaths from infantile diseases and phthisis were much more numerous proportionately in the densely than in the sparsely-populated parts of the city. In confirmation of his view he instanced the excessive mortality in the military hospitals during the Crimean war.

At the close of the meeting the following resolution for transmission to the City Council was carried unanimously:—

"That this Institution views with great satisfaction the resolution of the Liverpool City Council to apply to the Local Government Board for permission to borrow £200,000 for the purpose of improving the insanitary dwellings of the poorer classes, and believes that the expenditure of the money for such a purpose will be followed by a great diminution in the disease and mortality of the city, and they desire in addition to impress upon the Council how essential it is to the public health that advantage should be taken to retain every available open space, and that every opportunity should be taken to increase the width of the leading thoroughfares in the densely-populated parts of the city."

FEES TO MEDICAL WITNESSES IN IRELAND.

Some time ago the following joint memorial was forwarded to the Lord Lieutenant by the Colleges of Physicians and Surgeons of Ireland and the Irish Medical Association :—

Sheweth—That, by an Order in Council made at Dublin Castle on the 26th day of June, 1882, a certain scale of fees was laid down, to which the taxing officer of the Supreme Court of Judicature, was directed to have regard in taxing the expenses and allowances of medical witnesses, viz. :—If the witness reside within five miles of the place of trial, or ten miles, if there is a railway for three-fourths of the distance, per day, a fee not exceeding one guinea ; if beyond that distance, per day, a fee not exceeding three guineas. The above scale includes, in each case, the board and lodging of the witnesses, but does not include reasonable travelling expenses actually paid, which may be allowed in addition. That, with reference to this scale of fees, the King and Queen's College of Physicians, the Royal College of Surgeons in Ireland, and the Irish Medical Association, have conferred and are of opinion that the scale is quite inadequate if the ends of justice are to be met, and in the interest of the public at large. Your Excellency's memorialists admit that a distinction is reasonably drawn between the two classes of cases which come before the Court, namely, criminal and civil cases. In criminal cases your memorialists recognise the claim of the Crown to control the arrangement of a scale of fees ; but they respectfully submit that, even in those cases the scale fixed by rule of the Attorney-General, bearing date December 16th, 1876, is inadequate. It is manifestly the interest of the Court in such cases to secure the ablest professional evidence ; for if the fees be permanently fixed at so low a rate as at present, there is a likelihood that the most valuable evidence will not be available, and that, therefore, the ends of justice may be defeated. Your memorialists are of opinion that in criminal cases a fee of not less than two guineas should be paid to a medical witness for attendance at court in the town wherein he resides ; and that a fee of not less than three guineas a day, besides travelling expenses, and subsistence allowance of one guinea for every night of absence from home, should be paid to a medical witness summoned to give evidence at a distance from his residence. In civil cases, the scale recently fixed would practically exclude the evidence of professional experts, and in this way injury would be inflicted on litigants of limited means, whose cause would suffer from their inability to secure the best skilled evidence, inasmuch as they cannot recover the amount of their fees in their costs. Furthermore, your memorialists observe that the fees which the taxing officer is authorised to allow are much less than those heretofore usually paid to medical witnesses, and allowed in the taxation of costs. Your memorialists therefore humbly pray that your Excellency, in conformity with the provisions of "The Supreme Court of Judicature Act (Ireland), 1877," may be pleased, by an Order in Council, to make such rules of court as will place the question of fees on a basis which will prove acceptable and satisfactory to the members of an honourable and learned profession.

The reply to this memorial has just been received by the Council of the Irish Medical Association, and it is as follows :—

Dublin Castle, 20th November, 1883.

Sir,—I am directed by the Lord Lieutenant to acquaint you that the memorial forwarded in your Assistant Secretary's letter of the 19th June last, on behalf of the King and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, and the Irish Medical Association, on the subject of fees to medical witnesses in Ireland, has been receiving the careful attention of the Irish Government.

In order to enable His Excellency to form an opinion upon the merits of the claims urged on behalf of the Irish medical gentlemen, it was found necessary to obtain, from the Secretary of State for the Home Department, a scale of the fees in force for medical practitioners acting as witnesses on behalf of the Crown in England, and the following is a comparative statement of the results arrived at :—

In England medical gentlemen attending before magistrates within a distance of two miles from their homes, are paid for their services, loss of time and trouble, a fee of 10s. 6d.

In Ireland, for a like attendance, they are paid a fee of £1 1s.

If they reside at any greater distance than two miles from the place where their attendance is required, they are paid, in England, a sum not to exceed £1 1s., and for every mileage an allowance of 3d. a mile each way.

In Ireland the rule is—Within five miles, £1 1s.; beyond five miles and within ten miles, £1 £1s.; and travelling expenses at the rate of 9d. a mile each way.

If detained in court for more than three hours, an additional £1 1s., and if beyond ten miles another fee of £1 1s.

For attendance at assizes and quarter sessions in England the medical witness is paid a fee not to exceed £1 1s. for each day he necessarily has to attend the court, and a sum of 2s. 6d. a night if he is obliged to sleep from home, and he is allowed, for mileage, a sum not to exceed 3d. a mile each way.

In Ireland he is paid a fee of £2 2s. a day, and 10s. a night when summoned to attend in any other town except that in which he resides, while for travelling expenses he is allowed first-class railway fare, and 8d. a mile if he is obliged to hire a car, and half that fare for the return journey, if he returns the same day. If the court is held in the town where the doctor resides, he receives £1 1s. only, but an extra fee of £1 1s. if detained in court for more than three hours.

Under the Judicature Act in Ireland, a schedule of fees has been settled for medical men, which is as follows :—If resident within five miles of the place of trial, or ten miles if there is a railway for three-fourths of the distance, per day a fee not exceeding £1 1s.

If beyond that distance, a fee not exceeding £3 3s. a day.

This scale includes the board and lodging of the witness, but does not include reasonable travelling expenses actually paid, which may be allowed in addition.

No scale of fees for medical witnesses in England exists under the English Judicature Act.

The scale of payment now in force for prosecutors and witnesses in Ireland including medical witnesses, at assizes and quarter sessions, is that recommended by a Departmental Committee, and revised, in 1882, with the concurrence of the present Attorney-General, when Solicitor-General, and with the sanction of the Treasury ; and, having considered the scales in force in both countries, His Excellency finds himself unable, in the circumstances, to recommend the Treasury to sanction a further revision in Ireland now, with a view to increasing a scale of fees which is already considerably in excess of that in force in England.

I am to request that you will have the goodness to communicate this letter to the several gentlemen who signed the memorial on behalf of the King and Queen's College of Physicians, the Royal College of Surgeons, and the Irish Medical Association.

I am, Sir,
Your obedient servant,
R. G. C. Hamilton.

It will be observed that His Excellency devotes his reply almost solely to a vindication of the scale of payment of witnesses in Crown cases, which it is admitted that the Crown are entitled to fix, but takes no notice of the arbitrary fixing of the judges of a scale of fees payable in civil cases, and authorised by His Excellency. This limitation of professional fees for services rendered to private persons is what the profession has especially complained of, and we trust that the subject will not be lost sight of until the scale is rescinded, and litigants are left to pay to medical witnesses whatever the value of their skilled testimony may be.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 12, 1883.

OLD-FASHIONED REMEDIES.

THE younger generation of practitioners, imbued as they are with prejudices and principles which have been the outcome of modern investigations and later experiences, are frequently twitted by older men with entertaining notions which possess no distinct advantage over those in vogue twenty-five or thirty years ago. Often, however, the dissatisfaction excited by such utterances is wholly gratuitous, for many remedies and proceedings in medical practice which were the common property of a former time do now, when fairly and freely made use of, produce results of the most gratifying kind. This is always forcibly demonstrated whenever the profession is treated to the well-considered opinions of such men as have by their successful labours in the profession, proved themselves to be authorities in matters relating to such questions as influence the well-being of patients committed to their care. An instance in point is afforded by the admirable address recently delivered by Dr. Charles J. Hare, President of the Metropolitan Branch of the British Medical Association, and entitled "Good Remedies out of Fashion."

There is very much reason to regret the readiness with which tried and trusted remedies have again and again been relegated to the realms of superstition, solely on account of the abuse with which at times they have been indulged by practitioners who have not rightly appreciated the indications for their exhibition. Perhaps, too, there is no more convincing illustration of the fact here insisted on than that which has been dwelt upon by Dr. Hare in an early part of his address, in connection with the rational employment of emetics and purgatives, in certain forms of painful dyspnœa, the sufferers from which are painfully troubled by the efforts made to cough up and expectorate the irritating accumulations. The amount of secretion thus gathered together and retained by virtue of its own viscidity, is occasionally considerable enough to produce, not only extreme discomfort, but even imminent danger of a fatal termination; but there are only few of such cases that may not be at once and permanently relieved by the bold administration of a suitable emetic, the action of which, in addition to its local effect, operates to expel the offending bronchial obstruction. Dr. Hare draws a forcible picture of a patient afflicted in the fashion described; and then points the moral contained in his advice to administer a respectable dose of ipecacuanha, and follow it, if need be, with a second or even a third similar prescription. The teaching of the wards is often to show with how much truth the principles here laid down may be applied; and there can be but little doubt that many cases might be given acceptable and desirable relief, by the adoption of a treatment devised on the lines Dr. Hare lays down. It may be that not many practitioners adopt the rule formulated by a friend of Dr. Hare's, and to whom he refers *en passant*, to the effect that adults should never be submitted to the action of emetics. So dogmatic an opinion could hardly find acceptance as a general rule, although from what one sees of the practice frequently adopted in clinical institutions, there is not a little reason to infer that the principle it involves is, perhaps unconsciously, observed.

In the same way it is easy to understand the aspiration with which Dr. Hare concludes one of his paragraphs, viz.: "Oh! that men did but know the virtues that reside in three drachms of Epsom salts!" In how many instances of minor systemic disturbance, which, however, produce the most disproportionate amount of inconvenience and discomfort, is the remedy here eulogised the only necessary and appropriate one that can be ordered! In explanation of the rarity with which it is resorted to may be advanced the prevalent idea that such medicines produce a "weakening" effect; that they tend to depreciate the bodily strength; and that they may be attended with results that exceed in the gravity of their importance many of the evils for the removal of which they have been employed. Such notions have no real basis in truth; and in all probability the number of cases in which injurious effects can be reasonably assumed to follow, are infinitesimal in comparison with those where the benefits conferred are pronounced and considerable. What has to be overcome in this connection is the tendency to disbelieve in the efficacy of simple remedies—a tendency too probably bred of the rapidity with which the profession has been of late flooded with new preparations and combinations, designed to replace the better-known drugs, and in which reliance is often placed, rather from ignorance of the real virtues residing in them than from any certain conviction of their power to control disease. Very little effort will be required on the part of Dr. Hare's readers to excuse the emphatic manner in which he condemns a familiar habit of flying to all new additions to the *armamentarium* of physic, and exhibiting for them a preference which, in his opinion, should be reserved to such of the regular remedies of the Pharmacopœia as have established a right to be implicitly trusted in. A good old-fashioned purgative, a knowledge of the best and the worst of which is part and parcel of every practitioner's daily stock of wisdom, is, in his opinion, a vastly better weapon of attack than any one of the newly-introduced and euphoniously-sounding preparations to be found in the list of every chemist's advertisement. It may be that too sweeping a condemnation is ventured in this respect, for unquestionable good has accrued from the use of at least a few of the more novel articles dispensed. Nevertheless, the criticism which insists on the merits of medicines that found constant favour with our fathers, and which are all but neglected by their later followers, is deserved, although severe, and carries a lesson that well deserves to be taken carefully to heart for future guidance.

The legitimate employment of depletion by bleeding again is one of those subjects on which representatives of the older school both think and speak with warmth, engendered by their disappointment at the neglect of a method of relief that has in their hands been infinitely useful. They contend that reaction in this regard has proceeded to limits that cannot be adequately defended; and that much and poignant suffering is permitted to continue unmitigated because of obstinate adherence among present-day practitioners to views which were a necessary outcome of continual abuse of blood-letting in the days when it was almost the universal panacea for physical evils of the body. By those who have in times of need resorted to bleeding as a means of unloading an engorged venous system, and thus give an impetus to stagnant circulation by taking away the backward pressure on an over-distended ventricle, the value of this remedy is amply recognised; and many are the patients who owe to it restoration of comfort, and even renewal of power to live. Sometimes, indeed, it seems as though the battle of the bleeding lancet would have to be fought anew, but with the difference that the struggle would be for its restoration into general use, and not for its abolition, since the number of those who are converted to believe in it as a means of good is constantly receiving accessions as the opportunities of witnessing what advantages it is able to confer increase. In hospital practice there can now be found many physicians who have been taught by experience to shelve their preconceived prejudices against blood-letting, and to regard it as an invaluable assistant in certain classes of cases coming to them for treatment. Dr. Hare is one of the staunchest believers in this connection, and he very ably, clearly, and sincerely developes the reasons which have led to his being reckoned among the school to which he belongs. With his arguments and descriptions it is easy to agree; and for the purpose of clinching the former and appreciating the latter it is only necessary to apply the principles he expounds in some such case of congestion as he pictures, when doubt of the truth will no longer be possible. Probably the disrepute into which bleeding has fallen, and which unfortunately has all but removed it from the category of remedies considered legitimate resources of medicine, is due to the rash insistance on its universal applicability, through which many cases in which it was wholly inappropriate were rendered worse, and not better, by its employment. It is essential that an accurate perception of the conditions which call for abstraction of blood should be entertained ere any attempt to assist Nature by such means is made; and nothing less than careful clinical study of disease, and a proper apprehension of the laws to which the phenomena of disease are related, will enable the practitioner to fitly comprehend when and how resort to bleeding is either wise or justifiable. These data are now held to be the essentials of education for every one who aspires to the practical life of the profession. Once they were but the shadows of necessity, and only the ambitious or the diligent and conscientious put themselves, as a matter of course, in a position of knowledge to estimate the importance to themselves and to the public they purpose to serve, of their own full and perfect training in the laws on which the body is dependent in health and disease. Whoever understands, and can differentiate, the symptoms exhibited by a patient suffering the pangs of dyspnœa produced by congestion, and resulting from powerlessness of an overloaded right ventricle to contract efficiently, while in front and behind the blood-current is affected to the utmost, is admirably placed to understand what intense relief is at once afforded by removal of a quantity of blood from the veins, sufficiently to perceptibly disencumber the congested vessels and distended heart. It is not simply that such conditions are found in one disease, or in one stage of any disease; it may be an accompaniment of pneumonia; it may be, as Dr. Hare points out, an evil of very acute pleurisy in strong plethoric individuals; or it may be in association with one or other of entirely unlike disturbances of health; nevertheless there are very serious states in which reduction of the amount of blood contained in the vascular system is followed by consequences as grateful to the patient as they are of benefit to the physician. Bleeding is, in fact, an old-fashioned remedy of infinite utility, and of far too infrequent employment.

We have not space to consider Dr. Hare's most interesting paper at greater length in this place; but while commending it to the notice of all who value what is good and useful, we would also most heartily desire that a better spirit of appreciation might be exhibited towards old and trusted friends of the physician of the past.

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HYPOTHETICAL VIEWS REGARDING CHOLERA AND OTHER EPIDEMIC DISEASES.

THE fact becomes more and more apparent that views regarding what may be called the "natural history" of epidemic diseases entertained by medical men who have had experience in tropical countries differ widely from, and are frequently in absolute discordance with, views held by members of the profession whose sphere has been limited to home or to temperate regions. The latest example of this difference is presented in the

"Note" by Dr. Pearse which appeared in the *Medical Press and Circular* of last week; and inasmuch as Dr. Pearse has had somewhat extensive experience—if not "from China to Peru," at all events from Calcutta to the West Indies—it is right that due consideration should be given to whatever opinions in regard to disease his experience under such circumstances has led him to form.

It is unfortunately the case that some medical men whose service has extended to far distant parts hesitate to lay before their professional brethren in this country a full exposition of opinions forced upon them by such extended experience. If asked as to their reasons for this reticence they at once refer to the manner in which remarks made by some of the more adventurous among them have been criticised, at the same time expressing all absence of desire or intention to lay themselves open to the risk of any similar ordeal.

This state of things is undoubtedly unfortunate; it retards the elucidation of many points of great importance, alike as regards the etiology, the phenomena, and the treatment of diseases which, although bearing the same name, yet beyond doubt often present differences in these several respects according to geographical position, seasonal, physical, and other conditions in which they occur. Let us, therefore, accord to Dr. Pearse that degree of respectful attention which his theme demands, at the same time that we briefly allude to some of the opinions expressed by him.

For the purpose of illustrating the general line of argument followed in his "Note," Dr. Pearse takes as his example of epidemics the disease cholera. In reference to it, therefore, the following short summary of his views expressed in the "Note" under notice will best illustrate the general drift of his argument:—He looks upon the phenomena of epidemics as in corelation with the "great truths" of evolution and continuity; disease as being "deviation of the organic;" that so far from cholera being an entity, "man passes into the change so named," the change of vital process involved therein having reference to "periodicity, intervals, season changes, and the definite proportion of the mass of living units. He considers it dangerous to say that "epidemics affect man," and would rather say that "man shows epidemic deviations." He believes that none of the diseases which have hitherto been looked upon as specific, *i.e.*, scarlet fever, small-pox, yellow fever, cholera, &c., are in reality specific, but only changes of what he calls "a greater Form" which man liberates into [liberates what? into what?] at intervals. He observes that inasmuch as parents do not beget absolutely like descendants, neither is there uniformity of type between different epidemics of particular diseases, such as those already named; that the evolution of epidemics is coincident with change of environment, and the cessation of "epidemic deviation," with change of environment; and, lastly, that the "variety" of vital action we call cholera does at times attain that stage when a form having the energy or power of containing the species [of cholera?] is reached.

In the summary thus presented, with the exception of the two queries within parenthesis, the language is as nearly as possible that of the "Note" under comment; and this being so, it must in fairness be stated that the arguments adduced by Dr. Pearse stand somewhat in need of definiteness and precision in order that they may carry to others the strength of conviction which he evidently intended them to convey.

Dr. Pearse stands on other ground when he deals with "the seemingly opposite experiences" in regard to the communicability of cholera in India and in England; and also with reference to the various means by which that disease may be spread among communities, including contagion and contaminated water. He gives examples of several respects in which home-bred theories in regard to fevers find no confirmation in actual experience of that condition as met with abroad. Like many other observers, he has "seen epidemics of fever which could be grouped under no current names;" also epidemics of other kinds interlap or, as he expresses it, "evolve" into others, the "evolution" of epidemics being coincident with change of environment. Thus it appears that the general idea to which he desires to give expression is to this effect: There are not many diseases, but only one disease, the particular form it may assume being determined by individual surroundings. Disease does not attack man; man falls into that "variety of vital action to which the name disease is usually applied." With the larger view of disease thus presented he believes that the doctrine of the "specific" subsides, while the greater gradations and alliances appear. How far the theories thus ennunciated are worthy of being looked upon as anything better than abstract speculations may well be left to further discussion regarding them to decide. We have endeavoured thus to arrange the statements adduced, and having done so we prefer to leave them as they are for the present.

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Notes on Current Topics.

The Struggle for Practice.

The problem "how to live" is apparently as anxious a consideration to the young American practitioner as it is to his English brother, and is occupying a large share of attention on the part of the profession on both sides of the Atlantic. Our contemporary, the New York *Medical Record*, devoted a leading article to the subject in a recent issue, from which it seems that but little difference exists between the commencing experiences of practitioners here and there. The time required for development of a remunerative practice is estimated at from three to five years, varying with the locality selected; and during this period "he must be ready for anything, night or day, and accept any fee, however small and disproportionate to the services rendered." The great cry now being raised is an echo of that which we are familiar with in this country—viz., that the facilities for free hospital treatment are meanly availed of by patients well able to pay an ordinary fee, and that young practitioners are thus grievously injured in a pecuniary sense. "Poverty," in the language of our contemporary, "is only a relative term. Some sneaking frauds, no matter how rich they are, can always make themselves believe they are too poor to pay any fee when not compelled to do so. There is no question of conscience with them when it comes to cheating a poor doctor." It is to be feared, also, that the charge registered by our contemporary against hospital teachers to the effect that "they do not seem to know or to care how many of the patients they treat for nothing should pay a fee to some young doctor" is only too true. Undoubtedly the anxiety to possess some case of unusual rarity, or of any degree of typical excellence, and for this end, to accept as hospital patients individuals well able to afford home treatment, is not confined to members of the profession in America. But that this prevalent practice of accepting patients without inquiry reacts to the injury of young and often necessitous doctors is undeniable, although it does not seem ever to be appreciated in its true light by the offenders under the custom.

The London Hospital.

The authorities of the London Hospital have decided to take steps for reforming the abuse of the out-patient department of the charity, and the continuance of which bears seriously on the resources of the institution. For a long time it has been very evident that the London hospitals generally are resorted to by a class of patients well able to afford the ordinary fees charged for attendance, and thus the funds intended for disbursement in succour of the deserving sick poor are wasted on those who possess no legitimate claim to gratuitous treatment. On and after January 1st, 1884, out-patients at the London Hospital will not be received unless there is absolute reason for believing them to be in a condition of inability to command the services of a local practitioner; and with a view to ensuring the due carrying out of this regulation an inspector will be stationed in the waiting halls, whose duty it will be to make inquiries in all cases that seem to call for corroboration. Such a system, if efficiently carried out, cannot fail to be productive of a considerable diminution in the number of patients treated at the expense of the hospital; but, on the other hand, unless the duties of inspection are discharged with a careful regard to all surrounding circumstances, it may not improbably occur that instances of injustice may sometimes be unavoidable. The experiment that is about to be tried at the great East End charity will be watched with some degree of interest; and although something of the same kind has been attempted in other places, so thorough and systematic a suppression of fraudulent applications in connection with medical relief has not yet been tried.

Procreation and Poverty.

The widespread attention now being given to the question of housing the poor of great towns, and to the manner in which their lives are lived, is likely to result in some definite action being taken with a view to remedying the distress that so plainly exists in this association. It requires to be considered, however, whether the remedy to be adopted is not a more radical one than the mere improvement of sordid dwellings and the replacing them with habitable abodes. The class of people to be dealt with is probably the most improvident of any forming the population of the country; they have never learned, because they have never been taught, how to improve their own condition, and raise themselves out of the depths into which they have fallen. Inheriting wretchedness, they cherish it almost with the veneration of religion; at any rate, it never enters into their calculations to promote efforts, either individual or combined, to remove the discomfort by which they are surrounded, and in which they have been bred. They are, moreover, permitted without rebuke, even if they are not encouraged by exhortation, to intensify their own miserable state by adding to the number who are born into it. Marriages contracted in early youth and followed by the birth of numerically large families are commonest in the ranks of those who go to people "outcast" quarters of cities and great towns. The maternity officers of every hospital are, alas! too familiar with the wretchedness and squalor existing among the families that inhabit the densely-aggregated buildings in the poorer quarters; they know how every addition to the already over-burdened bread-winner's task entails an increased amount of privation to every member of the family, and necessitates appeals to the compassion of the charitable in frequent cases that might, but for such untoward improvidence, be absolutely uncalled for. Magistrates also are only too well conversant with the misery such action on the part of our poor creates and intensifies; and during the past week Mr. Bridge, sitting at the Southwark Police Court, very emphatically condemned the youthful marriages so frequent in the district he controls. Inculcation of principles of providence, and tuition of the people in practices of economy and restraint may be trusted to as implicitly as immediate improvement of their surroundings to ameliorate the conditions under which they exist; and it would be well if well-meaning philanthropists would give consideration to this side of the question while discussing how to relieve the distress which is now exciting so much comment and consideration.

Dr. Beaney.

This very notable Melbourne practitioner is in controversy with the Academy of Medicine of Ireland on an unpleasant personal subject. It will be recollected that, a few years since, Dr. Beaney made a progress through Great Britain, and that then much angry dispute took place as to his *status*, official or professional. When he visited Dublin he was admitted a member of the Pathological Society, and continued his membership by paying his subscription up to the date when that Society became merged in the Academy of Medicine. When that event took place, the Fellowship subscription of £2 2s. was paid for him at his request, but no communication was made by him directly to the Academy, nor was any request to be elected a Fellow preferred by him. Had he made such a request, he would, it seems, have been entitled to be a Fellow without going through a ballot, by virtue of a rule which declares that "all the members of the present Societies (Surgical, Medical, Obstetrical, and Pathological) shall be original Fellows or Members without entrance fee on payment of the annual subscription on or before the 31st of December, 1882."

The Council of the Academy, considering that a definite application for the Fellowship was an essential preliminary to admission, refused to admit Dr. Beaney, and informed him that they held his subscription, awaiting his withdrawal of it. But Dr. Beaney, nothing abashed, has returned to the charge, sends the subscription for the new year, insists that he is a Fellow, and does not, as might be expected, offer himself for ballot. The Council seems not disposed to agree to this view, for it is, we understand, about to take legal advice as to Dr. Beaney's position, and as to whether, if he be a Fellow, it is open to the Academy to expel him in respect of occurrences which took place anterior to the formation of the Academy.

"The Public Prosecutor again."

The following resolution has been passed by the London College of Physicians with reference to the recent prosecution, Reg. *v.* Bower and Keates:—"Considering the peculiar liability of medical practitioners to false criminal accusations, and the grave addition which the Public Prosecutor's position lends to the weight of a possibly false charge, it is desirable, in the interests of the public and of the profession, that some means should be devised of correctly informing the Public Prosecutor on points of which a medically-trained person alone can judge. The College requests the Council to consider the best means of aiding justice in this matter, and to report to the College." Dr. Sieveking, who seconded the resolution, said that he had always felt it the bounden duty of the College to protect the interests of the medical profession.

County Infirmary Sunday.

The executive of the Queen's County Infirmary have, for three years past, organised for the benefit of the institution the same annual Sunday appeal to the public which has produced such good result for the sick poor in Dublin and elsewhere; and we are glad to see that the collection for the present year is the best which Infirmary Sunday has yet produced. The treasurer has been able to carry forward £55 to the funds of the institution—a very substantial help towards its future efficiency. It seems to us that the managers of other county infirmaries might with great advantage follow the example shown them by Dr. Jacob, the Queen's County surgeon, especially as the public income of these institutions has been for years very precarious, and will be more so when the threatened County Government Bill becomes law, and the financial functions of the Grand Jury are transferred to the elected of the ratepayers. We apprehend that in many counties the private benevolence of the local gentry has not been sufficiently aroused, and that the intention of the law which founded the infirmaries has, therefore, been lost sight of. We furthermore believe that, if Infirmary Sunday were judiciously worked throughout Ireland, these institutions might be made, to a certain extent, independent of public grants, and thus saved from the extinction which inevitably awaits some of them when the power of making these grants passes out of the hands of the Grand Juries. We have a suspicion that there are some who would not greatly regret the extinction of their infirmary if it were followed by a snug little pension; but we hope that no such contemptibly selfish consideration will prevent the administrators, medical and lay, of every infirmary in Ireland from exercising all possible influences to continue them in a state of efficiency.

Insanitary Property in Liverpool.

At the last meeting of the Liverpool City Council a resolution was passed, by a large majority, to the effect that permission should be sought from the Local Government Board to borrow a further sum of £200,000 for the purpose of effecting sanitary improvements in those parts of the town in which disease is most prevalent. This decision formed the subject of a resolution unanimously passed at the last meeting of the Liverpool Medical Institution, and is referred to in another column.

Defeat of the Anti-Vivisectionists at Bournemouth.

The medical profession is frequently so weak in its public performances, and so unwilling—usually—to assert itself in opposition to stump-agitators, whether anti-vivisectional, anti-vaccinational, or anti-Contagious Diseases Act, that we always consider that those who have the manliness to stand forth and thrust the lie down the throat of these blatant fanatics are deserving of public thanks. Our brethren at Bournemouth have last week made their mark upon the anti-vivisection movement, and are masters of the situation as far as their own locality is concerned. The Bishop of Winchester was inconsiderate enough to take the chair at an anti-vivisection meeting, and he was, of course, supported by the usual episcopal *entourage* of vicars and curates. We regret to note also that one of the special stump-delegates sent down from London to "split the ears of the 'Bournemouth' groundlings" was a medical practitioner—a Mr. Vaudrey, who does not appear, from his credentials in the Medical Directory, to have any other public office than that of commercial traveller for the Anti-Vivisection Society. His oration was devoted to proving that no conceivable benefit to humanity would justify the "crime" of a vivisectional experiment. He was confronted by Drs. Thomson, Frazer, Mahomed, Mr. Husband, and many other men known to science and our profession, and, notwithstanding a moving appeal by the anti-vivisectionists to the ladies present to hold up their hands, the Bishop, the doctor, and the entire agitating party were ignominiously defeated on a division.

Well done, Bournemouth!

As an indication of the justice of the charges made that the sanitary condition of London had been deplorably neglected, the *Citizen* states that the Bethnal Green Vestry have just issued 700 notices for the proper cleansing and purifying of habitations within the area of their jurisdiction.

We learn with much satisfaction that Mr. H. G. Croly, Senior Surgeon of the City of Dublin Hospital, whose illness we had occasion recently to record, is convalescing from the severe illness from which he has suffered. He is able to take nourishment in satisfactory quantity, and is gaining strength, and every hope is entertained by his advisers that, before long, he will be able to resume his practice.

Army Medical Prizes.

The subjects of the two prizes open to the competition of medical officers of the army are published in the Blue-Book report which has been recently issued by the War Office. These are the Parkes Memorial Prize for £100 in money and a gold medal, and the Alexander Memorial Prize of £50 and a gold medal. The subject for the next competition of the Alexander Memorial Prize is announced to be: "On Antiseptic Surgery, and its Application in Military Hospitals and in the Field." The essays are to be despatched so as to reach the Director-General on or before the 31st of December, 1883, and the competition is limited to executive medical officers of the army on full pay.

Ilfracombe in Winter.

The winter of 1882-3 was, generally speaking, mild throughout the Kingdom, and therefore those striking contrasts which were noticeable in 1881-2 have not been so marked. From official meteorological returns, it will be seen that during January and the greater part of February the weather was mild, dull, and wet; but the last week of February and the first of March were fine and dry. After this a spell of bitterly cold weather set in throughout the country, and then the genial and equable climate of Ilfracombe showed to advantage. The mean for March for the whole Kingdom was 36·6°, and varied from 40·7° at Ilfracombe to 34·1° at Macclesfield. The highest reading for the month was 54·°, and the lowest 26·2° at Ilfracombe; whereas at Buxton it fell as low as 5·° The mean range for the entire Kingdom was 13 5°, while at Ilfracombe it was only 8·1°. From observations taken at the Ilfracombe Hope Observatory, and published in the *Medical Record*, the following results are obtained:—1882: Dec.—44·8° mean; 5·9° mean range. 1883: Jan.—45·6° mean; 7·9° mean range. Feb.—46·1° mean; 8·4° mean range. March—40·7° mean; 8·1° mean range. North West Devon would therefore appear to possess a more genial and equable climate in winter than it has hitherto been accredited with.

Last week, Mr. C. C. Balding, M.R.C.S., Medical Officer for the Shitlington District of the Ampthill Union, Bedfordshire, was the recipient of a purse containing £200 from grateful patients upon his retirement from practice owing to ill-health.

The Annual Central Conference of the Representatives of English Poor-law Guardians will be held at Exeter Hall on Wednesday, the 12th inst., when "Poor-Law Medical Relief" will be one of the subjects discussed.

The highest annual death-rates last week in the large towns from diseases of the zymotic class were—From scarlet fever, 3 9 in Leeds, 2·4 in Newcastle-upon-Tyne, and 2·1 in Preston; from measles, 2·5 in Salford, and 2·4 in Derby; from whooping-cough, 1·9 in Brighton; and from "fever," 1·1 in Leeds, and 1·0 in Bradford. The 41 deaths from diphtheria included 28 in London, 4 in Edinburgh, and 4 in Glasgow. Small-pox caused 5 deaths in London, 5 in Birmingham, 3 in Sunderland, 2 in Glasgow, one in Liverpool, and one in Newcastle-upon-Tyne.

Lectures at the London College of Physicians.

The following are the lecture arrangements at this College for 1884:—The Gulstonian Lectures will be delivered by Dr. Clifford Allbutt, on March 7, 12, 14, the subject being, "Chapters on Visceral Neuroses." The Croonian Lectures will be delivered by Dr. Hughilngs-Jackson, on March 19, 21, 26, subject: "Evolution and Dissolution of the Nervous System." And the Lumleian Lectures, by Dr. James Andrew, March 28, April 2, 4; subject: "The Ætiology of Phthisie." Each lecture will be delivered at five o'clock on Wednesdays and Fridays of the foregoing dates. Members of the profession will be admitted on presentation of their address cards.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 29, Bombay 20, Madras 35, Paris 22, Geneva 21, Brussels 20, Amsterdam 30, Rotterdam 27, The Hague 17, Copenhagen 20, Stockholm 18, Christiania 24, St. Petersburg 24, Berlin 24, Hamburg 24, Dresden 26, Breslau 29, Munich 30, Vienna 26, Prague 28, Buda-Pesth 22, Rome 21, Venice 20, Lisbon 28, New York 21, Brooklyn 18, Philadelphia 18, and Baltimore 17.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 23·0 per 1,000 of their aggregate population. The rates of mortality in the several towns were:—Bradford, Norwich 16; Birkenhead, Portsmouth, Brighton, Plymouth 18; Edinburgh 19; Preston, Hull 20; London 21; Derby, Bristol, Halifax, Sheffield, Wolverhampton 22; Bolton, Birmingham 23; Nottingham, Sunderland, Leicester 24; Dublin, Salford 24; Leeds, Glasgow, Huddersfield, Liverpool, Oldham, Cardiff, Blackburn 28; Newcastle-on-Tyne, Manchester 29.

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Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Edinburgh.—Health of the City.—For the week ending with Saturday, the 1st inst., the mortality in Edinburgh was 84, and the death-rate 19 per 1,000. There were 15 deaths under 1 year and 17 above 60, of which 4 were above 80, and 1 above 90 years. Diseases of the chest accounted for 40 deaths and zymotic causes for 15, of which 2 were due to fever, 7 to scarlatina, and 4 to measles. The intimations of these diseases for the week were 9, 76, and 148 respectively.

Glasgow.—Health of the City.—At a meeting of the Town Council of Glasgow, held on the 3rd inst., the medical officer presented his report, which stated that during the past fortnight there were 571 deaths registered, as compared with 472 in the fortnight preceding, an increase of 99, representing a death-rate of 29 in place of 24 per 1,000 living. The number of deaths from infectious diseases of children was 56 in place of 45—viz., 36 from scarlet fever, 19 from whooping cough, and 1 from measles. "A suspicion arose" says the report, "in the minds of two medical men independently that the spread of scarlet fever was associated with a certain milk supply. They reported their suspicion to me, and gave me lists of associated cases. There has no doubt been an unusual number of cases not associated territorially or by schools, but agreeing in being served with milk from one dairy. We obtained the addresses of all farms supplying this dairy, and have ascertained that no disease has existed there. We also had all the boys and girls engaged in conveying the milk, and servants employed about the premises, inspected, and their homes visited, but with equal want of success. The history of milk epidemics of scarlet fever proves that the source of infection escapes detection oftener than in the case of enteric fever, a circumstance which is not surprising when we remember that there are cases so mild as to escape notice, and that even well-marked cases are most dangerous as sources of infection just when, according to the general practice, they cease to be patients, and are what is called 'quite well.'"

Death of a Bo'ness Doctor from Fever.—On Sunday, the 2nd inst., Dr. John Paton died at his father's residence, after a brief illness, from typhoid fever, caught in the course of his professional duties at Grangepans, where there are several cases of this epidemic. The deceased was quite a young man, and has been acting as assistant to his father for about two years. His funeral was attended on Thursday last by several hundreds of the townspeople, the coffin being borne by members of a local friendly society.

Medical Officer for Inverary.—The office of medical officer for Inverary has become again vacant, and a paragraph in one of the local papers expresses the hope that the committee duly appointed to make the selection from amongst the applicants will exert themselves to secure the services of an efficient practitioner of experience. From what we know of the experience of the gentlemen who recently held this appointment, we would respectfully suggest to the authorities of Inverary that a gentleman of experience in this capacity can only be had and be retained in such an outlying and sparsely-peopled district by the exercise of gentlemanly feeling and consideration for him.

Dundee Royal Infirmary.—On Wednesday, the 5th inst., a Children's Ward in connection with the Royal Infirmary was opened by Sir John Ogilvy, president of the institution, in presence of a large assemblage of ladies and gentlemen. The ward is a spacious and cheerful apartment, with accommodation for about thirty patients, for whom a separate staff has been appointed, at an extra cost to the institution of about £250 per annum.

A New Phase in the Anti-Vaccination Movement.—At a meeting of the "Scottish National Anti-Vaccination Society," held last Friday, under the presidency of a Mr. Snell, the Society, in trying to become Christian, lost the valuable services of its secretary, Mr. Inglis. The cause of this terrible disaster was the bringing forward of a motion "that no infidel or person who does not believe in the existence of God shall hold an official position in connection with the Society." The motion was lost by a majority of nine to four in a full meeting of fifteen persons, two being ladies. In spite of the most pressing solicitations on the part of so representative a meeting, Mr. Inglis remained obdurate, "because he regarded the Society and its aims as Christian." Mr. Lees vainly assured him that no one would interfere with his religious opinions, and even expressed surprise that at this age anyone would venture to use arguments such as those he had heard in a society of intelligent human beings. Surprise may be felt, not so much at the intense bigotry displayed by Mr. Inglis as at the existence of the Society itself. Anyone who has studied the history of religion in Scotland will see in Mr. Inglis the survival of opinions which have disgraced the history of one of the greatest nations in the world; but that individuals should be found in this age of scientific investigation and research banded together to defeat the objects of one of the greatest boons that science has placed at our disposal, is a phenomenon too important to be passed over in silence.

The Accidental Poisoning Case at Glasgow.—Some time since we referred to a case of death, through the accidental substitution of one drug for another by a chemist named Rait, of Partick, Glasgow. The father of the deceased subsequently brought an action against the chemist for the loss of his son, claiming £1,000 damages. This case came on for trial last week, and resulted in the parent accepting £200 in full of all demands. The case was this:—On Monday, 4th June, 1883, the pursuer's son having contracted a cold, consulted a doctor, who prescribed certain medicine, which included tincture of *actea racemosa*. The prescription was taken to the defender's shop, but it was alleged that tincture of aconite, a virulent poison, was substituted for tincture of *actea racemosa*, with the result that the young man, after partaking of the mixture, became very ill, and died on the 6th June. In his defence the defender pleaded that he was in Arran when the drug was sold, and that his shop was in charge of a manager of long experience as a chemist and druggist. He further explained that tincture of *actea racemosa* was a liquid extracted from an American root, and was seldom prescribed by medical men. The tincture was not prepared by himself, but obtained by him from wholesale druggists in the same state in which he dispensed it. He found out that the medicine as served out actually contained a large proportion of aconite, and had then expressed his regret at the loss the pursuer had sustained, offering compensation for the loss the parents had sustained. The sum agreed upon is said to have been found by the firm of wholesale druggists who supplied the goods in error.

The Glasgow Faculty Lectureship.—An official announcement appears in our advertisement columns that an appointment will be made to this post, which is fairly remunerative, at the next meeting of the Court. The lectureship is tenable by any qualified member of the medical profession. The lecturer appointed undertakes to give a course of three or more lectures, as may be agreed on, in the Faculty Hall, Glasgow, on a subject in any department of the medical sciences in which he has made personal research. The fee is 50 guineas. In communicating with the secretary, gentlemen are expected to state the subjects on which they propose to lecture, and to give any other information which they may deem necessary.

University of St. Andrews—The Assessorship.—The supporters of Dr. Benjamin Ward Richardson, M.A., LL.D., F.R.S., have issued a circular, in which they strongly advocate his claims to re-election, on the ground that he has acted as assessor for several years, and is therefore thoroughly conversant with the affairs of the University, and the working of the University Court. This circular is signed by Professor J. Bell Pettigrew, M.D., F.R.S., Dean of the Medical Faculty; and Dr. M'Intosh, LL.D., F.R.S., Professor of Natural History. Dr. Cleghorn has retired from the contest; the battle will therefore wage between Dr. Richardson and Sir Richard Cross.

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We hear, with disgust and indignation, that an outrage has been committed on the statue of Liebig, at Munich. The entire left side of the figure—and especially the head, shoulders, and hands—has been drenched with a dark-coloured liquid, which appears to penetrate into the marble.

MORE MEDICAL BARONETS.

A tardy but nevertheless an acceptable recognition of the services rendered to progressive surgery is at last about to be made to Professor Lister, by the bestowal upon him of a Baronetcy. While foreign Governments and the representatives of medical science in other countries have delighted to do him honour, no reward beyond the consciousness of having done something for suffering humanity, and achieved thereby a world-wide reputation has fallen to his lot in this country. It delights us to announce that this omission is about to be repaired, and we heartily congratulate Mr. Lister upon the coming Royal distinction. Her Majesty has been pleased also to announce her intention to confer a Baronetcy upon Dr. William Bowman, F.R.S., M.D. Dub. (Hon.), LL.D. Cantab. (Hon.), F.R.C.S. Eng. For the past quarter of a century Dr. Bowman has, by professional assent, been considered the leading ophthalmic surgeon, whilst his original work in science has been extensive and of a high order. He has filled the offices of Surgeon to the Royal London Ophthalmic Hospital, Surgeon to King's College Hospital, and Professor of Physiology and General Morbid Anatomy in King's College, London. The Royal Medal in Physiology was awarded to him by the Royal Society in 1842, to which august body he has been several times Chairman and Member of Council.

HOSPITAL NURSING IN DUBLIN.

We are much gratified to learn that the Governors of the Meath Hospital, Dublin, have at last consented to allow the nursing arrangements of the Hospital to be reformed, being induced to do so, we believe, chiefly by the arguments put forth by Dr. John William Moore in his recent introductory lecture and by the persistent importunity of Mr. Lambert Ormsby. The Governors do not seem to have granted this tardy reform with a very good grace, for, as we hear, they have refused to allow the Hospital to bear any of the expense of the improved system, though they are willing it should have all the benefit.

The representations made by the Board of Superintendence of Dublin Hospitals, we hear, have also stirred up the Board of the House of Industry Hospitals to amend the nursing system of these institutions, and the method of doing so is now under consideration.

THE PUBLICATION OF THE PROCEEDINGS OF THE IRISH ACADEMY OF MEDICINE.

Our readers will recollect that at the first general meeting of the Academy for the current session, great dissatisfaction was expressed respecting the incompleteness and dilatoriness of the abstracts of sectional proceedings supplied to the press, and as to the fact that communications made to any section must necessarily remain buried until they appeared in the volume of Transactions at the end of the year. A resolution was then passed remitting it to the Council to make better arrangements, but the Council, finding it impossible to agree upon a practicable method, decided to ask the Association again to decide the question, and therefore convened a second general meeting. At this meeting three propositions were put forward—*a.* that the entire proceedings of the section, papers, and dicussions, should be put in type and handed simultaneously to all editors who desired to receive them, the responsibility for publishing the whole or any part being thus laid upon the editors; *b.* that the *Dublin Journal of Medical Science* should be the recognised organ of the Academy, and should have the whole of the proceedings, other journals being left to publish either the abstracts, or whatever part of the proceedings they pleased to copy; *c.* that each author should have liberty to publish where he pleased.

After a prolonged debate the Academy was unable to decide between these alternatives, so it again sent back the question to the Council, who, at length, after several meetings, declared, without a division, for proposition *c.*, *i.e.*, free trade in publication. It is, therefore, open to each author to put his work before the public through any medium which suits him best, an arrangement which will commend itself to everyone's sense of fairness and expediency.

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In consequence of Mr. Butcher being indisposed, the Board of Trinity College, Dublin, have requested Mr. Wheeler to undertake the examinations in operative surgery at the forthcoming examinations for the Mastership in Surgery.

We understand that the managers of the Dublin Orthopædic Hospital, now situated at Usher's Island, have taken the house, 15 Upper Merrion Street, and are about to transfer the hospital patients thither.

Correspondence.

HYSTERECTOMY OF THE GRAVID UTERUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your article on "Hysterectomy of the Gravid Uterus," in your issue of November 28th, you were good enough to refer to my table of Porro's operations, and to draw a comparison between the results which it shows and those given by Professor Carl von Braun, Fernwald. Your remarks have led several to apply to me for information as to where this table may be obtained. Will you permit me, therefore, to explain that this table containing the records of 129 operations was printed solely for the use and convenience of those who attended the reading of my paper on Porro's operation at the annual meeting of the British Medical Association, held in Liverpool last August? Since this time it has, together with my paper and the account of the discussion which followed, been in the hands of the Editor of the *British Medical Journal*, and I have every reason to believe that, in the course of the next week or two, it will be published in that journal.

In order that the table shall be as correct as possible when published, I have taken the opportunity of correcting such errors as appeared in it when presented at the annual meeting; of filling in from information since derived direct from the operators a large number of deficiences; of removing one case (No. 129) which I have since discovered was not a Porro's operation in any sense, although published under the heading "L'Operation de Porro pratiquée à Constantinople pour la première fois avec succès;" and of adding some cases omitted and others more recent, so that my table will be found to contain the records of 137 true Porro's operations. From this it will be found that the mortality among the women is even greater than that quoted by you from my original table.

I am, Sir, yours, &c.,

Clement Godson.

9 Grosvenor Street, London, W.,
Dec. 10th, 1883.

THE ROYAL UNIVERSITY OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The second resolution which I intended to move if there had been a meeting of Convocation this autumn is even of greater importance than the first, it is "That the Senate be requested to admit undergraduates of the University in the Faculty of Medicine to two examinations in the year." This University was created to afford increased facilities for obtaining a university education, it should, therefore, hold out every inducement that is possible to students to enter its portals and avail themselves of its benefits, but is it likely that a University which only affords *one* opportunity of obtaining its degree in the year will, for any length of time, be in favour? Rather will not this circumstance drive men from its doors, and send them to the licensing corporations, many of whom hold monthly examinations, and nearly all four examinations in the year. In the Dublin University there are four examinations for the first half in medicine, and three for degree examinations; degrees being conferred *three* times in each year. Are we, then, in the Royal to have but one examination in the year? so as to resemble the London University which was the guiding star of the late Queen's.

In consequence of unsuccessful candidates being rejected for twelve months, numbers give up the idea of obtaining a university degree in despair and go to the licensing bodies. I understand that the principal objection to admit students to two examinations in the year comes from the examiners in anatomy, who very properly say that under existing regulations unsuccessful candidates in June cannot before September obtain instruction in practical anatomy. If May and November are the months selected for the examinations this objection is removed, as instruction may be had in June, July, October, and part of November.

The experiment of rejecting men for twelve months was tried some years ago in the College of Surgeons, England, and failed.

The Royal was intended to be the Queen's and something *more*, but the present regulation makes it the Queen's and something *less*, and is certainly not calculated to promote university education in Ireland.

Yours, &c.,

Charles F. Knight, M.D.

91 Harcourt Street, Dublin.
Nov. 26th, 1883.

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EFFECT OF NERVE DIVISION ON TEMPERATURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At a recent important consultation, there being a question of amputation, a distinguished local surgeon vindicated his decision on this ground:—"If the nerve supply of the injured limb were cut off the temperature would be much lower than normal." This view being dissented from, he produced an edition of Bryant (I think the 2nd), in which it is clearly stated, "If the main nerve trunk of a limb be severed by the accident, the temperature will fall 8° or 9° below the normal." Now this is a very absurd and unwarranted statement to figure in an authoritative textbook, especially when you consider that the lives of patients often hang upon such *dicta*, and actually did in the present case. It is one more proof of the infinite value of vivisection. It was only by careful and repeated experiment *in corpore vili* that such a question could have been accurately solved. A mere surgeon was not equal to the task. There were too many elements of doubt and error in his observations. He might have found a fall of temperature in a certain number of cases, but this fall might have been due to any one of a hundred different causes. Your readers will excuse a few quotations from "Foster's Physiology," 4th ed., p. 199 *et seq.*—

"If the experiment of division of the cervical sympathetic be performed on a rabbit the effect on the circulation in the ear is most striking. The whole ear of the side operated on is much redder than normal, its arteries are obviously dilated, its veins unusually full, innumerable minute vessels before invisible come into view, and the temperature may be more than a degree higher than on the other side." . . . "Division of the sciatic nerve in a mammal causes a similar dilation of the small arteries of the foot and leg." . . . "Division of the brachial plexus produces a similar dilation of the blood-vessels of the front limb." . . . "We have already seen that section of the sciatic in a mammal produces dilation of the vessels of the foot, but the dilation so caused after a few days disappears; the foot on the side on which the nerve was divided becomes not only as cool and pale, but frequently cooler and paler than the foot on the sound side."

I am &c.,

T. Esmonde Cahill.

Obituary.

DR. DELANDRÉ, OF LIMERICK.

The announcement of the death of Dr. Delandre was received with intense regret. He calmly breathed his last on Sunday, the 2nd inst., at Rock Abbey, Cashel, the residence of his father-in-law, Dr. Russell, surrounded by those who were nearest and dearest to him on earth. Dr. Delandre left Limerick just five weeks before his death, in the hope that country air and rest from the labours of an extensive practice would renew his failing health. Born in Waterford in 1838, he entered Trinity College at an early age, and graduated with distinction as a Bachelor in Arts and Medicine in 1859. He also studied in the Royal College of Surgeons, of which he became a Fellow in 1865. For some years he served as Surgeon in the Royal Navy, but his liability to sea-sickness compelled him to resign his commission, when he entered the United States Army, as Surgeon in the 158th Regiment of New York Infantry, and saw much active service in the American war. Marching through the day and sleeping on the ground by night, enfeebled by hunger and cold, he passed with his gallant companions through the thick of many a bloody fight to endure still greater privations in the trenches before Richmond. In the official reports of the Commander-in-Chief to his Government, the bravery and coolness, no less than the great humanity of Surgeon Delandre, is the subject of marked praise. Under the murderous fire of the enemy, nothing daunted, he succoured the wounded while death beset him at every step; and where a wounded man needed his assistance he knew no distinction of friend or foe. When Richmond fell, and the war ended, Dr. Delandre returned to his native land, and commenced practice in Limerick, where his skill as a surgeon and success as an operator soon placed him in the front rank of his profession. It would be impossible to speak without seeming exaggeration of the benevolence and charity of Dr. Delandre. Though his good works were done in studied secrecy, they were sounded trumpet-tongued by the poor, to whom his devotion was unbounded. Meat and wine found their way in an inexplicable manner into the abodes of starvation that he visited; and many a bread-winner was restored to his family, thus rescued from the workhouse, by his hidden alms. It is well known to the writer that his skill and attention were never so fully exercised as when they were given gratuitously to the humblest and the poorest. As a scholar, classical and scientific, Dr. Delandre was no less distinguished. His library contained the writings of Hippocrates, Galen, Aretæus, &c., which he read in the original Greek; while such works as Pliny and Plautus were the companions of his leisure hours. In physics and chemistry his knowledge was as exact as it was extensive; and in botany he quite excelled. A pupil of the illustrious Professor Harvey, himself a native of this city, he caught up the enthusiasm of his master, and so obtained a suprising acquaintance, not only with the native flora to the most infrequent wayside weed, but even, while in America, with the species indigenous there. As a highly-cultured gentleman, as a true man in every relation of life, as a skilful and humane physician, and as a friend whom one might "grapple to the heart with hooks of steel," the present generation saw few equals of George Delandre, and no superiors.

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DR. JOHN KENNEDY, OF ELIE.

At the early age of forty-one, this popular surgeon has suddenly passed away, to the universal regret of all who were acquainted with him, either as friend, demonstrator, or patient. He was the eldest son of the Rev. George Kennedy, of Barnyards, Kilconquhar, in which town the early education of deceased was acquired. Afterwards he passed creditably through the High School of Edinburgh, and then attended the University with the view of studying medicine. His ability and attention to studies soon attracted the notice of his professors, and for some time he acted as Assistant Demonstrator to Dr. Handyside, Professor of Anatomy in the Edinburgh University, and the able manner in which he discharged his duties is yet remembered by many. Having obtained the degrees of M.D. and M.R.C.S.E. in 1865, he settled down in Elie in 1868. His abilities and conscientious discharge of his duties soon gained him the affection and esteem of his patients. Besides being devoted to his professional duties, he took a great interest in scientific research. His funeral last week was attended with every mark of respect by a large concourse of patients and townspeople, and much sympathy is felt for his widow.

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Literature.

ELEMENTARY METEOROLOGY. (a)

THE demand for a knowledge of the principles of meteorological science on the part of candidates for the degrees and diplomas granted by the Universities and Corporations in Sanitary Science, has made the want of a good manual on the subject keenly felt. This demand Mr. R. H. Scott has, in the present volume, ably supplied. The work is most pleasantly and ably written, and as it comes from the hands of one who has made the subject on which it treats a special study, may be accepted as an authority. We have read the work carefully through, and have derived much information from its perusal, finding many questions discussed in it omitted in other works we have consulted. On some points Mr. Scott differs from other writers, notably on the origin and cause of the land and sea breezes so well known in the tropics. The old explanation that the air is drawn in from the cooler sea by day, and the reverse action taking place at night is incorrect, Mr. Scott quoting Dampier for saying that the sea breeze begins in the offing and extends gradually to the coast, while the land breeze comes off from the shore and forces its way out to sea. The book is well illustrated, for besides several woodcuts explaining portions of the text there are no less than eleven charts giving the ranges of temperature and pressure in different parts of the world, and also the ocean currents. To the ordinary reader the book will be found interesting and instructive, to candidates for sanitary degrees it will be invaluable, and to these we cordially recommend the work.

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A MANUAL OF CHEMICAL ANALYSIS. (b)

THIS work, now in its third edition, well deserves the reputation it has gained as a most useful guide to the subject on which it treats. It is divided into two parts. The first treats of the ordinary operations of chemistry and re-agents, the preparation of test solutions, a short course of qualitative analysis, and the principles of volumetric analysis. The second treats of medicinal chemicals, their preparations and the methods employed to test their purity. The student of analytical chemistry will find the work most useful, for it commences with a short but clear description of the most ordinary manipulations in chemistry, and it does not, as too many works do, presuppose that the learner knows but little less than his teacher. Still, for all this, the work is by no means an altogether elementary one; the advanced student will find few things omitted for which he may require to consult its pages, and it contains several new processes not to be found in other books. The pharmaceutical student and the public analyst will find detailed processes given for the detection of adulterations in drugs. Here and there these processes might have been more fully described, and there is in some cases an apparent desire to be brief which impairs somewhat the clearness of descriptions given. The illustrations are profuse, if not redundant, for we have noticed the same illustration in eleven different places. There is, however, one advantage gained by this; the reader has the illustration before him, which saves the frequent reference to previous pages. Taken as a whole, we have the greatest pleasure in recommending this work, which deserves a place on the shelves of every laboratory.

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THE prohibition of the importation of American hams and bacon into France, which had been prohibited from fear of trichinosis, has been rescinded.

Pass Lists.

University of Durham.—The following are the pass lists at the Examinations last week for degrees in the medical department of this University:—

Examination for the M.D. for Practitioners of fifteen years' standing.

Dolan, Thomas Michael, L.R.C.S., L.R.C.P., Edin.
MacDonald, Roderick, L.R.C.P., L.R.C.S., Edin.

Examination for the ordinary M.D.

Austen, Henry Hinds, M.B., M.R.C.S.
East, Frederick William, M.B., L.R.C.P., M.R.C.S.
Green, Charles, M.B., M.R.C.S., L.S.A.
Hudson, Theodore Joseph, M.B., M.R.C.S.

Second Examination for the M.B.

Second Class Honours in Order of Merit.

Awdry, Walter R., M.R.C.S.
Travis, W. Owen, M.R.C.S.
Hughes, Henry Milner
Opie, Edward Augustus
Brown, A. T. F., M.R.C.S.
Powell, Simpson, M.R.C.S.
Keatinge, Henry P., M.R.C.S.

Pass List in alphabetical order without Honours.

Gordon, Thomas Elisha
Grinling, J. Campion, M.R.C.S.
Hardie, Robert
Lowes, S., L.R.C.S., Edin.
Mosse, H. Ryding, M.R.C.S.
Norry, W. Augustus, M.R.C.S.
Openshaw, T. H., M.R.C.S.
Parsons, J. Inglis
Robinson, Alfred, M.R.C.S.
Robson, James Matthew, B.A.
Shuter, C. Yaldwyn, M.R.C.S.
Simmons, E. Walpole
Spicer, Frederick
Sumner, J. H. S., M.R.C.S.
Triay, Abelardo
Wheatley, A. W., M.R.C.S.

Examination for the Degree of Master in Surgery.

Travis, William Owen, M.R.C.S.

The Gold Medal for the best essay for the year 1883 was awarded to Dr. Frederick William East. Of twenty-five candidates who presented themselves for the second M.B. all failed to obtain first class honours, seven reached second class, and two were rejected altogether. Of five candidates for the degree of M.S. four were rejected.

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Notices to Correspondents.

THE NEW MEDICAL BILL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to your numerous correspondents relative to the new Medical Bill, would you kindly permit me to say that I published an abstract of the Bill of 1883, which can be obtained from Kimpton, Holborn, London, or Starr, publisher, Wigan, for one shilling. It is an epitome of the Act passed through the House of Lords, interleaved for alterations in the Commons. I think it is very likely the Bill will be introduced in its present form soon after Parliament meets. This abstract, therefore, affords any one an opportunity of readily becoming acquainted with the Bill.

Yours, &c.,
WM. BERRY.

Wigan, Dec. 8, 1883.

THE ROGERS TESTIMONIAL FUND.

(SIXTH LIST.)

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press.*

Yours, &c.,
J. WICKHAM BARNES, Hon. Sec.

Poor-law Medical Officers' Association,
3 Bolt Court, Fleet Street, London, December 6, 1883.

Dr. Jas. Wakley T. Wakley, Esq.	£10	10	0	F. Wacher, Esq.	£1	1	0
				Dr. J H Hughes	0	10	6
C. Bader, Esq.	1	1	0	H. Mallins, Esq.	0	10	6
Lennox Browne, Esq.	1	1	0	Dr. A. Kirkland	0	10	6
Dr. Morgan	1	1	0	Dr. H. M. Morgan	0	10	6
Dr. Milward	1	1	0	Joseph Loane, Esq.	0	10	6
Dr. Webb	1	1	0	Dr. Wallis	0	10	6
Jesse Newington, Esq.	1	1	0	C. Winstanley, Esq.	0	10	6
T. Cheatle, Esq.	1	1	0	J. Selwyn Cowley, Esq.	0	10	6
Dr. England	1	1	0	Dr. H. F. Manley	0	5	0
C. F. Sutton, Esq.	1	0	0	Jas. Hughes, Esq.	0	5	0
Jno. Elliot, Esq.	1	1	0	Dr. Mackinder	0	5	0
F. C. G. Griffin, Esq.	1	1	0	S. H.	0	2	6

DR. BERNARD KELLY.—Your paper on "The Indications for Treatment in Acute Rheumatism" is marked for the first week in January.

QUERIST.—We understand that the patented concoction is composed mainly of fennel, gentian, galanga, absinthe, saffron, with five parts of alcohol to one and a quarter of water.

FEES TO MEDICAL WITNESSES.

J. C. K. asks: I have been summoned as a medical witness by the Crown and detained in Dublin from the 3rd inst to the 6th inclusive, making in all four days and three nights, which the Crown solicitor admits, and when I asked for payment he (Crown solicitor), after putting me to the inconvenience of travelling a couple of times to his office and to Green Street, at last consented to give me £8 16s., which I refused to take, remarking that that sum was considerably beneath what I believed the Government allowed in such cases. I would be thankful if you would say what amount I am entitled to by law, travelling expenses being £1 7s. 8d.

(a) "Elementary Meteorology." By Robert H. Scott, M.A., F.R.S., Secretary to the Meteorological Council. International Science Series. London: Kegan, Paul, Trench and Co.

(b) "A Manual of Chemical Analysis, as applied to the Examination of Medicinal Chemicals." By F. Hoffmann, A.M., P.L.D., and F. B. Power, Ph.D. Third edition. London: J. and A. Churchill.

[You are entitled, according to the Attorney-General's recently revised rule, to—1. £2 2s. each day from starting to return, including time lost in travelling—say four days = £8 8s. 2. 10s. per night hotel expenses—three nights, = £1 10s. 3. First-class return ticket—say £1 7s. 8d. 4. Car hire (if any) at 8d. per mile going and 4d. returning. Total, £11 5s. 8d., besides car hire.—Ed.]

Mr. F. E. Watson.—Eno's Fruit Salt is a proprietary medicine, and cannot be sold under any name which is a colourable imitation; it consists of the sulphate and citrate of magnesium, bicarbonate of sodium, tartaric acid, and sugar. It is a harmless and useful medicine, but its price is absurd.

An Old Reader asks: What is the best treatment for marks (to remove them) left on the skin by the application of nitric acid fort.?

[If our correspondent is an "Old Reader," he should know that there are no means of removing the marks left by nitric acid.—Ed.]

THE TREATMENT OF STAMMERING.

A Correspondent inquires if there is any institution in the United Kingdom where children afflicted with stamering can be sent, either by payment of fees, or as a charity? If there is no such institution, are there any practitioners who have given this subject their especial study? Can any of our readers supply this information? We, unfortunately, do not know of any.

Dr. Graily Hewitt will please receive our best thanks.

AN ETIQUETTE CASE.

A. and B. write: A message was sent to A. at 10.30 a.m. to see a patient, æt. 80, whom he has attended for eight years. A. had started on a round of visits and did not get home until 2.30 p.m., when he received the message to go as soon as he could, and bring something, as the patient was suffering from a bad cough. A. got to the house, three miles distant in the country, at 3.30 p.m., but the patient refused to see him. Ascertaining from the servant maid (the only person in the house with him, his daughter being away for the day) that no fresh medical aid had been summoned, and hearing loud groans from an adjacent room, and knowing the peculiarities of the man, A. thought it his duty to see him, and accordingly went into his room, where he found him sitting before the fire, but was told by the patient that he would have nothing to do with him, although the unavoidable delay was fully explained to him. At 1.30 a.m. the following morning (or ten hours afterwards) A. was aroused by the patient's servant to know where B. lived, as her master wanted him to come to see him. A. gave the girl full directions, and in half-an-hour B. called on A. in passing, to say he was going. A. told the circumstances of the case to B. who went. A. and B. live in the same town, are and always have been good friends. Query.—Was B. justified in going to A's. case and taking it into his own hands, or should he, under the circumstances, have refused to see the man except in consultation with A.?

[It is the privilege of any patient to change his adviser when he pleases, and there is nothing to prevent a practitioner who is thereupon called in undertaking the case if he has not already been brought into it as consultant. Therefore, in our opinion, no breach of medical etiquette was involved in B's. line of conduct. If he had lived in a city, probably the fact of A's. having been in attendance would have been concealed from him, and he would have acted as he did without laying himself open to censure. But we think B. would have done well, and possibly he adopted this course, if he had urged upon the patient the necessity for a consultation with A. Medical etiquette should not limit the freedom of a patient or the responsibility of the practitioner, and should be subservient at all times to the good of the case.—Ed.]

MEETINGS OF THE SOCIETIES.

Wednesday, December 12th.

Hunterian Society.—At 7.30 p.m., Council.—8 p.m., Mr. Bryant, On some Peculiarities in the course of Strangulated Hernia.—Mr. Charters J. Symonds: (1) The Reliable Signs of Fracture of the Neck of the Femur; (2) Fallopian Tubes and Ovaries removed for Relief of Uterine Fibroid.

Royal Microscopical Society.—At 8 p.m., Dr. J. H. T. Flogel, On Sections of Diatoms.

Edinburgh Obstetrical Society.—At 8 p m. (to-night), Business: Exhibition of Specimens:—By Dr. Angus Macdonald—(1) Ovary with Tube, from a Case of Salpingo-oöphorectomy; (2) Fibroid Tumour from a Case of Hysterectomy; (3) Slough produced after Sims' Operation for Removal of Carcinoma of Cervix. By Professor A. R. Simpson—(1) Placentæ and Membranes from a Case of Triplets, sent by Dr. A. T. Sloan, Penrith; (2) Anencephalic Fœtus, sent by Dr. Henry Barnes, Carlisle.—Dr. Angus Macdonald, On two Cases of Extra-uterine Gestation, one Operative.—Discussion on Professor Freund's Paper on Extra-uterine Gestation, read on 27th June, 1883.

Thursday, December 13th.

Ophthalmological Society of the United Kingdom.—At 8.30 p.m. Living Specimens, &c., at 8 p.m.—Dr. S. Mackenzie, On Anæmia as a Cause of Retinal Hæmorrhage.—Mr. Nettleship, On a Case of Sympathetic Iritis following Immediate Excision for Injury.—Dr. Brailey, On the Various Forms of Sympathetic Ophthalmitis.—Mr. Simeon Snell, On Two Cases of Retinal Glioma, in one of which shrinking of the eyeball occurred without perforation.—Dr. G. A. Brown, On a Case of severe Conjunctivitis with Formation of Membrane on the Corneæ, caused by whisky thrown in the eyes.—Mr. Priestley Smith, On Blood in Sheath of Optic Nerve from a Case of Cerebral Hæmorrhage, and a Model illustrating Conjugate Movements of the Eyes.—Mr. A. Stanford Morton, On a Case of Congenital Unilateral absence of Lacrymation in a Boy.—Mr. E. Nettleship, On a Case of Sympathetic Ophthalmitis in which the Eyelashes became White.—Mr. W. J. Milles, On an Improved Microtome, with a new method of Embedding Eyes.—Mr. W. H. Pigeon (for W. A. Brailey), Microscopic Specimens, showing the Development of Bacteria in Jequirity Infusions.

Friday, December 14th.

Academy of Medicine in Ireland (Medical Section).—At 8 p.m., Living Specimen: Dr. Walter G. Smith, Lupus of 17 years' standing cured within 4 months. Specimens exhibited by card: Dr. C. J. Nixon, (1) Abscess in Temporo-sphenoidal Lobe; (2) Scirrhus of the Pylorus.—Dr. J Magee Finny, (1) Gangrene of the Lung; (2) A Perfect Specimen of a Guinea Worm. Papers: Dr. C. F. Moore, Notes on a Skin Disease now prevalent.—Dr. Walter G. Smith, A Case of Pulsating Liver.—Dr. C. J. Nixon, Notes on a Case of Brachial Monoplegia (patient exhibited).—Dr. J. Magee Finny, Gangrene of the Lung.

Clinical Society of London.—At 8.30 p.m., Dr. Cayley, On Pneumothorax occurring in the course of Typhoid Fever.—Dr. S. West, On a Case of Complete Recovery from Pneumothorax without Effusion of Fluid.—Mr. C. J. Symonds, On Cases illustrating the Relation between Labial Herpes and Rigor.—Dr. J. K. Fowler, On a Case of Subcutaneous Nodules in an Adult Male.—Living Specimens (8 p.m.): A Case of Charcot's Joint Disease attacking the Right Elbow and Foot, by Mr. Clement Lucas.

Vacancies.

Ballymahon Union, Abbeyshrule Dispensary District. — Medical Officer. Salary, £120. Election, December 18. (See advt.)

Bath General Hospital.—Resident Medical Officer. Salary, £100, with board, &c. Applications to the Registrar before December 20.

Glasgow Faculty of Physicians and Surgeons.—Faculty Lectureship for 1884. Honorarium, 50 guineas. Applications to the Secretary. (See advt.)

Kent Hospital —House Surgeon. Salary, £50 per annum, and board. Applications to the Secretary at the Hospital, Canterbury, before December 21.

London Hospital.—Surgical Registrarship. Salary, £100. Applications to the Secretary before December 17, of whom full particulars are obtainable.

Liverpool Northern Hospital.—House Physician. Salary, £80, with board, &c. Applications to Chairman of Committee by Dec. 14.

New Ross Union.—Workhouse Medical Officer. Salary, £40, and £10 as Consulting Sanitary Officer. Election, December 19. (See advt.)

Oldcastle Union.—Workhouse Medical Officer. Salary, £120. Election December 31.

Appointments

Bricknell, E. S., L.R.C.P. Ed., L.R.C.S. Ed., Honorary Medical Officer to the Fever Hospital, Queenstown, Cork.

Harris, A. G. R., L.R.C.P. Lond., M.R.C.S., Medical Officer for the First District of the Pembroke Union.

Hodges, R. W., L.R.C.P. Ed., Honorary Medical Officer to the Fever Hospital, Queenstown, Cork.

Jakins, P. S., M.R.C.S., Surgeon to the Western Ophthalmic Hospital, Marylebone Road.

Main, R., L.R.C.P., L.R.C.S. Ed., Medical Officer to the Ilsley Districts of the Wantage Union, Berks.

Paislor, H. H., L.P.C.P. Ed, M.R C.S., Medical Officer for the Second District of the Holsworthy Union.

Rygate, B. R., M.B. Dur., M.R.C.S., Medical Officer of Health for St. George-in-the-East, London.

Stokes, F. A., L.R.C.P. Lond., M.R.C.S., Senior Resident Medical Officer to the Great Northern Hospital.

Births.

Bryan.—December 5, at Island House, Littlehampton, the wife of F. C. Bryan, M.R.C.S.E., of a son.

Gange.—December 5, at 40 Court Street, Faversham, the wife of F. A. Gange, M.D., of a daughter.

White.—December 6, at 51 Rutland Square, Dublin, the wife of Dr. Wm. Dudley White, of a son.

Marriages.

Broadbent—Harrison.—December 6, at St. Mary Abbott's, Kensington, Samuel Winn Broadbent, M.R.C.S.E., of Dalton-le-Dale, Sunderland, to Julia Louisa, daughter of the Rev. Wm. Gorst Harrison, Rector of Easington, co. Durham.

Speedy—Dooley.—December 6, by special licence, Albert Ormsby Speedy, son of the late Robert Duffield Speedy, F.R.C.S.I., to Rebecca Anne Dooley, daughter of the late Samuel Dooley, Esq., Moorchurch, co. Meath.

Deaths.

Barratt.—Dec. 1st, at his residence, Grand Parade, Brighton, Edgar Barratt, M.D.

De Landre.—Dec. 2nd, at Rock Abbey, Cashel, Bartholomew George De Landre. M.B., of 2 Crescent, Limerick, aged 46.

Keene.—Nov. 27th, James Keene, F.R.C.S., M.R.C.P., Aural Surgeon and Lecturer to the Westminster Hospital, aged 49.

Madden.—Dec. 3rd, at Dechmont House, Linlithgowshire, N.B., William Herries Madden, M.D., F.R.C.P., late of Torquay.

Spry.—Nov. 3rd, at Ferozepore, East Indies, Surgeon-Major Henry William Spry, Her Majesty's Indian Army, aged 52.

Wall.—Dec. 4th, at 41 South Mall, Cork, John Wall, M.D., of typhus fever, contracted in the discharge of his duty.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 19, 1883.

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A Course of Lectures

ON

THE EYE: ITS DISEASES, AND THEIR REMEDIES.

Being an Abstract of a Course of Lectures delivered in the Royal College of Surgeons in Ireland

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.I.,

Professor of Ophthalmic and Aural Surgery in the College;
Ophthalmic Surgeon to the House of Industry Hospitals.

(*Continued from page* 504.)

Contagious Ophthalmia.

THE foregoing history of a case of muco-purulent ophthalmia is applicable to the contagious, as well as the idiopathic, form of the disease, with the difference that the contagious forms is always more severe and dangerous.

These acute and destructive forms of purulent ophthalmia are strictly infectious and have three forms—

a. The infantile;
b. The gonorrhœal;
c. The so-called Egyptian,

all of which have their first cause in infection, and are almost the same in their symptoms and result, though differing in their origin.

Infantile Ophthalmia (Ophthalmia neonatorum) is believed to be the result of the accidental application to the eye of unhealthy leucorrhœal discharges in the transit of the child through the vagina during parturition. The milder forms of it are extremely common, and are usually attributed by the uneducated classes to the effect of the light to which the eye is for the first time subjected. The more acute forms are usually to be seen in the lower classes amongst whom it is, in some degree, a superstition to avoid cleanliness of the infant after birth. The disease incubates for about three days after birth, and is generally not seen by the surgeon until a week has elapsed when the chemosis of the lid and purulent discharge are fully developed. It runs the course of acute muco-purulent ophthalmia, which I have already described, for about three weeks, and, if corneal sloughing does not take place, which it very frequently does, the chemosis passes off and the eye recovers with no worse result than, perhaps, a slightly granular condition of the lid.

Gonorrhœal Ophthalmia is the result of direct contamination of the conjunctiva with gonorrhœal matter, usually by means of sponges, towels, or water which have been used for cleansing by gonorrhœal patients, and by this means the disease may be communicated to several members of a household without suspicion as to the cause. I have more than once known it to be acquired to the lower classes by their washing their eyes with the urine of a patient who, unknown to them, was suffering from gonorrhœal discharge, it being a common belief among such people that urine is an excellent eye-wash. The stages of the disease are precisely those which I have described, but in the acutest form, this being the most intense and dangerous of all the ophthalmiæ, frequently resulting in corneal sloughing in spite of every care.

Egyptian Ophthalmia (so-called) is a disease endemic and epidemic among Eastern nations, and amongst our own countrymen when resident amongst them, and it has its origin in the insanitary conditions of life in these places, being aggravated by the dryness of the soil and the great heat and brilliancy of the sun. It is also believed to be widely propagated by the flies which are so numerous in tropical countries, and which may convey the discharges from diseased to healthy eyes. The disease received its name from a terrible epidemic of it which raged among our soldiers in the first Egyptian Expedition under Sir Ralph Abercromby, on which occasion hundreds of our troops were invalided home—more or less blind for life. In the recent Egyptian campaign the disease also showed itself, but due precaution having been taken, improved sanitation being enforced, and better methods of treatment employed, the epidemic was overcome without much trouble. The disease or its treatment differ in no important respect from the acute muco-purulent conjunctivitis already described, and some light has been recently thrown on the possibility of the spread of ophthalmia by this means, it having been observed by M. de Wecker, of Paris, that a true purulent ophthalmia may be produced by inoculating the conjunctiva with an infusion of the seeds of the *Abrus precatorius*, or *Jequirity*, which sets up an acute muco-purulent ophthalmia, in the discharges of which micrococci are found in abundance.

Causes of Conjunctivitis.—This form of disease may arise from—

a. Cold and damp.
b. Contagion.
c. Direct injury from chemicals or scalding liquids.
d. The efflorescence of the exanthematous fevers.

The ordinary "cold in the eye," arising from exposure, seldom gives rise to anything more than discomfort, and is rarely attended with any danger. The contagious forms are the most severe, and they run a definite course, being greatly aggravated, and perhaps induced, by confinement to crowded and badly-ventilated rooms. For this reason they frequently run through schools, and workshops, and workhouses, and they are the scourge of the lower classes in Ireland in consequence of the miasmatous atmosphere in which they spend their in-door life. The pernicious effects of bad air in these cases is manifested by the rapidity with which these infectious ophthalmiæ get well whenever the patient can be induced to face the fresh air and light.

The conjunctivitis arising from scalds by chemicals is, of course, proportionate in intensity to the extent of the injury, and the nature of the agent. When a circumscribed portion of the conjunctiva is scalded, the injury seldom produces a general conjunctivitis, but when the liquid covers the entire conjunctiva there is often very severe consequent inflammation. A splash in the eye of vinegar or of bad whisky is a common cause.

Treatment of Conjunctivitis. *Simple Catarrhal Ophthalmia.* — The first duty of the surgeon in treating conjunctivitis is to remove the cause if possible. If there be a foreign body it can be readily dealt with—if the eye has received a chemical scald it must be cleansed and treated as will be explained when I come to speak of conjunctival injuries, and if the disease be one arising from contagion every precaution against its spread must be taken. In simple catarrhal conjunctivitis, the purpose of the surgeon should be to shorten the period of recovery and to prevent the development of granular hypertrophy of the papillæ of the lid. The disease itself will—if left untouched—pass through a regular course and disappear after about ten days; but that time may be shortened and much discomfort allayed by judicious treatment. For the first two or three days, where the disease is marked by the congestion of the vessels which is known as the "blood-shot" eye, and by the sensation of heat, itching, and dryness, no irritant or astringent applications should be made. The general feverishness of the patient should be relieved by gentle purgation, and by a mild combination of alterative and diaphoretic. (*a*)

In full-blooded adults it may also be necessary to give a dose of podophyllin or blue pill to unload the portal circulation. The patient should be confined to the house until the acute stage is over, but not longer, and the eye should be shaded from brilliant gaslight; but I disapprove of close dark rooms and of the application of compresses, bandages, or handkerchiefs over the eye.

A non-stimulating evaporating and sedative lotion applied externally over the lids is soothing and effectual to reduce the sensation of heat and itching, and the feeling of a grain of sand under the lid. A lotion at this stage of the disease is for evaporation, and not to form a stupe, and it should therefore not be applied, as is usual, on a doubled piece of lint covered by a bandage or handkerchief. Half-a-dozen small scraps, not larger than a penny, of a torn handkerchief should be thrown into a tumbler with a quantity of the lotion, (*a*) into which a lump of ice may be thrown, and one of them laid over the closed eye, and changed for another as quickly as it becomes warm or dry. Dark glasses, close rooms, and hot stupes are unnecessary and objectionable at this stage, and leeching is generally uncalled for. When the disease has passed through the inflammatory stage, astringents may be applied with advantage. A drop of solution of nitrate of silver, 10 grains to the ounce, applied inside the lower lid twice or thrice daily will be sufficient, and it may be desirable to evert the upper lid and brush it over with a 20-grain solution, taking care to wash it off as soon as the astringent effect is perceptible. This line of treatment is usually sufficient, but, of course, if the disease be more acute, and developes into a muco-purulent ophthalmia, a more vigorous line, such as is suitable for the acute infections of ophthalmia, should be adopted.

Acute Muco-Purulent Ophthalmia.—At the onset of an attack of infantile, gonorrhœal, or Egyptian ophthalmia, the gravity of the disease is manifested by the rapidity and violence of the attack. The heat and itching of the eye are intolerable, and are often accompanied with starts of lancinating pain radiating from the eyeball to the temple. The eye appears highly congested, and the lids puffy. There is a well-defined feverishness, the clinical thermometer shows an advanced temperature, not only of the system generally, but of the eye itself; the tongue is also coated. In presence of these symptoms, judicious inquiry should be made to ascertain the possibility of infection—in the newly-born infant the cause is obvious —and if there be reason to suspect gonorrhœal contagion the most active measures should be adopted to reduce the inflammation. In the first place, the sound eye should be well washed with an antiseptic solution, and bandaged with antiseptic gauze in order that the infection may not extend to it. Then from one to four leeches should be applied to the hollow of the temple. The side of the nose over the *os unguis* is a good situation when only one or two leeches are necessary, but the inside of the lid, which is often selected, is objectionable, as the leeching is liable to increase the chemosis, and the bleeding is difficult to stop. The artificial leech is useful, because it is more rapid in action and more precise in the amount of blood drawn, but it is often difficult, in anæmic subjects, to get enough blood by it.

The bleeding being stopped, a hot poppy stupe or a large soft linseed poultice should be placed over the eye, brow, and cheek, covering a large surface. The stupe should be applied on a handkerchief doubled to the size of the hand, and being applied as hot as possible, it should be covered with a piece of oiled silk and retained in position by a soft handkerchief bandage, and kept so as long as any heat remains. This stupe may be used as often as is desired, and in the interval the eye should be protected by a compress bandage or a dry soft handkerchief. If violent pain in the temple exists, a hypodermic injection of morphia should be put in on the temple, a calomel and opium purgative should be given, and a non-stimulating dietary enjoined. Where the stupe is not employed a liberal painting of extract of belladonna rubbed up with very small quantity of glycerine may with benefit be applied over the largest surface of the brow, and a large hot soft linseed poultice applied next the skin instead of the stupe. I think the poultice loses half its efficiency if it be covered with paper or muslin, as is usually done for cleanliness' sake.

When the purulent discharge is abundant it must be allowed free exit from between the lids and the edges of

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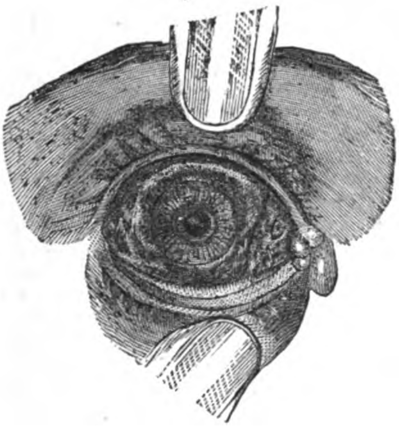
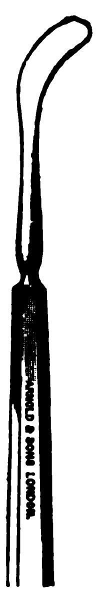
(*a*) ℞ Hyd. c. magnesiâ, gr. 1 to 4;
Pulv. antimonialis, gr. ½ to 1;
Pulv. Doveri, gr. 2 to 8.
Ft. pulvis. One night and morning.

(*a*) ℞ Aq. laur. ceras., ʒiij.;
Vin. opii, ʒj.
Ammoniæ muriatis, gr. lx.;
Aq. rosav. ad. ℥vj.
Ft. lotio.

the lids must be kept clean; but I do not approve of eye douches or of much syringing or wiping. It will be sufficient to draw the lids asunder from time to time with the two thumbs and to wipe away the discharge with antiseptic cotton.

In the second stage of the disease, and if the cornea is untouched, a solution of silver nitrate as strong as 30 grs. to ounce may be dropped into the eye without hesitation, and will help to check the discharge and reduce the swelling; but the 2 gr. or 3 gr. solutions which are frequently used are totally valueless. When the chemosis is developed, the most dangerous period has arrived, and the condition of the cornea must be carefully watched, for, if the conjunctiva around it be so swollen as to check its nutrition, sloughing of the cornea will follow. As I have said, when this fatality is threatened the cornea assumes a peculiar hazy appearance resembling muffed glass, as shown in the above illustration, and if the disease progresses its edge first becomes infiltrated with pus which gradually extends throughout the structure, and a partial or complete slough is established, which results in perforation of the cornea and escape of a part or the whole of the contents of the eyeball. When this condition manifests itself, as here illustrated, it is necessary to incise the chemotic conjunctiva with freedom, not merely scarifying, but going deep through its substance. The instrument best adapted for this purpose is the convex-edged bistoury shown in the margin. This process usually gives escape to a quantity of serum and some blood, and affords much relief, but it does not always save the cornea, which, if it is about to slough, becomes quite hazy, and, as it were, muffed, and shortly shows a small patch of purulent infiltration at its margin. If this should happen a more stimulant line of treatment ought to be adopted if the patient be not too feverish. Bark with ammonia in effervescence may be administered with advantage, and the stuping constantly repeated to allay the corneal irritation. By this means the sloughing, if it occurs, may be confined to a small patch, and the greater part of the eye saved. Occasionally there may be a sufficiently-defined abscess of the cornea to admit of its being punctured and the pus evacuated; but generally speaking, the pus is distributed between the corneal layers, and does not escape when tapped, so that that operation seldom produces much benefit. If the eye escapes the danger of corneal sloughing, it usually recovers undamaged after a somewhat tedious convalescence, for these ophthalmiæ seldom involve the internal structures. The worst that commonly happens is that a certain amount of chronic conjunctivitis remains and is troublesome to cure.





(To be continued.)

THE INDICATIONS OF TREATMENT IN ACUTE RHEUMATISM.

By BERNARD KELLY, M.D., L.K.Q.C.P., L.R.C.S.Ed.,
Medical Officer for the Fifth District of St. Olave's, Southwark.

In order to treat any disease rationally, and, at the same time, effectually, we must, first of all, endeavour, unless we prefer to follow the easy, open path of empiricism, to ascertain its cause, both predisposing and exciting, and acquire an intimate knowledge of its special pathology. Without these preliminary conditions, all our efforts, however well intended in other respects, are sure, in the majority of cases, to prove fruitless; and in the few exceptional ones where we may happen to succeed, our success is always purchased, whether we regard it in the light of valuable time misspent, or of much human suffering unnecessarily inflicted, at a dear rate.

It is not a little surprising that a disease of such common occurrence and apparently so simple as rheumatism should, at all times, elicit views regarding its etiology so conflicting and incongruous. Nor is this discrepancy confined to the humoralists and solidists of the past, the majority, I may add, setting it down as a blood disease, thus showing the preponderance of the doctrine of humoralism over its sturdy rival; but we find it affecting pathologists of the present day, some ascribing it to an accumulation of lactic acid; others to the retention of uric acid in the system. The most recent, and to me, I must confess, the most extraordinary and farfetched theory yet advanced, is that which attributes the disease to minute organisms (bacteria !) and which, if accepted, would reduce it to the pathological status of a malarial fever. In proof of the presumed correctness of this view, the efficacy of salicin and the salicylates is advanced, as though there could be any rational and cogent connection between the therapeutical action of a drug and the existence of microzymes in the system. The iodide of potassium, for instance, is a very excellent anti-syphilitic agent, but it would be little short of preposterous to impute all the diseases in which it may be serviceable and even highly curative to a specific source. Colchicum and aconite possess powerful antipyretic properties, but does it follow from this that the defervescence due to their action is the direct result of the wholesale destruction of bacteria? Either we must admit that all fevers, whether essential or symptomatic, are due to an infection of the system by germs, or we must modify very decidedly our ideas respecting the physiological action of drugs. In either case the difficulties, were the profession so disposed to stultify itself by surrendering doctrines, the truth of which has not yet been disproved, and accepting others which, so far as we can judge, are purely visionary, would be all but insuperable; and I doubt gravely whether we should be much the gainers thereby in the long run. For my own part, I am still quite satisfied to walk with the antiquated herd, rather than with the few and fashionable, and to dissent *in toto* with the speculation in question. Now, as to the nature of rheumatism. For me, and for all those who think with me, it consists of an inflammation of the sero-fibrous structures of the larger joints—due, neither as a direct nor a remote cause, to the accumulation of lactic, uric, or any other organic or inorganic acid in the system, but resulting from exposure, more or less prolonged, to the influence of cold and wet, or—which is about tantamount to the same—the sudden and violent depression of the normal temperature of the body. Here, as in the case of other exciting and predisposing causes of disease, there is a very wide divergency in the powers of resistance exhibited by individuals, some falling an easy prey to its invasion, while others only yield after a long and trying ordeal. But whether the struggle be short or protracted, the disease is always the same, both in its local manifestation and the constitutional disturbance and grave secondary complications to which it frequently gives rise. As a rule, when a healthy person is exposed to the temporary or transient influence of cold and moisture, the reaction which follows is limited to a general warmth, mild in its access, and pleasurable and even salutary in its effects. But, should the individual be of a frail and delicate constitution, this reaction often assumes a formidable aspect, lights up an inflammation of some internal organ, most generally the pleura and lung, or locates itself in the joints, determining what is called acute articular rheumatism. In addition to predisposing and physical causes, depressing moral emotions, and sudden and severe shocks of the nervous system often play no small or unimportant part in the drama. Why the joints should be more obnoxious to the deleterious action of cold and wet than the other portions of the osseous system may be easily understood when we consider their exposed and comparatively superficial location, being merely covered by the skin and thin fibrous tissues, whereas the shafts of the bones lie deep and are well protected by thick layers of muscles, including the common integument. Hence it is that persons well fed and warmly clad are, all other things being equal, rarely affected by the disease ; while, on the contrary, the ill-nourished, ill-housed, and poorly-clothed are the chosen victims of its ruthless ravages. The order in which the joints are most generally involved affords strong presumptive evidence, if not positive proof, in favour of the hypothesis advanced—the knees and elbows, the ankles and wrists—the most superficial, and possibly the least protected—being usually the parts first invaded, the shoulders and hips often escaping, or being only secondarily attacked.

Although rheumatism is an inflammation, and, as we all must admit, a very severe one, it exhibits a peculiarity which stamps it as *sui generis*, and which consequently distinguishes it from all other phegmasiæ—viz., that suppuration never counts as one of its terminations, it matters not how long it may have persisted, or however intense has been its types and character. The fibrous and synovial tissues bear the entire brunt of the inflammatory process; and instead of pus, as already intimated, we get serous or gelatinous effusion into the bursæ and cavities of the joints, and an abundant crop of uric acid, due to tissue-metamorphosis, the direct result of hyper-oxidation of the nitrogenous elements of the parts. And here I must assert, should the previous sentence require a confirmation, that I am still unshaken in my conviction that uric acid is a more highly oxidised substance than urea. The latter, in its simple anhydrous state, contains, it is unnecessary to say, no water of crystallisation ; but it does not cease, on that account, to be urea. It would, therefore, be unreasonable and consequently unscientific, to import so many atoms of water (HO^1), the constituents of the more complex and hydrated form, in order to prove that it is more highly oxidised than uric acid. Now, water of crystallisation is no more essential to the chemical constitution of urea than it is to that of the sulphate of iron, or the sulphate of copper ; yet we know that these substances lose nothing of their chemical properties and composition by desiccation, or that they become on that account less highly oxidised. Urea, in a word, stands much in the same relation to uric acid—so far as the amount of oxygen it contains—as carbonic oxide does to carbonic acid ; and, as in the case of carbonic oxide, so it only requires a slow or partial combustion (cremacausis) to produce urea, but a more energetic and thorough one to obtain uric acid. Hence the former predominates in a state of health ; the latter is always relatively increased during the active stage of febrile and inflammatory affections. Then again, if we have recourse to figures, we find that urea, anhydrous ($C_2H_4N_4O_2$), only contains oxygen in the proportion of one to four, while uric acid ($C_{10}H_4N_4O_6$) embraces the same element in the ratio of one to three of its other constituents. So much by way of digression.

In acute articular rheumatism uric acid never deposits itself in the joints, but is freely excreted as such, or in the form of urates, by the kidneys. In gout, on the contrary, which, with Chomel and others, I consider a low type of rheumatism, occurring in feeble and cachetic constitutions, and not unfrequently the appanage of luxurious livers and their ill-starred descendants—facetiously styled, on that account, by the older writers, *Dominus morborum et morbus dominorum*—the uric acid always largely locates itself in the joints in the form of tophi, composed of the urates of soda and lime, the soda being supplied from the blood circulating in the parts, while the lime is, in a great measure, obtained from the contiguous bone structures. In the former case, or that of rheumatism properly called, the circulation being comparatively vigorous, the acid products of tissue-metamorphosis are removed as fast as formed, whereas, in the latter (gout), the circulation being slow and languid, and the joints involved being the smaller and more distant from the heart, the substances in question remain *in situ*, giving rise to the adventitious growths alluded to.

Hence it is that in rheumatism the tendency of metastasis to remote organs—the heart, brain, pleuræ, and lungs—is infinitely greater than in gout, the uric acid and its compounds being carried freely to all parts of the system, while they gravitate, from want of force, or suction power in the heart, to the smaller joints in the other. In gout, also, the uric acid expends its force, and with it, perhaps, its deleterions action in the production of bodies (concretions), in themselves comparatively innocuous, although often leading to deformity, ulceration, and pseudo-anchylosis of the joints ; whereas in rheumatism, in addition to exciting serous inflammations often fatal in their proximate or remote effects, it induces fundamental changes in the physical and chemical constitution of the blood, which renders it in a great measure unfit for normal or healthy nutrition. The liquor sanguinis is not only deprived of its alkaline constituents, but the blood corpuscles are robbed of the potash contained in their interior, and even, it would seem, of the hæmatin of their cell-walls, judging from the well-marked etiolation generally presented by patients in the course or at the close of the disease. How far these changes conduce to an increase of the fibrin of the blood would not be easy to say ; but that they have something to do with it is not at all improbable. And here I would briefly allude to a possible source of fallacy on this question. We know that albumen in its normal state contains, among other inorganic salts, a notable quantity of free soda, which renders it fluent in the blood, and that when the alkali is removed by the presence of an acid, it becomes spontaneously coagulable, a fact which, if not fully understood and duly considered, might easily mislead as to an increase of fibrin — so much do both those substances, in the condition mentioned, simulate each other. Again, when heat is applied to a liquid containing albumen, the latter becomes, as we know, coagulated by losing its alkali, which is abstracted by the heat. This physical change probably takes place in rheumatism and inflammatory affections, the soda being rendered more soluble by the increased temperature of the liquor sanguinis.

The anæmic condition above alluded to is quite capable of giving rise to cardiac murmurs (hæmic) other than those attributed by Bouillaud to metastatic inflammation of the heart and its membranes, and should be clearly distinguished from them. But the observations and research of the renowned Professor in this direction are not the less significant and important on that account.

Speaking of inflammation of the heart and its membranes, the question arises, Is myocarditis, pure and simple, ever the direct result of acute articular rheumatism? For my own part, I am inclined to answer the question in the negative, and to place the disease in the same category with affections of the muscles in other parts of the system. The fact that it sometimes ends in suppuration would also favour this view. When, however, the suppuration assumes the form of multiple and miliary abscesses, the disease not unfrequently results from ulcerative endocarditis.

What is not a little remarkable of metastases, whether of gout, rheumatism, erysipelas, and probably of parotitis, is that the organs or parts so affected are never, so far as I have observed, spontaneously relieved by what might be called a metarrhoea, or secondary metastasis, but retain the inflammation till removed by the intervention of art, or till death supervenes as a direct or remote contingency. When an inflammation remains stationary in a joint without showing any tendency to motility or metastasis, the great probability—nay, the almost absolute certainty—is that the disease is not rheumatism, but a simple acute arthritis. This affection, when left to the resources of Nature, or unchecked by inadequate treatment, often ends in suppuration, gelatinous or pulpy degeneration of the synovial membrane, or anchylosis, more or less complete, of the joint. It is in a stroma or nidus of this kind (pulpy degeneration) that the species of tumour known as spindle-celled sarcoma is so apt to develop.

Metastatic abscesses due to pyæmia and located in the joints are sometimes prone to simulate the symptoms of rheumatism and acute arthritis; but they should be carefully distinguished from them, no less in a pathological than a therapeutical point of view. Furthermore, although a joint may be acutely sensitive, and greatly swollen (and herein lies another source of fallacy), it by no means follows that the actual degree of inflammation is at all commensurate with the subjective and objective phenomena in question, as, on post-mortem examination, there is often a total absence of any lesion or alteration of structure which might account for the gravity of the local and constitutional symptoms during life. The arthralgia so commonly met with in hysterical patients and those suffering from disordered menstruation, and which is sometimes mistaken for genuine disease of the parts, the "nervous mimicry of joint-disease," as Sir James Paget truly expresses it, should also place us on our guard against forming too hasty an opinion or over-confident diagnosis. The same remarks will apply, as holding good, to the sympathetic pain of the knee-joint experienced so constantly by patients during the early stages of hip-disease.

(*To be continued.*)

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ON THE COMPARATIVE DEATH-RATE OF TOTAL ABSTAINERS AND MODERATE DRINKERS, AS DISCLOSED BY THE RECORDS OF INSURANCE COMPANIES. (a)

By Dr. C. R. DRYSDALE,
Senior Physician to the Metropolitan Free Hospital.

In his opening remarks the author of the paper said he had compiled the following statistics to make more clear than before the effect of alcoholic drinks in causing disease and death, and they certainly tended to make it evident to all who were familiar with medical evidence that alcohol in future should, like ether, chloroform, and opium, be considered merely as an agent of the physician, and not as a safe article of daily consumption. The effect of alcohol in causing disease had gradually become known. In 1865 Dr. Lancereaux, of Paris, found that 1-20th of all the deaths occurring in the Parisian hospitals were due to drink, and Drs. B. W. Richardson, Norman Kerr, and the Committee of the Harveian Society had estimated the deaths in the United Kingdom directly caused by alcohol at about 40,500 annually, which was also not far from 1 in 20 of all the annual deaths occurring in these islands. Dr. Lees had shown at Bradford in 1881 that the Rechabites, or teetotallers of that city had had an average of 4 days 2 hours of sickness, and a death-rate of 1 to 141, as against the Oddfellows, who had had 13 days 10 hours of sickness and a death-rate of 1 in 44 annually. Many of the London insurance companies recognised the fact that teetotallers' lives were much better than those of moderate drinkers, and they gave bonuses and exacted lower premiums from total abstaining customers. The Emperor made a reduction in its premium equal to an immediate bonus of from £5 to £8 on an assurance of £100 to total abstainers, *i.e.*, the difference of the premiums would secure that amount more assured. In the Whittington Insurance Company teetotallers and moderate drinkers are kept separate, and the former receives a much larger bonus every five years than the latter. Mr. John Phillips, of the Sceptre Life Assurance Company, says that thirty years' experience has proved that total abstainers are much better lives than moderate drinkers. He mentions that, for the six years ending Dec. 31, 1881, the expected claims in the General Section were 373, and the actual claims 287, or 77 per cent., whilst in the Temperance Section the expected claims were 130, and the actual claims 64, or only 46 per cent. of the expected claims. And this, too, in a society where the largest amount of business was obtained from a most abstemious and regular class of persons, a fact shown by the comparatively low death-rate of those insured in the General Section, far lower than is usual among moderate drinkers. Yet the total abstainers here, as elsewhere, live far longer. In the Briton Life Association, which has the honour of having Dr. B. W. Richardson on its Board of Direction, total abstainers are allowed at once to insure their lives at premiums of 10 per cent. less than those of moderate drinkers, and it is believed that even this is more than they ought to pay in consideration of their far lower demands on the funds of the office. A new company, the Blue Ribbon Life, Accident, and Industrial Insurance Company, indeed, has commenced at once to allow a lower premium to all total abstainers than the one usually charged by companies which insured moderate drinkers, besides granting bonuses on the profits every five years, as is common to other insurance companies. The results of the Temperance and General Provident Institution have been long known. That society has about 10,000 policy-holders who are total abstainers, and some 20,000 who are moderate drinkers. The death-rate of the moderate drinkers is far higher than that in the Sceptre; for, in the 16 years between 1866 and 1881 there were 4,080 deaths expected to occur among these moderate drinkers, and 4,044 did die, or about 99 per cent.; whereas, on the other hand, of 2,418 deaths expected to occur among the total abstainers only 1,704, or 70 per cent., died. And in those 16 years the widows and legatees of these moderate drinkers were expected to ask for £833,792; but the actual claims were £869,058, or an excess of £35,266. The teetotallers, on the other hand, who were widows and legatees, were expected to demand £481,000, but actually claimed only £321,840, leaving in the hands of the Company no less than £159,160. It further appears that the quinquennial bonuses payed in this society to teetotallers were 17½ per cent. greater than those paid to moderate drinkers. In hot climates the mortality caused even by moderate drinking among Europeans is very great. Thus, Colonel Sykes, in 1849, in Madras found that the total abstaining troops had 5 deaths in 450 abstainers, whilst 100 deaths occurred among 4,318 moderate, and 42 deaths among 942 immoderate drinkers, *i.e.*, at the rate of 11·1 per 1,000 for the abstainers, 23·1 for the temperate, and 44·5 for the intemperate. Mr. Bowser, at a meeting of the Whittington Life Office, in 1881, mentioned that the death-rate in the Temperance Section had only been 23 per 1,000, and in the General Section it had been 50 per 1,000. The London, Edinburgh, and Glasgow Insurance Company insures both lives and against accidents, and in both sections finds that the total abstainers are far safer. In the prospectus of the Accident Insurance Section it says: "A policy-holder who is and continues to be a total abstainer from alcoholic fluid is allowed, after three years, a further reduction of 7½ per cent., making 20 per cent. in all, by

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(*a*) A paper read at the quarterly meeting of the British Medical Temperance Association in Nov., Dr. B. W. Richardson in the Chair.

way of bonus upon the above conditions, instead of 12½ per cent. as allowed in the General Section." The Lancashire and Yorkshire Accident Company acts in the same way, and claims to have been the first company to think of giving this boon to teetotallers.

Taking all these wonderful statistics together, Dr. Drysdale said that henceforth it was out of the question to argue that a daily dose of alcohol could do no harm. That was quite against the evidence of these statistics. As a consequence of them, he confidently maintained that medical men would, in the future, have to become themselves total abstainers, and advise their patients to become so, only using alcohol in case of disease. As it was at present, if some one-twentieth of the population died poisoned by alcohol, that agent could only be regarded as one of those formidable "positive checks to population," which cut off the surplus numbers where the birth-rate was, as here, too high for the food supplies to maintain in health and comfort.

THE CHEMISTRY OF HEALTHY HOMES. (a)

By Dr. STEVENSON MACADAM,
Professor of Practical and Analytical Chemistry in the Edinburgh School of Medicine.

The lecturer began by pointing out the great progress that in recent years had been made in sanitary science. Statistics now plainly proved the value of sanitary measures. The death-rate and sick-rate of many towns have been lessened or reduced in proportion as sanitary works have been carried out. Such health measures have consisted in the avoidance of overcrowding, the opening up of air spaces in towns, which are the lungs of a populous place, the systematic removal of house garbage, the improvement of the water supply, alike as to quantity as well as quality, and the introduction of modern drainage and sewerage properly ventilated. These measures have succeeded in many cases in warding off fevers and other ailments, and in reducing the mortality from 28 to 20 per 1,000 annually, being in the proportion of four deaths being brought down to three deaths, or 25 per cent. less, and virtually declaring that where four people died previously, then only three shall die now. But sanitary reform commended itself not only to professional and municipal authorities collectively, but individually to all of us; and Dr. Stevenson Macadam impressed upon his audience that sanitary reform is of a private, or at most of a semi-public, character, and must begin at home in the ventilation of our rooms and houses, and the efficient cleansing of such, in cleanliness of person and clothing, in proper food, both solid and liquid, and in proper, thoughtful interest in, and supervision of, all home sanitary affairs. The chemistry of sanitation demanded a special knowledge of air, water, and drainage; and every householder ought to possess a sufficient acquaintance with these three health agents, which might be conveniently termed the air factor, the water factor, and the drainage factor. The air factor ranked first; and of the constituents of the air oxygen gas was the most important for the life of all animals. The lecturer proceeded to illustrate the deadly character of the carbonic acid gas which, in breathing, we throw off, and of the water vapours and organic matters which also are thrown off in the same process. Carbonic acid gas was a deadly poison; in other words, the air we breathe in is flame and life-inspiriting air, but the air we breathe is a deadly air. Over and above the gases and vapours, the atmosphere of our rooms is liable to contain more or less dust diffused throughout the air. The dust of our rooms is accompanied by minute fibres, hairs, and scales from skin. The noxious effects of these gases and vapours we inhale have been at times mournfully illustrated. They had all heard of the Black Hole of Calcutta, where 146 prisoners were confined with plenty of elbow room, but comparatively little air space, and practically no ventilation, and in a few hours 123 were dead, and only 23 survived, but with enfeebled frames, which they never got the better of. Another catastrophe of the same kind occurred after the battle of Austerlitz, where 300 Austrian prisoners were confined in a small apartment with moving space, but not air space, and 260 died, leaving only 40 survivors with more or less wrecked constitutions. Again, in a Londonderry and Clyde steamer some years ago, the steerage passengers were, during a storm, kept in the forecabin, and many died. But in most cases fatal results do not immediately follow, though the most noxious effects are more or less apparent. The vitiated air in confined rooms, when breathed in part at least over and over again, soon throws the animal system out of tone, the general health becomes impaired, there is quickly a falling off in the muscular and nerve power, the man or woman becomes more or less unfit for work, the boy or girl more or less unprepared for school, and all become more predisposed to ailments, especially those of a pulmonary character. How, then, are we to guard our houses from the deadly influences which we are thus daily engendering. First, we must have capacious houses; and, second, we must see to the ventilation of our houses. In the ventilation of any room means should be provided both for the ingress of pure air and the egress of the foul air. In the proper ventilation of our rooms we must provide equally for the entrance of the good air and the exit of the bad air. The vent or chimney must always be an important ventilator—very powerful when the fire is on and the long chimney heated, but also, though less powerful, when the fire is not used, provided the damper is kept open and the vent is not choked with a bag of straw or other rubbish. Always keep the vent open. The ventilation of a room may be assisted much during its occupancy by a reasonable amount of ventilation, which may be carried out without draught. Without any special ventilation at all, but leaving the room door ajar by a single inch, or at most by two inches, and the chimney vent be open then the ventilation will proceed in a somewhat satisfactory manner, still more so if the window can be opened a little. Any system of ventilating an apartment is most materially aided by a fire in the room, and the great safety in the occupancy of many of our small houses lies in the fact that the living and sleeping rooms are one and the same, and that the fire required for daily wants does triple service in the cooking of food, the warming of the apartment, and the ventilation of the house. Whatever difficulties there may be in the ventilation of our rooms when they are occupied by sitters and sleepers, there can be none when morning time comes, and the husband goes to his work, and the children to school. Then the intelligent housewife should see that the windows are thrown open, and if convenient, the doors too, and let the fresh air flow in abundantly, not only to chase out the foul air but to dry up the animal moisture and burn up and oxidise the animal organic matters which have condensed on walls and furniture during the evening. Beds should be well aired, the blankets and sheets being turned over. Inattention to such aeration of rooms and to the proper daily-cleaning of apartments and furniture leads to the encrusting of the walls, doors, and furniture, as well as bedding and carpets or rugs, with animal organic debris, which in time begins to decompose, and communicates to the house a fusty and fœtid aroma, most difficult to eradicate by even half yearly cleanings. These remarks should apply with greater force to bed-closets than even to rooms themselves. All doors of bed closets should be kept wide open at night, if, indeed, they be not removed altogether. We should remember that there are gases and vapours exhaled from our animal systems by day and night from the atmospheric sewage of humanity, and the quantity of such is large. During each day every man woman, and child consumes eight ounces, or one-half pound of carbon within the animal frame, and such in the population of Edinburgh—viz., 250,000, gives 125,000 lb. of carbon, or more than 55 tons, which, calculated by the year, yields 20,000 tons of carbon. As exhaled, this carbon is evolved as carbonic acid to the amount of 60,000 tons annually from man alone. Other animals will yield as much, and coal-fires, gas-jets, candles, and lamps will bring the total carbonic acid up to 300,000 tons each year. When you add to that the water vapour from the lungs and skin, and which, for each human being, averages 24oz., or 1½lb. per day, and for the population of Edinburgh 167 tons per day, or 60,000 tons per year, as well as that from other animals, and coal and gas, we get at least 200,000 tons of impure water vapour, making, with the 300,000 tons of carbonic acid, no less than 500,000 tons of aerial impurities from ourselves and our houses, which pollute the atmosphere and coustitute the aerial sewage of the city of Edinburgh. Granting that we who are the polluters do our duty to ourselves and our homes, and by efficient ventilation and cleanliness allow these impurities to escape from our houses into the open air, then we may rest satisfied that natural forces and natural agencies will not fail to assist in getting rid of the pollution. By the law of diffusion of gases, at work by day and night, in sunlight and in dark, in summer and in winter, all noxious gases and vapours which are allowed to pass into the open air are quickly diffused throughout the atmosphere. Winds waft the air to and fro on the surface of the earth. Rain showers tend to purify the atmosphere by washing down the impurities to fertilise the soil. Electric storms assist in clearing the air of noxious principles, and plants are ready to absorb the deadly carbonic acid, and give us back pure life-inspiring oxygen in its stead. Our part of the purifying work is very simple. All we need do is to cease imprisoning the polluted air within our homes, and put forth our hand to liberate the deadly and poisoned air, and the God-ordained natural forces and agencies then complete the mighty task. The practical application of this lecture might be summed up in the following lessons :—(1) Pure air is food to us; (2) polluted and stagnant air is poison, slow but not less sure; (3) never let air stagnate in rooms or houses; (4) have reasonable ventilation of our rooms by open doors or slightly open windows, or other ventilators; (5) never shut dampers in grates, but remove them and keep the vent open; (6) thoroughly air all sleeping apartments during the day; and lastly (7) assist and do not impede nature in the restoration of pure and wholesome air for the impure atmospheric sewage of humanity. Remember, too, as household words for ourselves and our little ones :—That a healthy man in an unhealthy home is surrounded by circumstances which are opposed to the continuance of the robustness of his constitution; that a healthy man in a healthy home has much in his favour in his sojourn through life on this earth; and that even an unhealthy man in a healthy home has the advantage of much which will palliate his ailments and will tend to lengthen his days.

(a) Abstract of Lecture delivered under the auspices of the Edinburgh Health Society, December 8th.

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Clinical Records.

UNIVERSITY COLLEGE HOSPITAL.

Unusual termination to a Case of Pelvic Cellulitis—Bursting of the Abscess at the end of a Year at the Umbilicus.

Under the care of Dr. GRAILY HEWITT.

Reported by Mr. A. H. Mason, late Obstetric Assistant.

The following case, the history of which extends over a considerable time, presents features of interest :—

S. S., æt. 26, married six years and a half, mother of five children, was admitted into University College Hospital on March 21st, 1881, suffering from pelvic cellulitis. Patient was confined on January 23rd, 1881, of her fifth child. Labour lasted eight hours, fairly easy, followed by a considerable amount of hæmorrhage. On the second day patient noticed pain and swelling in left side, the pain extending down the left groin into the thigh. On the tenth day after confinement she got up and remained up the next day, but then had to return to bed on account of the pain, and since then up to the time of her admission has kept either in bed or in an easy chair. Pain was absent when patient was lying or sitting still, but on exertion or coughing became very great. She described it as a "strangling pain in the left groin." She lost flesh during her lying-in.

On admission there was found to be an effusion above Poupart's ligament on the left side, four inches broad, extending one inch across the median line towards right side, excessively tender, and situated between the peritoneum and the abdominal wall. The most external part is the tenderest.

Vaginal examination shows uterus to be a little to the left of the median line. Cervix somewhat lacerated to the right and left. On the right side of the uterus is an induration evidently continuous with the effusion felt above Poupart's ligament.

The treatment adopted consisted of rest in bed, poultices, attention to the bowels, hot vaginal injections twice a day, and soothing medicines.

Under this treatment the symptoms abated, and the swelling diminished gradually.

On May 23rd the notes showed it to be only half its former size, though the tenderness still remained. Her temperature continued a little high, averaging 100 deg.

On May 26th pain left her, and temperature, for the first time, was recorded as normal.

June 9th.—She got up, and on two following days, when pain returned again, and temperature rose to 101 deg.

Examination showed the abdomen to be very tender, and the effusion seemed to have extended.

27th.—Uterus still fixed on the left side, and tissues infiltrated, but there appears to have been a good deal of absorption of the effusion. There are two tender spots, one on the extreme right, and another on the extreme left of the effusion, but it is not tender as a whole.

Eventually she left the hospital on July 28th for the Convalescent Home at Eastbourne.

A little less than twelve months after this, June, 1882, as nearly as she can remember, she noticed a swelling around the umbilicus about the size of a hen's egg. About a fortnight after the appearance of the swelling, she was seized with pain in the abdomen, which lasted with great severity for three weeks. Patient applied hot fomentations and turpentine, and then, three weeks after the first attack of pain, she noticed a discharge from the umbilicus, which continued for six months. She was treated at the hospital as an out-patient, compresses being applied over the pubes continuously to favour the escape of the pus, which welled upwards from this spot to the umbilicus. This pressure was continued for some weeks. She became pregnant before the discharge ceased, and in September, 1883, was confined of a living male child. The labour was quite natural, and followed by no bad symptoms.

Dr. Graily Hewitt stated that the case was a very peculiar one. When the patient was in Hospital it was at one time intended to puncture the swelling, but it seemed to diminish, and finally there seemed no reason for so doing. The effusion, however, was not absorbed completely, as the result showed. The curious feature in the case is that the pus formed lower down or behind the symphysis pubis, and had finally made a channel for itself as far as the umbilicus where an opening formed and the fluid escaped. The patient now (November, 1883) reported herself at the hospital as having susbequently passed through another confinement, and as being together with the child perfectly well.

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France.

[FROM OUR SPECIAL CORRESPONDENT.]

Fracture of the Patella.—At the Société de Chirurgie, M. Verneuil presented the patella of a man who died in the hospital from tuberculous disease. A month before his decease he fell in the ward and fractured the patella of the left knee in three places. The limb was immediately placed in apparatus and a blister placed on the knee, there was but half an inch between the fragments. A few days afterwards a starch bandage was applied, and in three weeks perfect bony consolidation was obtained without suture of the fragments or tapping of the articulation. M. Verneuil terminated by referring to an attempt made by a German surgeon to promote bony union in fracture of the neck of the humerus; the patient did not die, but the result was deplorable. M. Berger considered that the case of M. Verneuil was rare, he thought the re-establishment of the functions by the treatment of the atrophied triceps should always be sought after. As to suture he would only admit it in old cases where the deformity was such that walking became impossible.

Hysterectomy.—M. Lucas Championni re read a paper on hysterectomy in reference to the treatment of the pedicle. He had practised the operation four times, and in one case he left the pedicle inside, as in the case of ovariotomy, but the result was such as to prevent him from following that method in future. Queirel, of Marseilles, performed hysterectomy five times, and obtained three perfect cures. He always left the pedicle outside. The principal indications of the operation are: rapid increase of the volume of the tumour, pain, hæmorrhage, infiltration of the inferior members, and difficulties in connection with the functions of the bladder and the intestines. M. Championnière could not readily accept the view of his *confrère* of Marseilles as to the facility of this operation, for he considered it a very serious one, and should not be resorted to unless all other means were exhausted. M. Pozzi said that two important questions were raised *à propos* of hysterectomy. The question of the treatment of the pedicle was now settled in favour of the extra-peritoneal method. But there was another question, that of the mode of ligature, and it seemed to be fully shown that preference should be given to the elastic ligature. It was said that the elastic ligature set up a too rapid section of the pedicle, but that was an error, as the section is not complete before the twelfth day. M. Ferrier performed the operation seven times, and four of the patients succumbed. The first case was that of a solid tumour of the uterus complicating an ovarian cyst. It was impossible to operate on the uterus, and partial hysterectomy was performed, the patient succumbed on the third day. The second case was that of a woman, æt. 63, who had an enormous cystic tumour of the uterus, the patient succumbed to shock. A third case was that of a sister of charity who bore a fibrous tumour, of the size of an adult's head, in the uterus. The tumour was brought outside by an abdominal incision, and resected in the usual way, the pedicle was left out; death supervened on the fifth day. Although more than half of his cases failed, he was far from considering hysterectomy a bad operation, but he thought that it required to be perfected, when it might become as successful as ovariotomy.

A woman was fined 48 francs in one of the departments for having performed the Cæsarian operation on a woman who died suddenly in the first stage of labour. The operation was performed at the instigation of the priest, who wanted to baptise the child. The instrument used was a razor, and there appeared to have been no attempt made to preserve the child alive, as, after baptism, it was replaced. The incident created some scandal in the country.

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Ext. cinchona, 4 grs. ;
Arsenious acid, 1-10th gr. ;
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For one pill, one three times a day.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, December 14th.

Sir **Andrew Clark**, Bart., M.D., President in the Chair.

MYXŒDEMA.

The **President** announced that the time had arrived when, in the opinion of the society, a formal investigation into the subject of myxœdema should be entered on, especially since so many important facts bearing on the disease had been communicated to the society at its last meeting. He therefore nominated a committee to consider the whole question, the members of which were as follows :— Sir W. Gull, Dr. Ord, Dr. Semon, Dr. Cavafy, Dr. Goodhart, Dr. Hadden, Dr. Mahomed, Mr. Durham, Mr. S. Jones, Mr. Godlee, and Mr. Pugin Thornton.

Dr. **Cayley** read a case of

PNEUMOTHORAX OCCURRING DURING TYPHOID FEVER.

The patient, a girl, æt. 14, was admitted into the London Fever Hospital, April 26th, on the 8th day of a severe attack of typhoid fever, characterised by great prostration, muttering delirium, muscular twitchings, pulmonary congestion, and severe diarrhœa. She was treated by cold baths and occasional large doses of quinine. On May 9th, when apparently convalescing, signs of pleurisy of the right side appeared, and on May 13th pneumothorax with very severe dyspnœa and symptoms of collapse. The chest was twice punctured, and air escaped with a hissing sound. The second time a few drops of pus also came through the trocar. She gradually improved, and by June 20th the signs of pneumothorax had disappeared. The author mentioned a case which had been reported by Dr. Gairdner, and said that the probable cause was the breaking down of an embolism of the lung.

Dr. **Samuel West** on a

CASE OF COMPLETE RECOVERY FROM IDIOPATHIC PNEUMOTHORAX, WITHOUT EFFUSION OF FLUID.

A. B., male, æt. 24, had right pneumothorax, probably due to influx of a small phthisical cavity. He was aspirated and relieved. Amphoric breathing and bell sounds were audible over whole side, but slowly disappeared, the bell sound going first, and the patient recovered. In one month the bell sound had disappeared, and in six weeks all trace of amphoric breathing. Healthy respiratory sounds were audible over the whole side, and the patient was discharged well. He has continued well for a year since. Points of interest were discussed:—1. The question whether his hole was patent for some time or not? 2. The cause. 3. The occurrence of subcutaneous emphysema after paracentesis. Why does pneumothorax not occur often after fractured rib? 4. Records of 24 other cases of complete recovery, with short analysis of them.

Dr. **Mahomed** observed that he had seen cases of typhoid fever in which the condition of the lung was such as to render the production of pneumothorax imminent. In this the lung was in a peculiar spleen-like state not found in any other condition but that resulting from prolonged fever. On several occasions he had found the bronchial tubes remarkably dilated, and in these pneumothorax was only averted by death of the patients, collections of pus being visible in them through an exceedingly thin pleura, the rupture of which might very readily have occurred. He had himself watched the progress of Dr. Cayley's case and could testify that it was in just such a condition as would most favour the production of pneumothorax ; and the complete recovery it underwent had greatly astonished him. The rapid improvement was due, probably, to absence of previous severe inflammation of the pleura, and to the short time during which the lung was compressed, and it tended to illustrate the importance of speedy evacuation of air contained in a chest under such circumstances. Nevertheless the puncture should not be made too early in the case.

Mr. **Jonathan Hutchinson** said he had seen many cases of pneumothorax following fracture of the ribs. In some, life had been preserved by puncture of the chest, performed for the relief of urgent dyspnœa. As a rule, however, in these surgical cases absorption of air proceeded very satisfactorily, so that it was not wise to resort too speedily to puncture for its evacuation.

Mr. **Page** narrated a case in which the first rib had been fractured by a cart wheel, and urgent symptoms quickly set in. The patient was seen by Mr. Page four hours after the accident, and was in a state of extreme prostration. The chest was aspirated and a quantity of air withdrawn ; the lung immediately expanded, and the displaced heart and liver resumed their normal position. Within a quarter of an hour the patient was easy and comfortable, and thenceforth progressed to complete convalescence, having been two or three times subsequently aspirated with advantageous results. A small quantity of blood was withdrawn at the end of the first operation ; no harm whatever arose from it.

Mr. **Pearce Gould** said he had, last year, under his care at Westminster Hospital, a boy who had been run over, but who had not suffered fracture of any rib, although the lung had been ruptured. His dyspnœa was extreme and necessitated aspiration of the thorax, after which the lung expanded, and breathing became easy, and recovery was complete. No air remained within the pleura, which was emptied by elastic recoil. A few drops of blood escaped at the end of the operation, and were accepted as an indication for its cessation.

Dr. **Maclagan** described the case of a gentleman who had been thrown from his horse against the trunk of a tree. There were no fractured ribs in this case, but the left pleural cavity contained a large quantity of air; the symptoms, however, not being urgent in character, tapping, though considered, was not performed, and the case gradually and completely recovered, the contained air having been entirely absorbed. Dr. Maclagan observed that the distressing symptoms of pneumothorax were universally proportionate to the dimensions of the chest.

Mr. **Symonds** referred to the case of a cachectic intemperate man, suffering from cellulitis of the foot, who was one night attacked with severe dyspnœa and right pneumothorax, his condition being so urgent as to demand immediate aspiration. Air was forcibly expelled, and great relief ensued, but the patient subsequently died. The chest contained fluid and pus but the lung was healthy. Dr. Goodhart, by whom the post-mortem examination was made, suggested that a pulmonary vesicle had ruptured, and so caused the pneumothorax observed during life.

Dr. J. K. **Fowler** observed that displacement of the heart was due to dragging over of the lung on the opposite side, and that it was interesting to consider the explanation together with that which ascribed the result to increased pleural tension.

Dr. F. **Taylor** said that in a case of acute pneumonia under his care some years ago, pneumothorax had followed the acute disease, and he would like to know if any similar instances had been observed. In his own case some fluid existed in the pleura also; there was no severe dyspnœa; and the air was gradually absorbed. The patient remained well for twelve months, when slight hæmoptysis occurred, and tuberculous symptoms supervened. It became a question whether the pneumothorax had been set up by the pneumonia, or whether it was a result of the individual's phthisical tendency.

Mr. **Godlee** remarked that wounds of the lung did not take long to heal, and that early evacuation of air contained in the pleura was desirable, so that the lung might not be too long under compression. It was of interest to learn that absorption of the pus in Dr. Cayley's case had taken place, and he wished to know how this would influence the advice given as to treatment.

Dr. **Angel Money** referred to the occurrence of a distinctly tympanitic note in a case of pneumonia under Dr. Wilson Fox's care in University College Hospital, three years ago. This note, according to Walshe, was found in acute pneumonia. Had Dr. Taylor noticed it?

Sir **Andrew Clark** said he had found that, in certain forms of acute pneumonia, a tympanitic note could always be evoked from the upper part of the chest.

Dr. **Taylor** was quite certain that a bell-like sound was produced in the case he referred to. He could not speak positively as to succussion. Dr. Habershon had also seen the case, and he, too, had observed the phenomena described.

Dr. **Money** added that he, too, had obtained a bell-sound in his own case.

Dr. **Semon** requested the President to recapitulate the history of a case the outline facts of which he had already communicated to Dr. Semon.

Sir **Andrew Clark**, complying with the request, said that some years ago he had under his care in the London Hospital a case of pneumothorax in a phthisical man, in whom the phthisis made no progress in presence of the pneumothorax, which latter condition had, therefore, been allowed to persist during eighteen months. During Sir Andrew's absence, however, in the summer, a new house-physician was appointed, and to him it appeared desirable that the patient should be relieved from the pneumothorax under which he laboured. Accordingly, an operation was performed, and on the return of Sir Andrew to the hospital he found that his patient, being cured of pneumothorax, was rapidly succumbing to phthisis, which disease, indeed, speedily ended his life.

Dr. **Cayley** said that the symptoms of pneumothorax in his case resulted from embolism. Pus had not collected in any large amount.

Dr. **West** reaffirmed his conviction that pneumothorax was of comparatively rare occurrence in cases of fractured ribs, but he would be glad to know in what percentage of cases it had been noticed. Displacement of organs was the surest means of diagnosing pneumothorax, to produce which pressure was not required in the way described by Dr. Mahomed. Respecting treatment, he thought cases did fairly well if let alone, and tapping was unnecessary if the first attack was overcome. Sometimes, however, it was absolutely called for as a relief to symptoms.

The **President** said that he had observed pneumothorax occurring in cases of disseminated caseous pneumonia, when it was caused by melting down of the deposits on the lung.

Mr. **Charters J. Symonds** read notes of

CASES ILLUSTRATING THE RELATION BETWEEN LABIAL HERPES AND RIGOR.

His attention was first called to the connection between the phenomena by a personal experience in 1880. After unusual exercise in the open air, a severe rigor lasting five hours, followed by profuse sweating ensued. The temperature reached 105° F. The next day no ill effects were experienced, and the health was as good as usual. Two days after the attack an abundant crop of herpes appeared on the lips and tongue, unaccompanied by any other symptom. The factors considered to be acting in producing this attack were, fatigue, exposure to the sun, the air, however, being only moderately warm; a sensation of dread experienced when about to plunge into the water from a boat, followed by undue chilliness. Other cases in which a rigor preceded herpes were given, viz., ague, operations on the urethea, erysipelas, *i.e.*, to show that there was nothing peculiar to the form of disease, and that therefore the eruption had no special connection as seemed to be thought with pneumonia, but indicated that this disease had come on suddenly and severely with a rigor. From these facts it was considered that labial herpes was directly due to the rigor. It was also pointed out that the accompanying pyrexia was not alone sufficient to produce the herpes, as the latter was absent in many well known febrile affections. Again herpes did not appear after every rigor. Some other factor, therefore appeared to exist, but what this was remained in doubt. It seemed equally difficult to explain why the second and third divisions of the fifth nerve should be specially selected, its occurrence over the distribution of the first being rare. It was pointed out that with a common "cold sore" there was always some chilliness, and that perhaps in those where the herpes exists without catarrh, some unrecognised cause such as fatigue may have acted, or that this eruption may be a disease of itself, attended with its own fever and rigor. Verneuil was referred to as describing a traumatic herpes. It was suggested in conclusion that a rigor is a necessary precursor of labial herpes, but that some factor other than pyrexia is associated with it. The author also inquired as to how far simple fatigue might be considered to be a cause of rigor, or of more severe affections.

Dr. **Longhurst** suggested the desirability of being informed concerning the particular diet indulged in by Mr. Symonds on the memorable day he had described. Pneumonia and ague might occur without the accompaniment of herpes, and he inclined to associate the latter condition with deficient activity of the biliary functions.

Dr. **White** drew attention to the fact that physiologists had demonstrated the presence of a heat centre in the brain, by which certain functions of the body were controlled, he considered this was of importance in connection with Mr. Symonds' paper.

Dr. **Crocker** pointed out that Mr. Hutchinson had long since written on the connection between herpes and rigor. It was seen in typical acute pneumonia, and in acute gastritis. It was not confined to the lips but might be found on any part of the face and ears. An epidemic ocurred seven years ago in a school, where the eruption appeared on the legs of those afflicted.

Dr. **Semon** observed that rigors were constant in relapsing fevers, and persistent. He had seen 160 cases of such fever in Berlin, and out of the number only 10 or 12 exhibited an herpetic eruption.

Dr. F. **Taylor** mentioned a case in point.

The **President** remarked that the state of the nervous system was an important factor in these cases.

Dr. **Maclagan** said that severe rigors occur from slight causes in children, and that Mr. Symonds had reduced his nervous system below par by hard work, previously to undergoing the severe exercise which was indulged in before the rigors commenced.

Mr. **Hutchinson** was much interested in the paper, with every word of which he fully agreed, and was surprised that any part of it should be new to members of the Society. For twenty years past he had taught that herpes of the lips was symptomatic of rigors. He regarded them as being caused by universal tension and partial closure of the arteries, as shown by Brown Sequard. Surgeons possessed an advantage in being able to make careful study of rigors, the extent of which proportioned the amount of herpes on the lips. There was undoubted truth in the general doctrine that herpes was symptomatic of shivering.

Sir **Andrew Clark** corrected the error committed by Mr. Hutchinson in quoting Brown-Sequard instead of Cullen as the author of the explanation given.

Mr. **Symonds** said he had no intention to bring forward as a novelty the connection between herpes and rigors. He could not remember what he eat on the day in question. He was not hysterical.

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EDINBURGH OBSTETRICAL SOCIETY.

December 12th, 1883.

Dr. **Angus Macdonald** in the chair.

Exhibition of Specimens.

Dr. **Angus Macdonald** showed—

1. Ovary with tube, from a case of salpingo-oöphorectomy.
2. Fibroid tumour from a case of hysterectomy.
3. Slough produced after Sims' operation for removal of carcinoma of cervix. All the cases from whom the specimens were obtained have recovered.

Professor **Simpson** showed—

1. Placentæ and membranes from a case of triplets, sent by Dr. A. T. Sloan, Penrith.
2. Aner-cephalic fœtus, sent by Dr. Henry Barnes, Carlisle.

Dr. **Webster** described a knot on the umbilical cord of a new-born infant.

Dr. **Angus Macdonald** then read

THE HISTORY OF TWO CASES OF EXTRA-UTERINE PREGNANCY,

in one of which the operation of laparotomy and intestinal resection was performed with the most gratifying results. *Case I.*—Mrs. S., married, æt. 28, was admitted to the Royal Infirmary in May of the present year, complaining of abdominal distension, pain, and œdema of the left leg, and great exhaustion. She menstruated regularly till Oct., 1882, when menstruation stopped. Shortly after she complained of great pain in the abdomen, for which she took some medicine, which relieved her. In December she was troubled with vomiting and sickness in the morning, which lasted four weeks, when they ceased. She states that she distinctly felt fœtal movements until a month ago. In February her breasts contained milk. Four weeks before admission she was working very hard at home, and thinks that she over-strained herself when she had pain and noticed her abdomen beginning to swell. Her family and previous history were good. From date of admission to June 12th a varying amount of pus and blood was seen in her motions. July 5th.—Abdomen flaccid and much smaller than before. No pain is felt on pressure. The uterus can be felt above the pubis. A tumour is felt *per vaginam* behind and to the right of the uterus; its surface is very irregular, and is found to extend above the brim of the pelvis on the left, as well as on the right. The sound enters the uterus about five inches. Through the rectum the tumour is felt, especially on the right side, pressing on the surface of the rectum. On September 5th the general condition of the patient had improved, yet there was very marked exacerbation of pain after each attempt at motion. That condition of the patient was such that Dr. Macdonald felt that he could no longer leave the patient without doing something for her. He therefore determined to operate, and on Oct. 9th, 1883, assisted by Drs. Chapman, Dunlop, and Playfair, he opened the abdomen, with antiseptic precautions, omitting the spray. The peritoneum was reached without difficulty. It was then found that the remains of the fœtus were attached to the right and posterior aspects of the abdominal wall. What appeared to be an abdominal adhesion of the cyst was torn asunder, and the bones of the skull and other bones removed. When the apparent cyst was drawn forward from the wound, it was found to consist of about 5 or 6 inches of the small intestines, the walls of which where they lay in relation to the abdominal wall, were thick, softened, and almost gangrenous. In the cavity in which the fœtal bones lay there was a considerable amount of fæcal matter. A loop of intestine, which was adherent to the part above mentioned, was carefully separated from the rest, and was found to contain a fæcal fistula also. The whole of the rest of the contents of the cavity where the fœtus lay were now completely removed, and the cavity sponged out. The portion of the intestine already mentioned, whose wall formed part of the cyst, was now cut out, and the healthy ends of the bowel brought together as completely as possible by a continuous cat-gut suture, care being taken to approximate the raw edges completely without including any of the mucous membranes. The stitches were passed very close to one another, and this part of the operation took up considerable time. The gap in the mesentery was also brought together by continuous suture. During the operation there was some hæmorrhage, completely arrested, however, by the sutures. The edges of the fæcal fistula above referred to having been thoroughly rawed, were carefully brought together by cat-gut suture. The abdomen was now sponged dry, and the wound closed, a large india-rubber drainage-tube being introduced at the lower angle of the wound, so as to extend to the bottom of the cyst. The patient recovered from the shock of the operation. From the 12th Oct. to the 22nd Oct., fourteen days after operation, the patient continued gradually to improve, and has continued to do so till the present time, when the wound is entirely healed. There is neither abdominal distension, nor abdominal dulness in any part. The abdomen, when percussed over the seat of the fœtal sac, gives a perfectly resonant note. The bowels have gradually improved in their action, and are now perfectly regular and opened only once daily. It may be stated that for some time during her stay in the hospital she was much troubled with diarrhœa. The patient is putting on flesh and is getting up daily. She walks easily, and feels to be gaining strength. I examined her, said Dr. Macdonald, *per vaginam* this afternoon, and I now find that all pelvic thickening is completely gone. The uterus natural in size, and quite movable, and not a trace of any deposit or tenderness can be felt. After some explanatory remarks on the case, Dr. Macdonald gave the record of another case, which, though containing many points of interest, did not call for the same amount of attention. In the discussion that took place,

Dr. **Underhill** congratulated Dr. Macdonald on the value of his paper and the success of so important an operation.

Professor **Simpson** expressed some difficulty in opening the discussion on so large a subject. He held that many of the cases of hæmatocele were due to an extra-uterine sac bursting. The diagnosis does not influence our methods of treatment, the first object being to restrain the existing hæmorrhage—ice bags to treat immediate symptoms. The proof of our diagnosis was in many cases, wanting owing to the early condition of the embryo, and it was only when development has gone further that the other complications show the nature of the cause of the first symptoms. Dr. Simpson further referred to other causes in forming a diagnosis, and he held that the treatment of Dr. Macdonald should be undertaken with considerable caution.

Dr. **Hart** made some remarks commendatory of Dr. Macdonald's skilful treatment.

Dr. **David Smart** related the history of a case of extra-uterine fœtation that had come under his notice.

Dr. **Wilson** related the history of two fatal cases, a preparation of which he hoped to place before the Society.

Dr. **P. Young** feared for the future of Dr. Macdonald's case, he feared that there might ultimately be constriction of the bowel, and he related a case where constriction of the bowels had followed a wound in the gut with apparent recovery, but ultimately constriction came on followed by death.

Dr. **Napier** also made some remarks.

After a few remarks from Dr. **Macdonald** a very full and interesting meeting closed.

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DUBLIN UNIVERSITY BIOLOGICAL SOCIETY.

At the inaugural meeting of the present session last week, Dr. W. D. **Smith**, the President, read an address on the

ANTAGONISM OF DRUGS.

Although, he said, some crude notions of antagonism must almost necessarily have arisen as soon as men began to compare the action of different remedies, and to observe that, for example, some acted as depressants, others as excitants, yet it was truly one of the most recent branches of pharmacology, and that it should be so was easily seen. In the first place exact investigations into the actions of drugs were, in many cases, scarcely possible, until chemistry placed at their command the active principles of drugs in an isolated and pure condition. For experimentation with crude drugs, for instance, opium and cinchona, each of which contained several well-defined active principles, would be waste of time. Again, such inquiries could not be fruitfully prosecuted until the methods of modern physiology were available, whereby they could track out the path which a drug followed after its entry into the system, and fixed upon the special functions or organs which came under its influence for ever; and since the brilliant labours of Magendie in the beginning of this century, localisation of action was the fundamental note of pharmacology, even as localisation of function in definite areas was the goal aimed at in the domain of nervous pathology. He would endeavour to state clearly the question which they should attempt to answer. What was meant by antagonism? Did reciprocal antagonism between drugs exist, and, if so, to what extent? What practical consequences followed—how much could be done in a given case by the method of counter-action? First, as to the term itself. Some confusion existed as to the signification of the words antidotes and antagonists—the latter being the modern word. By some authors they were used synonymously, while stress was laid by others upon their differences. Without pressing the point it was, he thought, convenient to distinguish them. By an antidote he meant a substance which, brought into direct contact with another and harmful substance, converted it into a harmless compound. The resulting compound might be soluble or insoluble. By an antagonist we meant a substance which operates in a manner physiologically opposed to that of another substance, and annuls its action, *i.e.*, counteracts not the drug itself directly, but its effects, thus: Physostigmin, pilocarpin, and muscarin, slow the heart, augment secretions, and cause myosis. Atropin hyoscyamin, quicken the heart, diminish secretions, and cause mydriasis. In the course of his address the President said the conditions which governed the mutual action of drugs upon organic tissues were probably closely related to those physico-chemical laws which ruled over the simpler problems of inorganic chemistry—for instance, relative mass and chemical affinity—although it would be rash to push the analogy too far. He had little doubt that great discoveries were in store as to the connection between chemical constitution and physiological action.

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The whole of the public elementary schools at Barnsley have been ordered by the authorities to be closed for a month, owing to the prevalence of measles and other infectious diseases in the town. There are over 300 cases of measles alone.

Sir Spencer Wells has been elected on the Consulting Staff of the Chelsea Hospital for Women in conjunction with Mr. Jonathan Hutchinson, Sir Andrew Clark, and Dr. Robert Barnes. The hospital has now its full complement of 63 beds.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 21, Madras 36, Paris 22, Geneva 23, Brussels 22, Amsterdam 27, Rotterdam 26, The Hague 18, Copenhagen 18, Stockholm 25, Christiania 12, St. Petersburg 22, Berlin 24, Hamburg 21, Dresden 29, Breslau 26, Munich 30, Vienna 24, Prague 32, Buda-Pesth 21, Rome 23, Turin 24, Venice 28, Lisbon 32, New York 22, Brooklyn 17, Philadelphia 20, and Baltimore 20.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 19, 1883.

NERVE STRETCHING.

The subject selected by the President of the Royal College of Surgeons of England as that of the Bradshawe lecture, which he had been chosen to deliver, is one that is of peculiar interest at the present time, and is likely to occupy a yet more prominent place in surgical therapeutics than it has attained to hitherto. Nerve-stretching for the cure of pain is an operation concerning which even the best-informed members of the profession can be said to know but little. The number of those who have acquired practical experience of its benefits is very small comparatively; and although an imposing array of cases have been from time to time tabulated, yet the aggregate results are in no way commensurate with the proved importance of the proceeding itself. Professor Marshall, therefore, has acted with characteristic wisdom in giving such prominence to the question of nerve-stretching as must perforce ensue from the fact of its being made the subject of a discourse at his hands; and neither in style nor in material is the address given by him on the 6th December calculated to disappoint the expectations aroused by the announcement that so distinguished a surgeon would devote himself to this branch of modern surgery.

Mr. Marshall commenced his lecture by considering the evidence already adduced relative to the mechanical effects observed in stretching nerves, the importance of which in connection with a decision as to the force proper to be applied in performance of the operation being too obvious to demand demonstration. And here, at the very outset of the inquiry, a curious example is afforded of the discrepancies which may exist in the results of different observers' experiments, owing to unrecorded differences in the circumstances surrounding separate investigations. Even when the same nerve, *e.g.*, the sciatic, is under consideration, the most unlike descriptions are given of the weights required to effect changes in the nerve up to the point of rupture, some asserting that as much as 168 lbs. can be supported, while others put the weight at no more than 80 lbs. It is well pointed out, however, by Mr. Marshall, that all these variations come under the category of explicable results, when regard is had to the fact that alterations due to physique, to proportions, and to disease are palpable factors determining the nature of the result obtained; and it must be added that he has very conclusively shown to what extent these points deserve to be considered in connection with the operation in question. The practical conclusion, however, at which he has been able to arrive from careful weighing of all the evidence available, is summed up in the advice he gives, to the effect that the sciatic nerve should not be stretched by a greater force than that represented by a pull of 30 lbs., this being well within the mean resisting power of the nerve even when diseased, while at the same time it is ample to produce all the consequences desired as results of the operation. In dealing with other nerves than the sciatic of course the same principles must be held to apply, with modifications suitable to the variations of size and position; and all of which must be educed by the intelligence of the surgeon, aided by his manipulative dexterity. In this connection Mr. Marshall very pertinently remarks that no instrumental assistance can replace that special faculty by means of which an operator is able to judge in delicate operations to what degree he must employ force to overcome the resistance of tissues. His tactile skill can alone be trusted to in such positions; and on the extent to which it has been educated will the success he attains be dependent.

The mode in which nerve-stretching should be performed is probably not generally appreciated; and to this fact may possibly be due the disappointing results complained of by many who have resorted to it in the hope of procuring some real benefit to the patients subjected to it. Mr. Marshall lays it down that "the operation consists in exposing the nerve, lifting it either with a hook or with the finger, stretching it to a certain point so as to produce a palpable stretching, without which the operation will fail." The pull must be made steadily and constantly for five or six minutes; not irregularly, or by jerks; and must in all cases be maintained for a length of time sufficient to produce results which Mr. Marshall explains by the introduction of a novel factor into the discussion. He assumes the pain for which relief is being sought arises from irritation of *nervi nervorum*, which proceed from the main trunk as fine fibres for the supply of the surrounding membranes. He therefore advocates that the pull to which the nerve is subjected shall suffice to rupture, and so paralyse these *nervi nervorum*, and thus bring about ease by destroying the irritable filaments through which pain had been excited. The simplicity of this explanation renders it easy of acceptance; and it also assists a perfect comprehension of the manner in which stretching when successful brings about the wished-for result. Moreover it helps us to understand why failure may follow the operation, and to argue with Mr. Marshall that, "if stretching with a moderate power, prolonged for a certain time, was really the *modus operandi* adopted by surgeons, they would have better and safer results than they do now."

The class of cases suitable for nerve-stretching was illustrated at the Bradshawe Lecture by the exhibition of a number of preparations, including neuromata of stumps; painful ulcers of skin, for the cure of which amputation had been done, and which stretching of a nerve might in all possibility have relieved; thickening of nerves from various causes, for the removal of pain produced by which amputation also had been performed, but which stretching of the affected nerve would equally well have remedied; and many others. There are, on the other hand, several forms of injury to nerves which this operation cannot relieve, and to them Mr. Marshall paid some attention, especially such as those in which the intra-spinal nerve root is involved. The experiments made and quoted have conclusively shown that the operation of stretching does not affect the spinal cord itself; and this certain knowledge very materially influences the opinion to be formed respecting the nature of cases that are amenable to such treatment; in tabes, however, the good effect produced is very marked, and receives explanation in the fact that changes in nutrition through vaso-motor action are set up as a consequence of the proceedigg.

One point specially dwelt upon by Prof. Marshall deserves particular attention—viz., the possibility of stretching the sciatic nerve without exposing it through an incision. By bending the thigh upon the body, so that the knee comes up to the chin, and then straightening the leg upon the thigh and flexing the foot on the leg, so that the ankle-joint also is stretched, an extraordinary strain is put upon the sciatic nerve as it leaves the pelvis. Possibly the same principle of proceeding may, with modifications, be found available in other parts of the body in the future; at any rate, it deserves to be attentively kept in view.

We cannot further enter on the many interesting and important points discussed in Mr. Marshall's valuable contribution to the literature of nerve-stretching. In suggestiveness it is unusually rich; it is also a very masterly *résumé* of all that has hitherto been done in connection with the subject; and is especially useful in that it places the principles on which the success of the operation must depend, in the clearest possible light. In style it is characteristically clear, and in places eloquent; and we learn with much satisfaction that Mr. Marshall intends to publish it with additional notes and details at an early date, when each member of the profession will be able to learn for himself the exact position now occupied by nerve-stretching in modern surgery.

THE PROPOSED CONJOINT EXAMINATION FOR IRELAND.

We have already informed our readers that a movement has been set on foot to establish a conjunction between the Irish Colleges of Physicians and Surgeons, and we, last week, laid before our readers the propositions upon which it is suggested that such conjunction should be effected. These proposals are briefly as follows:—1. That the Colleges shall refuse in future to grant their licence to any one, except to him who has passed the combined examination, or the examination of some body approved by the Colleges jointly. 2. The Colleges to pay cost of examination equally. 3. The conjoint fee to be £31 10s. 4. The balance of such fee remaining after payment of cost of examination to be divided—3-8ths to the College of Physicians, and 5-8ths to the College of Surgeons.

These negotiations between the Colleges have been tried many times already, but have always proved abortive—at first, because an agreement could not be achieved respecting the division of the funds; afterwards, because the College of Physicians insisted upon the College of Surgeons refusing its licence to all who did not pass through a portal approved by themselves. Upon this latter ground the proposal was last year rejected by the Council of the College of Surgeons, but this year, we understand, an arrangement of this sort has been accepted by that Council, though, at present, no one knows accurately whom that arrangement would admit to the L.R.C.S.I., and whom it would refuse admission.

The cause of this change of front is the Medical Bill, which has effectually frightened the two Irish Colleges into a coalition, and the ground upon which the promoters of this scheme urge its adoption are openly stated to be that the scheme will, if adopted, stop medico-educational legislation, and enable the Colleges to continue in their old groove.

Having thus sketched the scheme and the grounds for it, so far as they are known, we may be allowed to criticise the proposition, both from the Collegiate and from the public points of view.

We are, first, entitled to ask what public or educational object it is expected to serve? Is it intended to improve the competency of the practitioner who is now sent out by the Dublin School? or to remedy any of the abuses of education which have disgraced and still disgrace that School? or to give any additional guarantees to the Government that the standard of efficiency of Irish licentiates will be maintained?

It must be at once admitted that, from the student's point of view, the proposed conjoint examination is deserving of approval, for it will place at his disposal, by one series of examinations and one definite curriculum of study, the licences which he now receives by two separate tests, and these licences will cost him £10 10s. less than he now pays. Whether the standard of the conjoint examination will be as well kept up as that of the separate examinations may be open to doubt, but, if it be so, there can be no doubt that it would be well to simplify and concentrate the examinations, and thus relieve the student of unnecessary anxieties and difficulties. Speaking, therefore, for the student, we warmly approve of the establishment of one Irish conjoint examination; but we do so under the explicit reservation that the student should be perfectly free to pass through it or to take his licences by separate examination as he pleases.

From the public point of view, we regard voluntary conjoint examination in the abstract, whether in England, Scotland, or Ireland, as a forlorn attempt to patch up a discredited educational system, and as an expedient altogether ineffective, even, for this purpose. The reform which every party, independent of teaching and licensing influences, insists upon is that it shall no longer be possible for any qualifying body, or any co-partnership in diploma-granting, to sell licences to practise to incompetent persons, and no patching of the present system can produce this result. If the Irish conjoint examination and the Irish educational system were beyond suspicion, there is no reason to believe that it would continue immaculate, and, if it did, there is no reason to suppose that the other licensing bodies in Ireland—not to say those in Scotland or England—would refrain from selling their licences—as some often have done—on good commercial terms. A shuffle of the cards of this sort, effected at the last moment and when the game is lost, will not and ought not to influence the Government or the advocates of reform in any degree, and it seems to us that those who speak for the Irish Colleges must feel their policy very unsafe when they trust themselves publicly to so weak a defence as this conjoint examination.

From a public point of view, therefore, this movement for co-partnership in granting diplomas has little importance, no matter in what part of the Kingdom it may originate, inasmuch as it leaves untouched the problem of medical reform, and does not remotely influence the prospect of educational improvement.

But those who are interested in the Irish College of Surgeons must look at the proposal with the greatest alarm, for a scheme more destructive of the autonomy of the College, or more injurious to its finance, could scarcely be conceived; and we can hardly believe that, when the anti-reform panic has cleared off, any cool-headed man will be found to regard it with toleration.

This scheme proposes that the College of Surgeons shall, for the sake of this co-partnership, submit to a reduction of its diploma fee which, on a calculation of its annual output of licentiates, means an immediate and irrevocable loss of not less than £500 a year, and as much more as the increased cost of examination may represent. Now, if the transaction were a purely commercial one, such a loss might be faced for the sake of possible advantages to be gained by the co-partnership, but, we ask where are the advantages to the College of Surgeons from the present bargain? It at present contributes to the College of Physicians, and no doubt will continue to contribute to the co-partnership nine-tenths of the candidates who seek the licence of the latter College, while to the College of Surgeons the College of Physicians has scarcely, in times past, contributed one licentiate, and there is no shadow of reason for the anticipation that the College of Surgeons will, by virtue of this co-partnership, receive one additional £5 to recoup it for its inevitable loss of £500. The bargain is, in fact, between two parties, one of whom brings into the concern all the customers, while the other bring none, and it may be readily understood that the arrangement is in high favour with those who receive the benefit. But, after all, the Irish College of Surgeons is prosperous enough to lose £500 a year in order to clear the way for the Irish student if the advantage to be gained would pay for the loss sustained. But the astonishing part of the affair is that it is furthermore proposed that the College of Surgeons shall sacrifice the right of licensing Surgeons in Ireland which was granted to it by Charter a century since, and shall bind itself to exclude every one from the L.R.C.S.I. save those who come with a College of Physicians' licence or some medical diploma approved by that College. In other words, it is to bind itself to drive its sheep into the fold of the College of Physicians whether they like it or not, and if there be any who refuse to be so driven, and who wish to take their medical qualifications from some other body, the College of Surgeons is first to ask of its co-partner permission to recognise that body, and is then (while it examines the student and takes his money) to refuse to issue any diploma until the candidate has gone off and passed for his physician's licence.

This proposition sounds, certainly, sufficiently absurd, but the full measure of its absurdity cannot be judged until we consider its probable working in practice. To begin with, the College of Surgeons should refuse to receive all those licentiates who now enter into practice on the L.R.C.S.I. alone. These represent a minimum of 35 licentiates yearly, who go off to assistancies in England, or to ships abroad, intending to take their medical diplomas when they are about to settle down in practice on their own account.

The profit to the College from these 35 licentiates, thus alienated, would be over £600; and this, added to the loss on diploma fees already stated, would make a minimum sacrifice of the income of the College of Surgeons to the amount of nearly £1,100 a year. But we have still to calculate the additional loss accruing from the alienation of the candidates who now combine the Licence of the Apothecaries' Hall with that of the College of Surgeons. These candidates, even if the College of Physicians were willing to admit them to the conjoint examination, could not accept the licence of that College because, by so doing, they would be prohibited from dispensing medicines, and the scheme would therefore drive them off peremptorily from the College of Surgeons to some other surgical licensing body, and with them would depart a further considerable slice of the collegiate income.

We need not pursue this theme further. An Irish conjoint examination at the discretion of the student, and without merging the separate licensing power of the two Colleges is eminently deserving of encouragement. A compulsory co-partnership which would limit the free choice of the student and tie up Colleges to the abrogation of their licensing powers is altogether intolerable, unjustified alike by any circumstances which exist, or by any anticipations of the future, futile as a diplomatic expedient, and ruinous as a commercial speculation. We do not for a moment believe that the Fellows of the Irish College of Surgeons will assent to it; we know that the Government would disregard such a bargain; and we do not think that the authorities would sanction the changes of Charter necessary to carry it into effect.

Notes on Current Topics.

The Release of Dr. O'Flanagan.

It affords us unalloyed pleasure to announce that in consequence of our earnest representations, made after patient investigation and an intimate knowledge of the facts of the case, the Home Secretary has remitted the sentence against Dr. O'Flanagan, of Houghton-le-Spring Durham, and released him from prison, as will be seen from the following letter received by us on Friday last. "The Secretary of State for the Home Department having considered your application in behalf of Dr. James O'Flanagan I have the satisfaction to acquaint you that he has felt warranted under all the circumstances in directing his immediate discharge." We need scarcely add that in directing our efforts to this end we were solely animated by feelings of sympathy for a fallen brother because we believed that his case did not demand the punishment that was meted out. It was a case of mistaken judgment on his part in the interest of a friend and patient, and without the remotest conception of its serious nature. That technically and legally a wrong was done cannot be denied, but there was no fraudulent intent, and as our *confrère's* previous history had been one of unsullied honour, and grinding labour in a colliery district, we took an interest in his case, and though personally unknown to us, it affords us much pleasure in tendering to him our sincere congratulations on his release, and our earnest hope that his College (Royal College of Physicians of Edinburgh) will take the same view as the Home Secretary and ourselves.

Professor Wedl.

Professor Wedl has resigned the important office of Principal of the Vienna University, greatly to the surprise and regret of all who are familiar with University matters. A feeling that his bodily energies are not equal to the work entailed by the office is the assigned and probable cause of the premature retirement. Professor Hartl, of the Philosophical Faculty, is spoken of in some quarters as the one most likely to be chosen as his successor.

Bismarck and his Medical Attendant.

Prince Bismarck has shown the high estimation in which he holds his Leibarzt Dr. Ernst Schweninger by bestowing upon him the title of Professor. As he is not appointed Professor to any German University, he is at most to be considered, the *Wiener Allgemeine Med. Zeitung* says, as Professor *in partibus fidelium*.

Anti-vivisection in Germany.

The anti-vivisectionists in Germany may be regarded as having scored in the spring of the present year when they succeeded, in opposition to the Cultus-minister von Gossler, in getting a petition through the Chamber of Deputies requesting the Government to consider how far vivisection could be dispensed with as a means of teaching and investigation. The decision of the Government has been received to the effect that the matter is still under consideration, and that it is intended during the present winter session to demand an opinion from the whole of the medical faculties, and that a memorial on the subject was in course of preparation. Whether these *amiable* enthusiasts will consider the reply as another score in their favour is uncertain.

Case of Peculiar Alteration of the Shoulder-joint in Infantile Syphilis.

The *Boston Med. and Surg. Jour.* reports the following unusual clinical history, which, before death, was considered as an instance of syphilitic pseudo-paralysis:—

A child, seven weeks old, was brought to the hospital with evidence of hereditary syphilis and a congenital hare-lip. The patient could not move the left arm, and if lifted, the arm would fall as an inert mass, but voluntary motion of the fingers and slight contraction of the biceps were possible. After death it was found that there was no alteration in the joint proper, but the epiphyseal cartilage was separated from the diaphysis by a layer resembling thickened pus, and on traction the epiphyses could be completely pulled away from the diaphyses in the femora. Several of the bones gave evidence of gelatiniform atrophy.

The Manufacture of Scientists.

A most amusing and at the same time characteristic exhibition of the *modus operandi* of anti-vivisectionists, has recently been afforded by the taking into the law courts of a family squabble among the leaders of the party. It seems that Charles Warren Adams was appointed Secretary of the Antivivisection Society last January, and subsequently editor of the *Zoophilist*, which was created in the interest of the movement. We have occasionally referred to the hysterical contents of this unique publication, but now we are able to understand for the first time why its statements were so utterly wild. Mr. Editor Adams, by his own admission, attacked vivisection from a scientific standpoint; but being at the outset entirely ignorant of all science, he was under the painful necessity of coaching himself in anatomy, medicine, surgery, &c., with a view to writing the terrific articles containing the "brilliant illustrations and clenching arguments" on which his patroness, Miss Frances Power Cobbe, enthusiastically complimented him. Indeed, this estimable and charitable defender of oppressed animals felt constrained thus to express herself in a letter to the "Editor": "My soul quakes at the peril that, among so many shoals and quicksands, nothing but a miracle would have saved you who knew nothing of all this six months before." This same sweet-mannered woman subsequently wrote to the learned six months old scientist, "How splendid about Owen! It will be the death of that old impostor, and teach all his kind not to meddle with edged tools." And yet, after all these tremendous services in the cause of anti-vivisection, the Society grudged the diligent "editor" an extra honorarium of £103, and so led him to sue his admirers for the amount. Pitiful as the whole transaction is, it may be welcomed as being likely to disabuse the public mind of any remnant of faith in the wretched impostors who essay to teach men of science what is their proper work. Such servitors as Adams can, we know, be bought for money in any number; but that respectable men and women should be deluded into subscribing funds for the support of such arrant humbugs as these various "societies" really exist to advance, is, one of the most degrading reflections it is possible to indulge in. It is sincerely to be trusted that the recent exhibition will teach another lesson as to the falsity and absurdity of the whole antivivisection propaganda.

Royal College of Surgeons of England.

At an ordinary meeting of the Royal College of Surgeons of England, held on Thursday last, the following elections of gentlemen to act as examiners in the ensuing year were made:—In Anatomy: Messrs. Pick, Bellamy, Langton, Howse, and Edmund Owen. In Physiology: Messrs. Henry Power, Lowne, and Professor Gerald Yeo. Messrs. Morrant Baker and Rivington, whose term of office as examiners has expired, do not continue on the board of examiners in anatomy and physiology. At the same meeting a resolution, similar to that passed by the Royal College of Physicians on the 22nd ult., was affirmed, as follows:—"That the President and Vice-Presidents should seek an interview with the Home Secretary with the object of suggesting that when charges are brought against qualified medical men, the opinion of some acknowledged expert should be taken as to the reasonableness of the accusation preferred before the Public Prosecutor undertakes a prosecution."

International Health Exhibition.

The arrangements for the International Health Exhibition, to be opened next May at South Kensington, are proceeding on a scale of unusual extent. Already, acting at the special request of His Royal Highness the Prince of Wales, the Lord Mayor has joined the Executive Committee and promised his support, and obtained the substantial aid of the Corporation towards the movement. A sum of £5,000 has been voted by the latter body to the fund formed to cover the expenses of the Exhibition, and a further amount of £10,000 guaranteed if required. During the past week, also, a special meeting of representatives of the City companies was held in compliance with a wish of the Prince of Wales, when each Livery pledged itself to use its best endeavours in helping to make the Exhibition a complete success, and material help was assured in considerable amount. The General and Executive Committees are also strengthened by addition of a number of members of the various Companies, all of whom, therefore, are actively engaged in carrying out the scheme of the original promotors of the affair.

The Hospital for Sick Children, Great Ormond Street, London, which has been closed for a short time for repairs, was last week re-opened.

Lacerated Perinæum.

In a paper read before the North-Western Medical and Surgical Society, and reported in the New York *Medical Record*, Dr. C. M. Page advocates immediate operation in cases of lacerated perinæum, at any rate, in private practice. The sutures should be made to embrace an abundance of tissue—half an inch or more on each side of the line of rupture, otherwise they do not bring the parts together properly, and are likely to cut out. They should be removed on the seventh or eighth day, and not before. Want of attention to these points, as well as to antiseptic precautions, and a lack of proper care and intelligence during the after-treatment are the chief causes of failure in this, as in the secondary operation, in Dr. Page's opinion, which also regards atmospheric conditions as influencing the result in no way. On this point Dr. Lusk, in discussing the paper, asserted his belief that if the atmospheric conditions are unfavourable, and the lochial discharge undergoes decomposition quickly and extensively, the operation wounds will not heal. Otherwise, he fully agrees with Dr. Page's conclusions.

The Westminster Board of Guardians and Dr. Joseph Rogers.

We are pleased to be able to state that the Local Government Board has removed the suspension of Dr. Rogers, and directed him to resume his duties as Medical Officer to the Workhouse in Poland Street. This tardy recognition by the Department that this gentlemen has not been treated justly by the majority of the Westminster Guardians is marred by the tone of the official letter, in which every effort is made to magnify certain technical suspicions of duty never referred to before, nor in any way commented on, either by the inspectors or by the guardians, till the latter seized hold of them as the *raison d'être* for their procedure, and which would never have been raised at all but for the honest evidence given by Dr. Rogers into the conduct of the Master, whose retention in office after the serious misconduct of which he had been found guilty will, we have every reason to believe, form the subject of a parliamentary question so soon as the House meets.

We further perceive that there is a most ungenerous and uncalled for reference to the enforced resignation, by Dr. Rogers, of his office at the Strand Union Workhouse some 15 years ago. Dr. Rogers's evidence at the inquiry into the management of that Workhouse was so manly and honest, and the atrocities he was the means of bringing to light, provoked such a general burst of indignation as led, more than anything else, to the introduction of the Metropolitan Poor Bill of 1867, and subsequent legislation, while at the same time it provoked the ire of the guardians, and of Mr. Henry Fleming, the late Secretary of the Poor-law Board, who intrigued for Dr. Rogers's removal, in which they were successful, but which caused much indignant comment in the press—both lay and medical—and their condemnation by many influential persons in the State—among them Mr. Charles Villiers, who is known to have said "that if he had remained President he would never have permitted it," and who subsequently gave a written testimony of his opinion of Dr. Rogers when the latter was a candidate for the appointment at the Westminster Workhouse. The writer of the letter is probably some permanent official whose susceptibilities having been touched, evidently relies on the short memory of the general public, or he would not have ventured to recall an incident which reflects as much discredit on the Department as it is honourable to Dr. Rogers.

Isolation of Fever Patients.

On Saturday last a number of gentlemen representing the medical profession and various local health authorities accepted an invitation of the Governors of the London Fever Hospital to inspect a new pavilion containing a number of special isolation wards, recently erected. As yet, owing to want of funds, only three rooms have been erected; but when finished the structure will consist of twelve ward rooms and two nurses' or administrative rooms. Externally the pavilion presents a bright and cheery aspect, and within everything is spotlessly clean, glazed, highly polished, and without corners. Where the walls join the flooring or the ceiling, or form a junction with each other, instead of the angle common in all houses, a curve is formed of specially-made concave bricks. Moreover, the walls being of glazed brickwork of different and pleasantly-harmonised colours, they can be easily washed and disinfected. Again, the whole of the doors and window frames present no ledge or crevice, all the woodwork being rounded and curved, and capable of being cleaned without the least difficulty. The flooring is constructed of concrete, in a framework of iron joists, and covered with oak blocks—the combination when thoroughly beeswaxed and polished putting under the foot a floor which has the advantage of extreme solidity and imperviousness. Each window can be kept open at the central meeting bars for the admission of fresh air, and the fanlights at the upper part of the windows are contrived to fall inwards when required, and to preserve uniformity of temperature the glazing throughout the building is of stout sheet glass in two thicknesses, with an interspace of three-quarters of an inch. Each patient will have from 150 to 180 square feet of floor space, and about 2,000 cubic feet; and the wards will be warmed by ventilating grates having inlet flues which will allow of a constant passage of warmed fresh air. The pavilion stands clear of the ground, on a series of strong brick arches that rest on a square basement of concrete, the earth around which is sloped away. The whole arrangements seem admirably adapted for the purpose they were designed to serve, and reflect credit on both architect and builder.

The highest annual death-rates last week in the large towns from diseases of the zymotic class were—From scarlet fever, 4·2 in Leeds, 2·1 in Newcastle-upon-Tyne, and 1·6 in Preston; from measles, 2·4 in Birkenhead, 1·9 in Salford, and 1·8 in Derby; from whooping-cough, 2·8 in Brighton, and 1·2 in Huddersfield; and from "fever," 1·4 in Plymouth, and 1·3 in Wolverhampton. The 41 deaths from diphtheria included 23 in London, 4 in Glasgow, 3 in Nottingham and 2 in Edinburgh. Small-pox caused 5 deaths in Sunderland, 4 in Birmingham, 3 in Liverpool, 2 in London, and 1 in Glasgow.

Hospital Sunday Fund.

The annual general meeting of the constituents of the Hospital Sunday Fund was held in the Egyptian Hall of the Mansion House on Monday afternoon, the Right Hon. the Lord Mayor, President, in the chair, who, in a few well-chosen words, wishing prosperity to the Fund, regretted his inability to remain, owing to the pressure of his public avocations. Sir Risdon Bennett, at his request, undertook the duties of the chair, and thereupon Bishop Claughton moved the adoption of the report. The total realised sum collected during the year amounted to £33,935—an amount somewhat less than that of the preceding year. The largest collection made by any single congregation was that of the Rev. Canon Fleming's, of St. Michael's, Chester Square, amounting to £917 11s. 6d. A long and warm discussion arose on the motion of the Rev. J. W. Bennett to admit the Hospital for Incurables to a participation in the Fund, but as his motion involved alteration of a fundamental law, it was, on the recommendation of the Chairman, adjourned for further consideration to a meeting specially summoned for the purpose. The 15th day of June, 1884, was fixed for Hospital Sunday.

Medical Relief in the Bakewell Union.

At the last meeting of the Board of Guardians of the Bakewell Union a letter was read from Dr. Evans, medical officer of the workhouse, applying for an increase of his stipend, which has remained the same ever since the formation of the union, viz., £36 a year (with hardly any extras except some four cases of midwifery annually), out of which he has to furnish all medicines and appliances, and sometimes visit the workhouse twice daily, his total visits this year up to date having amounted to 350. The reading of the letter evoked from Lord Edward Cavendish, who presided, the remark "that all medicines, he thought, ought to be provided, or paid independently of the salary." Other of the guardians indulged in the customary ribald observations, one of the number distinguishing himself by stating "that plenty could be got to do the work for the money," and another, "that he had asked the doctor whether most of the medicine was not coloured Epsom salts." To the credit of the clerk, he stood up manfully for the doctor, stating (*inter alia*) that the duties had considerably increased, whilst the stipend remained the same. Ultimately it was arranged that the subject should be considered at the next Board meeting. We heartily wish Dr. Evans success in his application; but from the tone of the remarks of the guardians generally, the prospect is not hopeful, nor the contact with such men edifying.

Royal College of Surgeons of England.

At the last meeting of the Council, Mr. Edward Thompson David Harrison, of Clifton, near Bristol, (M.R.C.S., 1842) was elected a Fellow of the College. Mr. Henry Greenway Howse, F.R.C.S., of Guy's Hospital, and Mr. Edmund B. Owen, F.R.C.S., of St. Mary's Hospital, were elected Members of the Board of Examiners in Anatomy and Physiology, in the room of Mr. Morrant Baker and Mr. Walter Rivington, whose term of office (5 years) has expired.

The London Water Supply.

With that cynical indifference to the water consumers of the Southwark and Vauxhall Water Company, the Chairman of the Company, at the half-yearly meeting, held last week, after exchanging congratulations with the shareholders on the increase of dividend about to be recommended, and the more energetic arrangements made for the prevention of waste by their customers, remarked that, with regard to the failure of the Company to come to terms with the proprietor of a neighbouring dust-heap, that this was a matter of little moment, "as the water of the Company was of excellent quality." It will be remembered we some time ago pointed out that a dust contractor had converted a large plot of ground adjacent to the Southwark Water Company's reservoirs into a dust-yard, and which constituted a nuisance and a danger to the public health from the contamination of the water; and this is the small comfort the public get from the Directors of the Company. Another matter of as much significance and importance to the customers of this Company was also made known by the Chairman—namely, that works are being carried out at Hampton for the purpose of obtaining a supply of sub-soil water, which, in the case of the Grand Junction Company, had proved so successful. Now it must be understood that this subsoil water is neither more nor less than water drawn from a large area, and includes the rain-water which falls on the surface and soaks through the land, and which, when pumped up, will be sure to include the contents of any adjacent cesspools, drains, and many other abominations, so that the water supply will often prove to be dangerously polluted; but its recommendation is that "it is an easy and inexpensive mode of increasing the water supply of the Southwark and Vauxhall Water Company, and requires no spending of money on subsidence reservoirs." As this system has already been adopted by the Lambeth and Grand Junction, it will, no doubt, commend itself to the other water companies that draw water from the Thames, and not unfrequently find the river giving a short supply. The London Water Companies, when they obtained their several Acts of Parliament, which practically has given them a monopoly of the water supply of the metropolis, solemnly engaged to provide their customers with "pure and wholesome water." Can nothing be done to compel them to fulfil this contract?

The Dublin Student Class.

The last day has passed for entering names for the current session, and the various schools have returned to the Anatomical Committee (whose function it is to supply subjects for dissection) the following statement of their respective classes:—Ledwich School, 228; decrease, 2. Trinity College, 223; decrease, 2. Royal College of Surgeons, 120; decrease, 12. Carmichael College, 117; decrease, 17. Catholic University, 101; decrease, 17. The total number of students entered for the session 1883-4 amounts, therefore, to 789, being a decrease of 50 as compared with the preceding year. Of the five medical schools, all show a decrease varying from 2 to 17.

We record these figures for what they are worth, but they are entitled to very little confidence as an index of the educational work done by the respective schools. Most of these schools state their numbers honestly and truthfully, and include no student therein unless he has paid his fees as a *bonâ fide* worker in the school. One, or possibly more, other schools show a large number of students, but they include all sorts of sham pupils and dead-heads, and, in fact, such school or schools are not honestly entitled to claim anything like the number which they return to the Anatomical Committee. These schools (or this school, whichever phrase may be correct) count into their classes a crowd of perpetuals and chronics who have long since disappeared from the study of the profession, and a large number of night-lecturers, to whom it is proposed to grant sham certificates at the end of the session, the remainder of their class being made up mostly of farmed apprentices and others, who pay a guinea or two as earnest money at the beginning of each year, and are expected to pay the balance at the end of their study, if they ever complete it. These cooked returns to the Anatomical Committee are encouraged by the existence of a system which enables such misleading statements to be made without loss to those who make them. For every name returned as a student the school has to pay £1 1s. to the Anatomical Committee as subject-money; but if the school does not require so large a supply of dissection material, it can and does withdraw its money at the end of the session. Thus, by making a fictitious return, it secures an abundant supply of material, and gets credit from the uninitiated for a large class of students, while it loses nothing thereby except the interest on the sum so overlodged.

Our readers can, on examining the foregoing returns, form their own judgment as to the school or schools guilty of this trick. That it is possible to practise such a dodge with impunity is a disgrace to the Anatomical Committee and the Dublin Colleges.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·6 per 1,000 of their aggregate population. The rates severally were:—Oldham 14; Bradford, Portsmouth, Blackburn, Cardiff 16; Salford, Edinburgh 17; Bristol, Sheffield 19; Hull, Nottingham, Norwich, Brighton, Derby 20; Leicester, London, Sunderland, Plymouth, Birmingham 21; Newcastle-on-Tyne, Glasgow, Liverpool 23; Huddersfield, Leeds, Bolton 24; Wolverhampton 25; Manchester, Halifax, Birkenhead, 26; Preston 32; Dublin 33.

We regret to announce that the injuries received by Mr. R. B. Carruthers, of Manchester, during the storm last week, have ended fatally. Deceased was attending a patient for fracture of the thigh, caused by a falling roof, and was at her bedside at the time when part of the house fell in and buried doctor and patient in the *débris*. Mr. Carruthers lingered in great suffering for five days, dying in the Manchester Royal Infirmary on Sunday night.

The woman who was jointly charged with the late Dr. Haffenden with endeavouring to procure abortion was last week acquitted at the Middlesex Sessions. This fact makes the suicide of Dr. Haffenden all the more deplorable.

Mr. Frederick S. Eve, F.R.C.S., Erasmus Wilson Lecturer on Pathology at the Royal College of Surgeons, has been elected Assistant Surgeon of the Royal Free Hospital, *vice* the unfortunate Mr. Shuter, who accidentally poisoned himself.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Scotch Corporations.—There is now every prospect of an agreement between these bodies, and several medical reforms are contemplated, and will doubtless be completed by an early date. The half-qualifications are to be discontinued, and all candidates will for the future be examined by the three Corporations. If a candidate is examined in Edinburgh, he may select the L.R.C.S., L.R.C.P., if in Glasgow the L.F.P.S. and L.R.C.P., but examiners from the three bodies will take part in the examinations. The standard of the examinations are to be raised, and Fellowships are no longer to be granted except by examination. The action of the Corporations will thus reduce the number of licensing bodies to the four Universities and one Corporation, a state of matters, which as far as Scotland is concerned, will leave little necessity for any further alteration or modification. The oral examination for half-qualified men, now conducted by the College of Physicians, is to be discontinued. Among the best-informed there is a marked unanimity of opinion that every effort will be made to correct former abuses, and to place the medical licensing system of Scotland on a firm and equitable basis. Of course there are a number of minor details that have yet to be settled, but the great principle to which we have referred is already a *fait accompli*, and we may fairly look forward to an early publication of a complete and satisfactory scheme of examinations.

Resection of a Portion of Intestine at the Royal Infirmary, followed by Recovery.—We would draw attention to the account of an important operation which will be found in our report of the Obstetrical Society of Edinburgh in another column, and which reflects great credit on the intrepidity and skill of the operator. The patient, we learn to-day, is still improving, and looks forward to an early return to her home.

Contraventions of the Vaccination Act.—At the Edinburgh Sheriff Summary Court, last week, W. E. Snell, President of the Scottish National Anti-Vaccination Society, was charged with having unlawfully refused to allow his child, aged two years, to be vaccinated. The accused pleaded guilty, stating that he had acted from conscientious motives in the matter, and was heartily desirous of doing what he conceived to be his duty as head of a family, without injuring anyone outside his family circle. If it was absolutely necessary that he should pay for the privilege he should do so, but pleaded that the penalty and the expenses should be mitigated, remarking that, although it was his second offence, he was disposed to claim that a second offence of the kind, contrary to the usual practice, should be leniently dealt with. The accused was ordered to pay 5s. of penalty and the expenses, amounting to 21s. 6d., with the option of three days' imprisonment. Duncan Napier and Mary Leggat were similarly dealt with for like offences; both had been previously convicted for contravention of the said Act.

An Iceland Subscription to the Royal Infirmary, Edinburgh.—A sum of £12 4s. 6d. has been collected in Iceland in aid of the Infirmary by Mr. Svein Thorstans, in grateful recognition of the care and attention shown him while a patient in that institution.

The White Cross Army in Edinburgh.—A "practical conference," for ladies only, was held in Edinburgh, last week, when Miss Ellice Hopkins, of "The White Cross Army," described the work in England, taking for her subject "The Care of Our Girls." A large number of those present subscribed their names towards the formation of an association for carrying on the work in Edinburgh, and the practice of allowing girls to sell newspapers in the streets at nights was strongly condemned. If Miss Hopkins succeeds in subduing the intense philoprogenitiveness of the Scotch female servants, she will indeed have accomplished a great work, and the effect on illegitimacy will be most marked. She will, however, find that hereditary instincts are very strong.

The Combe Lectures in Dalkeith.—On Thursday, the 13th inst., Dr. Andrew Wilson delivered the last of a course of eight lectures, provided by the Combe Trustees, "On Physiology as Applied to Health," in the Foresters' Hall, Dalkeith. Mr. Alexander Mitchell occupied the chair. No popular lectures of recent times, delivered in Dalkeith, have been so numerously attended, so highly appreciated, or so eminently fitted to instruct and benefit the hearers as these lectures of Dr. Wilson. At the close of the lecture a vote of thanks to the Combe Trustees for the great boon they had conferred on the inhabitants, moved and seconded by Bailie Gray and Dr. Lucas, was unanimously and cordially adopted, after which a similar vote of thanks to Dr. Wilson, moved by the Rev. Andrew Gray, was adopted with equal unanimity and enthusiasm.

The Fever Epidemic in Dundee.—During the month of November there were 4 cases of typhus in Dundee, of which 1 proved fatal; 33 of typhoid, of which 5 terminated fatally; and 34 of scarlet fever, of which 1 terminated fatally. During the same period there were 16 cases of diphtheria, and the mortality was very great, one-half of the patients having died. Since the 1st of December there have been reported 14 cases of scarlet fever, 3 of typhoid, 1 of typhus, and 5 of diphtheria.

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Correspondence.

DR. ROGERS AND THE GUARDIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I learn that the Local Government Board has written to the Westminster Board of Guardians and to Dr. Rogers, removing that gentleman's suspension. I further learn that the tone of the letter is as offensive as it could well be, doubtless arising from the irritation existing at head-quarters at the marked feeling excited among the public and the profession in favour of Dr. Rogers and the condemnation of the Department for retaining in their service the Master, J. D. Bliss, after such very serious charges had been proved against that person. I trust that the profession will see in this *animus* of the Department against Dr. Rogers increased reasons for supporting him, and that Sir Charles Dilke will be taught that we can be united in resisting injustice perpetrated against any of our brethren.

I am, Sir, yours, &c.,

Francis Whitwell.

Shrewsbury, Dec. 17th.

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DUBLIN ORTHOPÆDIC HOSPITAL, USSHER'S ISLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I read in your last issue an announcement that the Dublin Orthopædic Hospital was about to remove from Ussher's Island to Upper Merrion Street. With respect to this change, I would say that, if an hospital of the kind were required in the district, the proposed situation is certainly not suitable. The south side of Dublin is overstocked with hospitals of all kinds, special and general, and therefore the introduction of another is quite out of place. One would have thought the present position of the hospital very suitable, situated as it is in the midst of a poor and populous district; and why the managers of this institution wish to move it away to a district in which it is not required is hard to understand.

I am, &c.,

Dec. 15th, 1883. Vindex.

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University of London.—The following are lists of the candidates who have passed the recent examinations at this University:—

M.B. EXAMINATION FOR HONOURS.—MEDICINE.

First Class.

Martin, Sidney Harris Cox, B.Sc. (Scholarship and Gold Medal).
Fox, Robert Fortescue (Gold Medal).
Halliburton, William D., B.Sc.
Tunzelmann, Edward W. V.
Champ, John Howard

Second Class.

Collier Joseph
Moline, Paul Frank
Worthington Sidney
Spicer, Robert Henry Scanes, B.Sc.
Caiger, Frederick Foord
Horrocks, William H. B.Sc.
Price, John Alfred Parry
Rogerson, John Thomas

Third Class.

Brooks, Walter Tyrrell
Roughton, Edmund Wilkinson
Black, Robert
Beverley, John Metcalfe
Voisey, Clement Bernard
Hull, Walter
Sisley, Richard
Thomson, St. Clair

OBSTETRIC MEDICINE.

First Class.

Rabbeth, Samuel] (Scholarship and Gold Medal).
Roughton, E. W. (Gold Medal.)
Champ, John Howard

Second Class.

Thomson, St. Clair
Jones, Charles M. H.
Sisley, Richard
Hind, Wheelton

Third Class.

Bailey, Charles Frederic
Halliburton, William D.
Caiger, Frederick Foord
Shore, Thomas William, B.Sc.
Fox, Robert Fortescue

FORENSIC MEDICINE.

First Class.

Collier, Joseph (Scholarship and Gold Medal).
Beverley, John M. (Gold Medal).
Price. John Alfred Parry
Targett, James Henry
Champ, John Howard

Second Class.

Spicer, Robert Henry Scanes
Worthington, Sidney
Hind, Wheelton

Third Class.

Martin, Sidney Harris Cox
Meyer, Charles Hartvig Louw
Tomlinson, Emily
Fox, Robert Fortescue

B.S. EXAMINATION.

First Division.

Caiger, Frederick Foord
Dunn, Louis Albert
Martin, Sidney Harris Cox, B. Sc.
Meyer, Charles Hartvig Louw
Wilson, Thomas

Second Division.

Barling, Gilbert Harry
Hind, Wheelton
Rogerson, John Thomas
Salmon, Arthur Guy
Scarth, Isaac

M.D. Entire Examination.

Adeney, E. L. (*Gold Medal*)
Barnes, George Frederick
Buxton, Dudley Wilmot, B.S.
Chisholm, William, B.A. Sydney
Collingwood, David, B.S.
Dakin, William Radford, B.S.
Dingley, Edward Alfred
Faulkner, John Thomas
Fielden, William Eckett
Harper, James
Harris, Thomas
Hayward, John Davey
Hine, John Edward
Jones, Robert
Maudsley, Henry, B.S.
Neale, William Henry, B.S.
Permewan, Arthur Edward
Sellers, William
Shaw, Lauriston Elgie
Sutton, Samuel Walter, B.S.
Taylor, Harold Gilbertson
Wainewright, Robert Spencer
Walters, F. Rufenacht, B.S.
*Wells, Alfred Ernest

* Obtained the number of marks qualifying for the Medal.

Logic and Psychology only.

Davies, David Samuel
Hoole, Henry
Murray, Hubert Montagu
Pratt, Reginald
Sawtell, Tom Henry
Smith, Henry

M.S. Examination.

Lane, William Arbuthnot

Examination in Public Health.

Parkes, Louis Coltman, M.D.

Royal College of Surgeons of England.—The following members, having passed the required examination for the Fellowship on Nov. 22nd, 23rd, and 24th, were admitted Fellows of the College at a meeting of the Council, held on Thursday, Dec. 13th:—

Day, Donald Douglas, M.B. Lond., Blackheath.
Marsh, Frank, L.S.A., Stafford Infirmary.
Morrison, J. T. Jackman, M.B. Cantab., Trinity Sq., Southwark.
Platt, Walter Brewster, M.D. Harvard Univ., Baltimore, U.S.
Power, D'Arcy, M.B. Oxon., Great Cumberland Place, London.
Rand, Richard Frank, M.B. Edin., Constantinople. (Not a Member.)
Sheild, Arthur Marmaduke, L.R.C.P. Lond., Addenbrooke's Hosp.
Square, James Elliott, L.R.C.P. Ed., Portland Sq., Plymouth.
Whitehouse, John, L.R.C.P. Ed., Smethwick, Birmingham.

Notices to Correspondents.

THE ROGERS TESTIMONIAL FUND.
(SEVENTH LIST.)

To the Editor of the Medical Press and Circular.

Sir,—The following additional subscriptions have been received since the announcement in last week's number of the *Medical Press*.

Yours, &c.,
J. Wickham Barnes, Hon. Sec.

Poor-law Medical Officers' Association,
3 Bolt Court, Fleet Street, London, December 12, 1883.

C. Sedgwick, Esq. ..	£1	1	0	Dr. Grove	£0	10	0
A. E. Boulton, Esq. ..	1	1	0	Dr. Jardine	0	10	0
Dr. Tyley	1	1	0	W. F. Brooks, Esq. ..	0	7	6
Jabez Hogg, Esq. ..	1	1	0	W. E. Soffe, Esq. ..	0	5	0
R. R., Well Wisher ..	1	1	0	Dr. Harday	0	5	0
Dr. Dutton	0	10	6	Dr. C. J. Connon ..	0	5	0

Dr. Jex Blake.—The cases shall appear in an early number of the new year.

Mr. H. P. S.—We believe that the Dalrymple Home for Inebriates at Rickmansworth is the only institution licensed under the Habitual Drunkards Act. We have personally inspected the place, and can speak highly of the medical and domestic arrangements for the cure and comfort of the inmates who voluntarily enter or are placed there by friends.

PUBLIC HEALTH.

Public Health says: I am the medical officer of health for a district which includes an important county town of something over 4,000 inhabitants, and I look upon the sanitary arrangements of the town, especially those for the removal of excreta, &c., as extremely defective, but I find it difficult to propose to the sanitary authority, *i.e.*, the board of guardians, any plan for improvement which would be fairly practicable and effective, as well as not too expensive, this last being with the board the most important point of all; I would, therefore, feel much obliged if you or any of your readers could tell me of any town in Great Britain or Ireland of similar dimensions that is managed on a good sanitary system, and how I can get the particulars; or refer me to any work that is reliable, and goes into minutiæ, especially as to expense, sufficiently. I have "Parkes" and the "Manual of Public Health for Ireland," but have not been able to gather all I want from these.

[We cannot refer our correspondent to any town in the United Kingdom of the exact size he mentions which is managed on good sanitary principles. In Ireland (except Dublin, where many commendable sanitary improvements have been effected, though much more remains to be done) sanitation is mostly bad; in England, it is generally good; but the towns are larger. For the disposal of human excreta there is hardly anything better than the old-fashioned earth privy, provided it be at a sufficient distance from the domestic water supply. Water-closets we entirely deprecate, especially for the humbler classes; they are, except when perfectly managed, mere typhoid fever traps. We have a long and most favourable experience of the "Moule earth closets," which are by far the best mode of disposing of human excreta; but they require a supply of dried earth, which might be obtained in our correspondent's locality. This closet is simply an ordinary privy with a metal-lined drawer under the seat, and any handy carpenter can make it. Every time it is used a scoopful of earth is thrown in from a box secured beside the seat; and when it is full its contents are emptied on the land, and forms manure of the finest description. There is a total absence of odour, and even typhoid germs are rendered harmless by the oxidization consequent on the process. In many small hamlets excreta is disposed of after the fashion of the Israelites in the desert, and this plan, though unseemly, is effectual. For ashes and other house débris in a small town the only plan (except the ash-pit) is the use of ash-boxes, called for and emptied by the sanitary authority every day. Ashes and house débris mixed with the "Moule manure" much improves it, and the product has with farmers a commercial value, but we fear that it is as yet above the Poor-law guardians' intellectual level. Stable manure is a saleable article, and its removal gives no trouble. We would recommend to our correspondent the perusal of Dr. A. Carpenter's (of Croydon) little *multum in parvo* manual of sanitary science This book is brief and inexpensive, and is much better for his purpose than Parkes's, which is more suitable for the military surgeon, for whose education, indeed, it is mainly intended.—Ed.]

THE TREATMENT OF STAMMERING.

To the Editor of the Medical Press and Circular.

Sir,—In reply to your correspondent, I believe there is no institution of the kind in this country, although it is urgently needed, and specially commends itself to the medical profession. Other than empirical treatment will not obtain until cases are collected in a place where students can go and study the errors, psychic or physical, in their respective phases.

I hope, at some future time, to contribute a paper on this subject; meanwhile the profession and philanthropists should earnestly think it over, and devise means for giving the movement a start.

Yours, &c.,
C. L.

Mr. M. J. S.—We congratulate you on the manliness displayed in the settlement of your dispute; nothing like going straight to an opponent to offer and ask for explanations. Many of the animosities and bickerings which so frequently bring our profession into ridicule could be as easily avoided if the course we advised you to pursue were followed.

MATRIMONIAL ENGAGEMENTS AND UTERINE POLYPI.

The New York *Medical Record* reports the following: The defendant in a recent breach of promise case in Mercer County, O., based his defence on the fact of the development of a fibrous polypous tumour in the uterus of his betrothed. This would seem to be a valid excuse for a man's not marrying a woman, but the plaintiff claimed that the growth was produced by and resulted from the protracted courtship, causing her to brood upon the prospects of entry into married life. It was proved by experts that prolonged courtship is harmful, superinducing a condition of erethism, and the jury awarded the plaintiff a verdict of 3,000 dols. as a balm for her wounded feelings and polypoid uterus.

Investigator.—The letter was in type, but crowded out at the last moment.

Dr. Knight.—See reply to "Investigator."

MEDICAL MAGISTRATES.

A **Subscriber** asks: Will you kindly inform me through the columns of your next, Can a workhouse or dispensary medical officer hold the Commission of the Peace for the county in which he practises, and whether there are any such instances in Ireland?

[Certainly, there are many J.P.'s in Ireland holding Poor-law appointments.—Ed.]

OBESITY AND BRAIN WORK.

Our contemporary *Health*, last week, refers to the working power (mental) of stout men. After giving some notable instances, it says: "And there is at present an English physician weighing over twenty stone who is second to none in his great mental powers, versatility, and brilliant power of writing and speaking." Of whose corporeal and mental capaciousness does the editor here speak?

MEETINGS OF THE SOCIETIES.

Friday, December 21st.

Academy of Medicine in Ireland (Obstetrical Section).—At 8 p.m., Dr. A. Horne, On Salpingo-oöphorectomy.—Dr. Doyle. On Nephritis during Pregnancy.—Dr. Walter Smith, On a Case of Sudden Collapse in a Woman, with Abdominal Symptoms; Recovery.—The President (Dr. Kidd) on Lithotrity on the Female.

Vacancies.

Bath General Hospital.—Resident Medical Officer. Salary, £100, with board, &c. Applications to the Registrar before December 20.

Glasgow Faculty of Physicians and Surgeons.—Faculty Lectureship for 1884. Honorarium, 50 guineas. Applications to the Secretary. (See advt.)

Kent Hospital.—House Surgeon. Salary, £50 per annum, and board. Applications to the Secretary at the Hospital, Canterbury, before December 21.

Leeds Fever Hospital.—Medical Officer and Secretary. Salary, £150, with board and residence. Applications to Dr. Barrs, Park Place, Leeds, before December 26.

Oldcastle Union.—Workhouse Medical Officer. Salary, £120. Election December 31.

York Dispensary.—Resident Medical Officer (salary, £130) to visit patients, non-midwifery, at their own homes Applications to S. W. North, 84 Micklegate, York, before December 26.

Appointments

Clark, A. E., M.K.Q.C.P.I., M.D. Berne, Extra Acting Physician to the Children's Hospital, Birmingham.

Croom, J. H., M.D., C.M., F.R.C.P. Ed., F.R.C.S. Ed., Assistant Physician to the Gynæcological Department of the Royal Infirmary, Edinburgh.

Drury, R. J., M.D.Q.U.I., L.R.C.S.I., Acting Physician to the Birmingham and Midland Hospital for Children.

Johnston, F., M.B., House Surgeon's Assistant to the Liverpool Northern Hospital.

Mason, S. R., M.B. Dub., L.R.C.S.I., was on Thursday last elected Master of the Coombe Lying-in Hospital, Dublin.

Mivart, F. St. G., M.R.C.S., Surgeon to the Western General Dispensary.

Oliver, J., M.B., C.M. Edin., Medical Officer and Registrar to the National Hospital for the Paralysed and Epileptic.

Pitts, B., M.B., C.M. Cantab., F.R.C.S. Eng., Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street.

Richards, T., M.B., Senior Extra Acting Physician to the Children's Hospital, Birmingham.

Vinrace, E. D., M.R.C.S., Resident Medical Officer to the Throat Hospital, Golden Square, London.

Waugh, H. D., M.D., Resident Medical Officer to the Hospital for Consumption and Diseases of the Chest, Brompton.

Wolfenden, J. W., L.R.C.P. Ed., L.R.C.S.I., Medical Officer for the Tutbury District of the Burton-on-Trent Union.

Deaths.

Bryan.—December 7, at his residence, Ballineen, co. Cork, Andrew Hamilton Bryan, M.D., aged 43.

Buchan.—December 10, at Camberwell, Surrey, Chas. F. Buchan, M.A., M.B., of Fordoun, N.B.

Griffiths.—November 29, at Milford Haven, M. Griffiths, M.D., J.P. for co. Pembroke, aged 95.

Harper.—December 10, at Castleford, Yorkshire, Arthur H. Harper, M.D., aged 24.

Johnstone.—December 4, at Ealing, Thomas Blackader Johnstone, M.D., Surgeon-General (Retired) H.M. Indian Army.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 26, 1883.

RETROSPECT OF THE YEAR 1883.

England.

INTRODUCTION.

THE year just now expiring has not been characterised by the occurrence of any considerable series of events possessing special importance for the medical profession; but, notwithstanding, the record of the work accomplished within the twelve months affords a very encouraging proof of the solid advance which is possible to be effected without unusual display or other evidence of more than quiet, unostentatious performance. From week to week, as our pages have periodically shown, contributions in furtherance of research, and in proof of steady improvements, have made their appearance; and the number of hearty, earnest workers energetically bent on pursuing the study of disease, and discovering better modes of combatting its ravages, has been in no respect less, either in actual extent or in zealous interest, than during any similar preceding period of time. Nor is this other than natural when we reflect that every medical man is in himself an investigator, fitted by his preliminary and special education to continue the prosecution of studies to which as a student he has been introduced, and stimulated thereto by a desire to extend the area of his acquired knowledge. Such spirit of inquiry, moreover, is fostered at the present time to a degree that has hitherto been altogether unknown, and especially by the opportunities of productive work afforded by the scheme of the Committee for

COLLECTIVE INVESTIGATION OF DISEASE.

This, which was constituted in 1881, has now for some time been in full working, and has secured the ready co-operation of large numbers of practitioners in following out the inquiries suggested by the central organisation. Practical existence of the Association may be said to date from a period early in 1883, when a largely attended meeting was held in London, at which eloquent addresses insisting on the importance of the work, and describing the means for carrying it on, were delivered by Sir Wm. Gull, Sir James Paget, and Prof. Humphry. Following this a systematic investigation was instituted into the question of the contagiousness of phthisis, and every member of the British Medical Association was invited to communicate his opinion on the subject, derived from personal experience in practice. The result has been the collection of a mass of evidence and a series of cases, of the utmost usefulness and importance; and though it would be unwise to regard it as finally settling the point at issue, especially since diversity of the most pronounced description is found in the returns, still the report based on the latter is sufficiently indicative of a possible communicability of phthisis from individual to individual under certain circumstances, to render it a notable part of the literary productions of the year. The Committee have also been engaged in drawing up schemes for similar collective study of several other diseases, the results of which are awaiting publication in the valuable "Collective Investigation Record," issued under their auspices, and designed to embody the details of the respective inquiries engaged in.

HONOURS TO MEDICAL MEN.

The sparing distribution of titular distinctions among members of the profession, by which the earlier years of the present Government were characterised, has, during the past twelve months, given place to an unusually numerous, but by no means unmerited, selection of certain eminent physicians and surgeons to be recipients of their Sovereign's favour in the shape of titles of distinction. The gentlemen thus honoured within the period under consideration include Sir Spencer Wells, Bart., the universally-recognised gynæcologist, and ex-President of the Royal College of Surgeons; Sir Andrew Clark, Bart., Senior Physician to the London Hospital, and President of the Clinical Society, who has long been regarded as certain to be sooner or later invited to accept the position to which his long and successful services to practical medicine have so justly entitled him; Sir Prescott Hewett, Bart., lately President of the Royal

College of Surgeons, Surgeon to St. George's Hospital, whose title was gazetted at the same time as that of Sir Andrew Clark; Sir W. Bowman, Bart., and Sir Joseph Lister, Bart., who have both just recently been announced as selected by Her Majesty for this signal mark of her approval of their great services to science and humanity. In the case of Sir Joseph Lister the honour has unquestionably been most richly earned, if, as is right, it is regarded as a recognition of the suffering and life that have been saved among civilised people as a result of the applications of "Listerism" in modern surgical proceedings; and in the case of Mr. Bowman, too, a lifelong devotion to science and the application of its teachings to the alleviation of human ills, render him a most appropriate object for such distinction as can be given by the bestowal of a baronetcy for merit. The dignity of a knighthood, also, has been conferred upon the Registrar of the Royal College of Physicians, Dr. H. A. Pitman, and on Mr. Saunders, the well-known and widely-esteemed Dentist to the Royal Family.

In connection with this matter, however, it cannot but be matter of regret that the profession in Ireland has not shared in the distribution of the higher honours in the power of the Government to confer for distinguished services. Such neglect must necessarily be productive of feelings which ought to have no existence between the two divisions of the Kingdom; but there is consolation in the fact that nothing is needed to enforce the knowledge that the medical profession in Ireland has in its ranks representatives falling in no respect short of the eminence and reputation of the best respected among their English *confrères*. Some, though scarcely satisfactory, proof of this has been given by the offer of a knighthood to Dr. Banks, an offer which that gentleman, it is thought very properly, declined on the ground that he could not, as representing the august Colleges with which he is assocociated, accept the lesser title. In the case of Mr. Porter, to whom a similar offer was likewise made, the same considerations did not arise to influence his decision, and he consequently accepted the offered dignity.

THE MEDICAL BILL.

Contrary to the very general expectation that this year would have witnessed the successful passing of a new Medical Acts Amendment Bill, the measure found a place at last among the "slaughtered innocents" sacrificed at the end of the Parliamentary Session.

Notwithstanding this disappointing result, however, it is impossible to regard the matter as entirely a misfortune, for the discussion excited during the progress of the Bill through such stages of its career as were actually accomplished, enabled a very perfect conception to be formed of the shortcomings inherent in it, and which in another scheme will require to be amended. The Bill was first introduced into the House of Lords, where it was eventual read a third time, after modifications of an emasculatory kind had been introduced into it to serve the purpose of certain interested existing corporations. The chief of these changes was the omission of the "title" clause, by which every candidate passing the proposed new final examination, without which admission to the *Medical Register* shall not be possibie, was to receive the title of "Licentiate of the Medical Council in Medicine, Surgery, and Midwifery." This concession, however, excited strong opposition on the part of certain of the existing licensing bodies, who foresaw that the value of their own qualifications would recede to zero if they could be replaced by a statutable licence; and hence the utmost influence was exerted to effect the suppression of the clause, and with such success that it was omitted by a vote of the peers. Other changes also were introduced, entailing, among the rest, the extinction of the Apothecaries' Societies of London and Dublin, as recognised licensing institutions. In this amended form the Bill found its way down to the House of Commons, and was there read a first time in March. Then came a season of discussion on it, during which deputations from all sorts and conditions of societies—medical, herbal, and social, re resented their opinions on the measure, and their suggestions for its improvement, to the Vice-President of the Council; and not least among the number was the Medical Union Society, whose prime demand was for the restitution of the title clause, in obtaining which the practical assistance of the Government was virtually promised. This, together with the opposition of the Scotch Colleges to the constitution of the Divisional Board for that country under the new Bill, and the equally strenuous objections of certain Irish Corporations to other parts of the measure, rendered the prospect of a long and bitter discussion of the Bill in the House of Commons a certainty; and the state of public business being such as to make the reintroduction of opposed measures towards the end of the Session an impossibility, the hopes of medical reformers were once more doomed to disappointment. The prospects of the Bill, though occasionally said to be encouraging for the coming Parliamentary Session, are so dependent on circumstances of the most different description that any statement as to its probable future would be venturesome and unwise. We can only hope that it may be more fortunate in 1884 than it was in 1883.

BRITISH MEDICAL ASSOCIATION.

The annual meeting of the British Medical Association for 1883 was held in Liverpool, under the presidency of Dr. Waters, and was one of the most successful gatherings of the kind which ever took place. Several important discussions were opened in the various sections, and resulted in the contribution of many valuable items of information, and record of numerous facts likely to be serviceable to the practitioner. Among these may be mentioned debates on aphasia; on intestinal obstruction: on purpura; on rheumatism in children; on colour sense and vision among sailors, &c.

The meeting was attended by several distinguished foreign medical men, who assisted at the various discussions in the sections, and whose presence at the gathering is a valuable indication of the good fellowship and hearty sympathy existing between the members of the profession located in different countries; showing as it does, that though there may be many languages, there is but one Science of Medicine throughout the world.

THE CHOLERA.

The occupation of parts of Egypt by English soldiers, and the events of the past year or two which have given us such an interest in that country, tended to give peculiar importance to the outbreak of cholera which occurred there during the spring and summer months. At the request of the Egyptian Government Surgeon-General Hunter went out from this country to lend assistance in organising means for relief of the suffering occasioned by the epidemic; and he was subsequently followed by twelve other English medical men, who were located at different places in the infected districts, for the purpose of directing the employment of measures of aid and prevention. The French and German Governments likewise took a definite interest in the matter, and each despatched a scientific Commission to the seat of infection, charged with the duty of carrying out investigations into the nature and pathology of the disease. The Commission presided over by Koch and credited by the German Government, has already published an important report, in which the discovery of baccilli in cholera patients, post-mortem, is announced, and reasons given for assuming a definite connection between these bacteria and the disease itself. All attempts, however, to transmit it by infection to lower animals failed of success; and at the request of their illustrious leader, the Commission have obtained permission to continue the inquiries thus begun in India, where the conditions necessary for full and complete investigation are more readily at command. The results to be obtained by this experiment will be awaited with much anxiety; but the high reputation of Koch will ensure that whatever they may teach will be worthy of the fullest credence that can be given to such observations.

AN UNPLEASANT INCIDENT.

One of the most unpleasant incidents which have occurred during the year to arouse the profession is that associated with the persecution of Drs. Sidney Ringer and W. Murrell, these gentlemen having been subjected to attack for their treatment of patients to whom they administered nitrite of sodium as a remedy. The exact therapeutical properties and physiological action of this drug being points not definitely settled, and its utility in overcoming certain diseases having been more than once established, Dr. Ringer, in conjunction with Dr. Murrel, entered on a research with the object of extending and completing our knowledge of the subject, using the opportunities they enjoyed as hospital physicians for the purpose. Their results were published in an article which appeared in the *Lancet*, and which epitomised the series of cases kept under observation, giving free and practical accounts of all the symptoms recognised. The value of the paper is unquestionable; but it was immediately seized on by a lay writer as affording him the means of illustrating the enormities of *anti-vivisection*, this sapient critic choosing to regard the business in the light of "experiments on human beings." With a somewhat questionable discretion, the *Standard* newspaper admitted a letter from the indignant laymen, written in terms of utmost condemnation of Drs. Ringer and Murrell, and at the same time a leading article on the subject appeared in the editorial columns of our daily contemporary. This was followed by an attack on the incriminated physicians from one who signed himself "A Hospital Physician," and who, to the surprise of all, ultimately turned out to be a *confrère* of Dr. Murrell at the Westminster Hospital. In this letter Dr. Donkin assumed a position which can only be characterised as one of disloyalty to the profession, inasmuch as he elected in it to attack a professional brother from behind the cloak of anonymity, and in a way which, in the absence of explanation from the object of his wrath, was entirely inexcusable. But this episode was subsequently shaded by the course of action taken by the *Medical Times and Gazette* which, notwithstanding it presumably exists as an organ of the profession of medicine, also followed on the lines of hysterical abuse inaugurated by the *Standard's* irresponsible lay contributor, and supported by Dr. Murrell's colleague. In the controversy the actual object of the researches which promoted the discussion have been scarcely at all regarded; but one good result, at any rate, has accrued from it in the fixing of the dose proper to be given of the nitrite of sodium at two grains—ten grains having been formerly thought to be an average amount for exhibition.

The questions of professional etiquette raised by this unfortunate dispute are by no means settled yet in a satisfactory manner; and it is understood that the incidents referred to will form the subject of official inquiry to be conducted by the College mainly interested in deciding on them. Meanwhile Dr. Murrell has been satisfactorily vindicated by the authorities of the institution to which he is attached, a sub-committee of the Westminster Hospital House Committee having reported, after examination of all the facts, that the Hospital continues to repose undiminished confidence in the humanity and ability of Dr. Murrell, and entirely exonerates him from the fanciful charges brought against him and Dr. Ringer.

MYXŒDEMA.

Our knowledge of this affection has been supplemented from a wholly unexpected source, and in a way that throws a considerable amount of light on the relations of a disease, to which the term curiosity in medicine could with some justice be applied. The facts adduced by Prof. Kocher, of Berne, to demonstrate a connection between myxœdema and absence of the thyroid gland possess quite a unique bearing on all that has hitherto been observed concerning the condition known as myxœdema. Kocher noticed that certain patients on whom he had operated for goitre by extirpation of the thyroid, presented, after the lapse of time, a series of significant changes, the sum of which he arrayed under the title *cachexia strumipriva*, and which he regarded in the light of a new disease. At the time when his observations were made, he was unaware of the researches already carried out in regard to myxœdema, but the aggregate of the changes he described exactly tally with the ordinary description given of this latter disease, with the addition, however, that the subjects of Kocher's investigations suffered an arrest of growth, being, the majority, young children. It was in the nature of an accident that led him to make inquiries into the matter, the remarkable appearance presented by one of his patients whom he chanced to see some time after he had operated on her having induced him to take measures for examining as many as possible of those in similar cases. The result may be briefly stated as proving that in every case where the *whole* thyroid body had been absolutely removed, the patient thenceforth entered on a cretinoid condition, exhibiting all the prominent symptoms associated with myxœdema, plus arrested growth. Such a startling illustration, though undesigned, of the influence of the thyroid in bringing about the myxœdematous state, could not fail to attract the attention of physicians in this country who were familiar with examples of it; and Drs. Felix Semon and W. M. Ord forthwith communicated with Dr. Kocher, with the object of pointing out the bearing of his observations. The justice of the conclusions drawn by these gentlemen to the effect that the symptoms associated under *cachexia strumipriva* exactly resembled those described under myxœdema, was accepted by Kocher, who now joins with those who dispose to regard the assumption of close relationship between the development of these symptoms and changes taking place in the thyroid body, as resting on a defensible foundation. Hitherto, it must be remembered, myxœdema has been instanced as occurring mainly in adults, although one or two cases of children presenting appearances of the disease have been placed on record. Further, Dr. Ord has announced his conviction that subjects of myxœdema possess small, or diminished thyroids; and finally, in children surgically deprived of this organ we find, on incontrovertible testimony, that the evidences of advancing myxœdema, or cachexia strumipriva, soon begin to manifest themselves. In its present unsettled condition, therefore, the whole question of the etiology and pathology of the disease, though advanced further than it has ever been, is one of doubt, ripe only for discussion and investigation, the desirability of which is abundantly clear from the increasing frequency with which patients suffering from the affection come under treatment. It is satisfactory, therefore, to learn that at its last meeting, the Clinical Society nominated a committee for inquiry into the subject; and on the report of this Committee when it is presented it may be possible to found more definite conclusions than have previously been justified. One point in connection with myxœdema that deserves noting, though it is the most unsatisfactory of all in connection with it is the utterly hopeless way in which some physicians, and especially Sir William Gull, regard the prognosis. In Sir William's opinion, no case of myxœdema undergoes a permanent improvement; no treatment can arrest its downward course to a fatal termination; and though temporary aid may be given its effects are of the most fleeting and unsubstantial kind. Against this gloomy view can, however, be arranged that of the other equally eminent authorities, among whom Sir Andrew Clark is chief, and who decidedly favour the idea that improvement can take place under careful and appropriate treatment. By some physicians, Jaborandi has produced marked beneficial changes in cases of myxœdema; and altogether it would seem that the weight of influence and opinion is at least favourable to vigorous attempt at combating the disease. In this connection it will be wise, however, to remember the lesson recently taught us to recognise that there may very probably be degrees in which myxœdema exhibits itself depending on partial or complete thyroid changes; and that while the former class may be amenable to treatment the latter may finally defy all attempts at remedy. At present we lack the data for judging, which, however, it is to be hoped will be forthcoming, as the result of the labours achieved in this connection by the Clinical Society's Committee.

CATHETER FEVER.

At the opening meeting of the Clinical Society for the present session the President, Sir Andrew Clark, addressed the members on a subject of considerable importance in practice, and which has since aroused an extended and excited discussion. Reference was made to a condition of fever with shivering which is oftentimes induced in aged persons who are compelled by circumstances to enter on a "catheter life." This state is entirely distinct from the urinary or uræmic fever of surgery, and may result in even fatal consequences to the patient, who else might not have presented any indications of critical danger. Sir Andrew Clark has since followed up this preliminary statement by a formal address on the subject, delivered before the Medical Society of London, on the 17th inst., in which he distinctly wished it to be understood that he referred to cases which occurred as a small, though noticeable, percentage, and in which no adequate structural stage presented itself sufficient to be considered the cause of death. A debate followed, in which the following gentlemen took part:—Sir H. Thompson, Mr. Berkeley Hill, Mr. Savory, Mr. Harrison, Mr. Bennett May, Dr. Althaus, and Dr. Maclagan. The exigencies of time and space preclude us from giving any special account of the meeting now; but as forming an important episode in the medical history of the year it is desirable to mention the matter in this place.

DIABETES.

The pathology of diabetes formed the subject of an interesting and important debate which took place at the Pathological Society in May last, when Dr. Dickinson maintained the position that the disease is dependent on lesion of the cerebro-spinal nervous system. The grounds advanced for this belief are that the disease is continuous, whatever may be the surroundings of the affected individual, and that it comes on suddenly and is associated with particular alterations of brain structure, which he assumes to have demonstrated. On this last point opinion varies for and against Dr. Dickinson's contention, by many the special changes observed in his preparations being ascribed to variations produced by the mode of mounting, &c. A committee was appointed to decide this question; and the debate on the main subject was continued by the expression of views as to the causation of diabetes held by different speakers. In the absence of such a connection as Dr. Dickinson propounds, it is suggested that by vaso-motor paralysis of the arterial system, improperly arterial blood may be brought to the liver, and that the diabetic condition may be thereby induced, this being a view hazarded some time ago by Dr. Pavy. It seems to have been settled by the debate, however, that general truth rests in the assumption that no definite alteration in any structure is necessarily an accompaniment of diabetes, and that a peculiar state of the circulation on which diabetes is supposed to depend can be set up in animals by producing experimentally in them a paralysis of the vaso-motor system. It still remains to be decided in what special way such vaso-motor disturbance originates; whether, that is, it follows as a direct result of disease of the sympathetic system, or whether it exhibits as a fault due to derangement of some part of the digestive and blood-forming mechanism, thereby leading to morbid differences in the chemical constitution of the blood.

PATELLAR SURGERY.

A good deal of interest has naturally been aroused in connection with the paper in which Sir Joseph Lister advocated the employment of silver wire sutures in the treatment of fractured patellæ. In this communication, originally made before the Medical Society, the author explained that he had been led to apply the sutural operation to broken patellæ after witnessing the benefical effects of such treatment of a fractured olecranon process, and in hopes of thus avoiding the inconvenience experienced in those cases which, when treated in the usual manner, do not undergo satisfactory or resistent union. He narrated the history of seven patients so treated by wiring the broken portions of bone together, some being old, ununited fractures, and others of quite recent origin. In all he obtained results of a very gratifying kind; and the majority of the patients were present for examination on the evening when the paper was read. The plan pursued by Sir Joseph Lister is to bring the broken edges of bone into apposition, paring them when requisite, as in old cases, and then drilling through each surface with a common bradawl, the holes thus made serving to receive and retain the stout silver wire employed for holding the fragments in position. In the earlier cases the sutures were subsequently removed —bony union being fairly established—through an incision made for the purpose; but later improvements suggested the plan now pursued of leaving the wire permanently *in situ*, the ends being hammered well down on the patellar surface. A specially-devised system of drainage of the joint is also described by Sir Joseph Lister, who, it is almost needless to add, most urgently insists on the absolute adherence of the operator to strict antiseptic rules, if success is to be had for the operation.

It is not to be wondered at, perhaps, that numerous objectors have arisen to dispute the legitimacy of the new operation, especially in recent cases of fracture. They contend that a sufficient proportion of cases ordinarily do well under the treatment sanctioned by long usage; and that not until the attempt made in this direction has very obviously failed ought resort to be had to so dangerous a proceeding as that of opening into the knee-joint; the more particularly since, by Sir Joseph Lister's own showing, omission of the slightest detail of antiseptic precautions may easily imperil the whole success of the undertaking, and even jeopardise the life of the patient. It is right to add that, since introducing the subject to general notice, a patient operated on by Sir Joseph has died, this being the first fatal result of the operation in his personal experience; but the circumstances of the case were of a kind to make it by no means difficult to understand how it should not influence opinion adversely to the operation. At present the question is one about which a final statement is hardly possible; for while many refuse to sanction it in recent cases of fracture, not a few even of this class, dispose to regard it with favour when suggested on behalf of patients who are subjects of old ununited fractures, and troubled with a useless limb, the possession of which is little less than a burden. It may at once be assumed that the fear expressed by one eminent surgeon to the effect that Sir Joseph Lister's advice to open the knee-joint and suture all fractured patellæ, would lead to reckless extravagance in the way of human life on the part of hosts of country practitioners, is groundless. However ardently the general practitioner may accept the doctrine of Listerism and adhere to the teaching of its author, he may be at least credited with enough common sense to prevent him from needlessly exposing his own patients to danger; and unless he can be assured of the most perfect carrying out of antiseptic treatment in such cases, he is hardly likely to risk his own reputation by hazarding a human life on the result of opening a knee-joint to reach a broken patella. That the operation itself is a distinct improvement and a manifest advantage to patients otherwise doomed to carry a useless limb is clearly shown; and it may safely be left to the future to demonstrate the practicability with which it may be attended.

NERVE-STRETCHING.

Among surgeons the operation of nerve-stretching for the relief of pain is looked upon with rather more distrust probably than it receives approval. Those even who have essayed to make trial of the operation but rarely speak enthusiastically about it; and of the number of cases in which resort has been had to it an insufficient proportion have been so successful as to encourage general practitioners into frequent employment of the expedient. That it is, however, when rightly or skilfully used, a most important element in surgical therapeutics there can be no manner of doubt; and by selecting it as the subject of the Bradshawe Lecture for 1883, Prof. Marshall, President of the Royal College of Surgeons of England, exercised a most commendable choice. Nerve-stretching has failed, Mr. Marshall is assured, because the operation has been ill-performed in cases of failure—that is, without due regard to the essential points that must be observed if success is to crown the result. The force must be applied to the nerve steadily and continuously for five or six minutes—not by irregular, jerky, or spasmodic movements. Further, a force not too little and not too great must be employed, that which Mr. Marshall found, by experiment, most adapted in the case of a normal human sciatic nerve being thirty pounds. For other nerves, of course, variations in weight must be made according to circumstances. Were these rules regularly and always observed, Mr. Marshall thinks fewer instances of want of success would be chronicled. In the way of fit and proper cases for the operation, numerous examples were given in the lecture; but it may suffice to say that, speaking generally, stretching does not affect any tumour lying within the spinal column, since the pull is not experienced by the cord itself. Accounting for the relief caused by stretching in cases of neuralgic pain, Mr. Marshall assumes the existence of fine fibres of nerve tissue progressing from the parent trunk as *nervi nervorum*, and distributed to the various membranes, &c. When these fibres become irritated from any cause, acute pain results; and when, as by stretching, they become ruptured and thereby paralysed, immediate ease is procured. With this explanation, it is easy to conceive with what effect a long, steady pull would be followed, and hence the reason for Mr. Marshall's sage advice. In the lecture referred to, and which will soon be published in an expanded form, the author discusses the whole question of nerve-stretching in a way that cannot prove other than helpful to any reader.

MEDIASTINAL TUMOURS.

The practicability of successfully opening into the thoracic cavity and removing foreign growths contained therein has been demonstrated by publication of a case early in the year, in which Dr. Kuster, of Berlin, excised a tumour growing from the back of the sternum into the anterior mediastinum. Patient was a strong, healthy man, thirty years old, in whom no suspicion of syphilis could be distinguished. The appearance of a tumour on the right side of the sternum had been preceded by some months of dull, aching pain, and it had been slowly increasing in size up to the time when Dr. Kuster saw him first. It was then about the size of a goose egg, occupying the region corresponding to the third and fourth costal cartilages, and passed deeply back into the chest; it was smooth to the touch, but the skin covering it was reddened, while it conveyed a sensation of fluctuation and elasticity on manipulation. It did not, however, pulsate, and the diagnosis formed was in favour of sarcoma. Dr. Kuster, adopting full antiseptic measures, proceeded to remove the growth thus: "A large skin flap being cut from below and over the tumour, the cartilages of the two ribs involved were cut through, and the corresponding sternum chiselled away. The tumour occupied a considerable space in the anterior mediastinum, and in removing it from its attachments two accidents occurred—viz., the internal mammary artery (right) was divided, and a small opening made in the right pleural sac, the corresponding lung at once collapsing. The pericardium was, fortunately, not injured, although adherent to the growth. In closing up the wound a piece of antiseptic gauze was placed over the wound of the pleura, and its ends allowed to project from beneath the skin flaps, which were pressed into the gap left after the tumour had been removed. The man made an excellent recovery; and the examination of the tumour showed it to be a gumma." It is impossible not to admire the boldness of this operation, and the skill with which it must have been carried out. The lesson it teaches is a valuable one, in as far as it demonstrates the possibility of such grave interference with the great body cavities under the conditions laid down by Mr. Lister; but it can hardly be said that justification of frequent resort to such operations is apparent.

Ireland.

MEDICAL EDUCATION.

The condition of the medico-educational world in Ireland has been one of transition, and consequently, to a certain extent, of disorganisation. The New Scheme of education and examination promulgated by the Irish College of Surgeons in May, 1882, and which came into operation in July of the same year, has been gradually superseding the old system, and the two series of examinations being, of necessity, carried on side by side the arrangements have been complicated, and the work of the examiners arduous. The new system which requires an examination at the end of each year has, however, been found, on trial, to work well, and to be popular with the students, and many of those who commenced their studies under the old system availed themselves of the option given them to complete their career under the new scheme.

The effect upon the schools has, however, been an unpleasant one, for there has been a considerable falling off in the number of students, and the teachers have thus come short of their usual emoluments. This was to be expected, and it must not be interpreted as meaning that the Dublin school is less popular, or that the Irish professional market is depreciated. The New Scheme provides that the student may take his first, or preliminary, scientific year at home under the instruction of a general practitioner, and not necessarily within the walls of a medical school, and as the majority of the students have availed themselves of this option, the class of first year men in the Dublin schools has in the past year, *and at present*, been very low. But all these men must enter at their school at the opening of their second year, so that we may expect, next session, a Dublin class considerably above the average.

SHAM CERTIFICATES.

Contemporaneously with the first opening of the new examination system the College of Surgeons has also given effect to its new arrangements for checking the attendance of the student on lectures and hospital, and has thus given the death blow to the sham certificate system which for years has disgraced Irish teaching. By order of the College every teacher must now specify on the student's certificate the exact number of lectures delivered by him and attended by the student, and a definite minimum attendance is insisted on by the College and the Universities. The old formula certifying that the student attended "diligently" is now practically discarded, and thus the inferential misstatement which the lecturer made whenever he gave a false certificate is now converted into an explicit falsehood to which he can hardly attach his name if he has anyrespect for his reputation.

So far, so good! But those who have been making money by the sale of such certificates are not likely to lose the trade for want of ingenuity in devising a method of evading the regulations, and they have been aided in this effort by the weakness of purpose of the Council of the College of Surgeons, who have left plenty of opportunity for sham certifying, which is therefore freely carried on by the less scrupulous teachers. The hospital signature book in which the student records his presence is left open, and the teacher who countersigns it takes care not to notice the fact that several signatures are habitually written by the one hand, and that many names are inscribed by the students who call at the hospital for the purpose at 9 a.m., and are busy in the offices or shops at 9.30 a.m., and who therefore never put in any genuine hospital attendance whatever.

The lecture certificate, is equally unreliable in some instances, the number of attendances of the student being ascertained by a roll-call, at which the lecturer does not care to inquire whether the name is answered for by deputy or by the student himself, nor does he hesitate to certify that the student was present, although he has no other knowledge of the fact than the answering of the name by an unknown voice when it is called.

These evasions and the issue of certificates thereupon are happily confined to a few of the least scrupulous teachers, and we may therefore congratulate the profession on a great improvement in the teaching morality of the Dublin school, although laxity of certifying is still practised by a few, and although the Colleges continue to ignore the existence of these practices.

THE CREDIT FEE SYSTEM.

A most potent step towards educational improvement has also been taken by the abolition of the credit fee system in the best Dublin schools. In these schools it is no longer possible for the student or his apprentice-master to enter his name for courses of study without paying cash down the professor's fees, and by this arrangement it ceases to be possible for the apprentice-farmer to keep the student's money in his pocket until the eve of examination, and to appropriate it altogether if the student never presents himself to the examiners. The payment of the Lecturer for his work in advance has also a powerful effect in ensuring honesty of certifying, because the lecturer, having received his honorarium, has no hesitation in refusing to certify for an idle student, whereas, if the fee were, under the old system, not payable until the certificate was issued, the lecturer should fine himself £3 3s. for each occasion on which he ventured to be honest in refusing a certificate.

In the same schools, however, the credit fee system is still in full force, and it will remain vigorous until the time comes when the vigilance of the Colleges makes it impossible to issue false testimonials of diligence, and until improvement in the examination makes it impossible for the uneducated student to offer himself with any reasonable chance of passing.

ROYAL IRISH UNIVERSITY.

The Royal Irish University may be said to have entered within the past twelve months upon its first year of existence as a licensing body, for, up to the present, it has been chiefly engaged in examining the students who had prepared for the Queen's University M.D., and who remained over as the bequest of that Institution to the University which has superseded it. The effect of such supercession upon the three Queen's Colleges has been most disastrous, and has so greatly reduced the medical classes in these provincial institutions that it seems probable that one or other of them will be obliged to close its doors.

The last Report of the President of the Queen's College, Galway, recorded a great decadence in the number of its students. During the year the number of medical students entered at the College came down from 144 to 70, and a further fall in the coming year is feared. The falling off in the Belfast College was so large as to have represented a loss of about £400 a year to the Professor of Anatomy who, in consequence, resigned his chair in order to obtain a higher rate of pension, but resumed it as soon as the Treasury guaranteed his full superannuation allowance. This is a result which—we imagine—Parliament did not anticipate when it passed the Act of demolition of the Queen's University; but it fulfills and confirms our own expectations frequently expressed. The wisdom of those supporters of the Queen's College who insisted upon every Queen's University graduate being passed through a Queen's College, and resisted the proposal to throw that University open to all students without restriction, is now vindicated, for when we find students deserting the Colleges *en masse* the moment that they are compelled to resort to them, we may reasonably conclude that most of them would never have gone thither if they could have avoided doing so. We do not say this in depreciation of the teaching of these institutions, which was as good as it could be made by very competent and earnest teachers working under great disadvantages and with very little material for instruction. The means for clinical instruction in Galway, and—in a less degree—in Belfast and Cork, have always fallen very far short of what it is in Dublin, London, or Edinburgh, and *pro tanto* the medical education of the Queen's College centres has always been defective.

The Senate of the Royal Irish University has, we are glad to say, give substantial proofs of its determination not to bid for the patronage of students by making its degrees "cheap and nasty." Its two examinations in general education, the matriculation and first University Examination, through which all its medical alumni must pass, are *bona fide* tests, and consequently the University is attracting a much better class of men, socially and educationally, than were wont to resort to "the Queens." The medical examinations of the University have been also kept up to a high standard, and the proportion of rejections to passes has, therefore, been very high. At the July examinations of the University the "mortality" amongst candidates was excessive. Of 72 who presented themselves for the first half, or primary examination, 35 were rejected—48·6 per cent. For the second, or final examination, 45 offered themselves, of whom 27 failed to get through, 60 per cent.

At the October examinations a serious difficulty arose in consequence of the want of elasticity of the method of marking the answering. The Senate had decided that the examiners should not have any discretion to pass a candidate who just touched the border line of rejection, but that they should give a definite mark, and that every candidate who did not reach a fixed minimum should "stick." In accordance with these instructions, the examiners rigidly rejected all who had not reached the minimum, and the result was that only 13 out of 130 of the second examination men, and only 40 out of 150 candidates for graduation as M.D. were successful. Thereupon, the Standing Committee took in hand the adjudication of doubtful cases. That Committee, however, found the adjudication quite impossible, and accordingly remitted the task back to the examiners, who, on conferring together, agreed to pass a list as follows:—For the first examination in medicine, 52; for the second examination, 68; for the Doctorate, 55; for the Bachelorship, 2; for the Mastership in Surgery, 43; for the Obstetric Diploma, 18. The 238 examinations passed were divided amongst the students of various schools as follows:—Queen's College, Belfast, 91; Queen's College, Cork, 82; Queen's College, Galway, 32; Catholic University, 12; Ledwich School, 6; College of Surgeons, 5; Carmichael College, 1; Trinity College, 1; English and Scotch 5. In the College of Surgeons also the rejection-rate has exceeded that of previous years, and the entire experience of the year would indicate that the difficulty of obtaining ingress to the profession is increased and increasing. It seems to us that such an assumption would not be true, for we believe that the unsatisfactory answering of candidates is due, not to increased difficulty, but to a most praiseworthy and beneficial change in the method of examination. The candidate who formerly learned most of what he knew in the "grind" room and by means of "tips" and mnemonics now finds that the examiners expect him to answer with his fingers and brains rather than with his mouth. He has to dissect, to demonstrate, to show his knowledge of microscopic sections, to operate on the cadaver, and to diagnose and prescribe treatment for disease in the living object. These things he cannot learn in the grind room, and consequently, the grinding system has broken down, and its fall is shared by those students who have confided in it as a method of getting through. The sooner students learn that their profession must be learned by means of the eye and finger in dissecting-room and hospital, and that it is a risky speculation to trust to night lectures, sham certificates, and grinding, the better it will be for themselves, the profession, and the public, and we, therefore, do not regret that the licensing bodies are inculcating this lesson, even though the process may be an unpleasant one for the student.

In the University of Dublin or the Irish College of Physicians no noteworthy alteration of the system of education or examination has been made within the past year; but both of these bodies have been rather below average in their output of licentiates. Trinity College has, however, taken an important step towards eliminating the old sham-certificate system.

Stimulated, probably, by the agitation against fictitious certificates which has been growing in strength for the last two years, the Board of the University of Dublin issued in June last a notice "That, in future, students in Arts of Trinity College will not be required to produce certificates, but will be required, instead, to lodge forms of notice. There will, therefore, be no general issue of certificates by the professors; but those students who may require them for presentation to other examining boards, can obtain them on application."

We trust that the example of Dublin University will be followed by every College or University throughout the Kingdom. Certificates have ceased to have any value, except, as the Rev. Dr. Haughton says, as receipts for money paid. They are not required by the English licensing bodies, and certainly the specific statement as to attendance which appears on the face of a schedule is far more reliable than any quantity of purchaseable certificates of "diligent" attendance.

As we have already explained, there has been a falling off in the student class in Dublin and throughout Ireland, but we believe the decadence to be only apparent, and to be due to the operation of the new system, which enables the student to pass his first year without entering a medical school.

So far as the returns made by schools to the Anatomical Committee in Dublin can be taken as an index (but we believe these returns to be, in some instances, utterly untruthful), the condition of the Dublin schools in the past four years may be judged of by comparison of the entries of dissectors, as follows:—

	1880-1	1881-2	1882-3	1883-4
Trinity College ...	192	216	225	223
College of Surgeons...	189	140	132	120
Carmichael College ...	149	159	134	117
Ledwich School ...	230	221	230	228
Catholic University ...	94	100	118	101

As we said last week, most of these schools state their numbers honestly and truthfully, and include no student therein unless he has paid his fees as a *bona fide* worker in the school. On the other hand, one, or possibly more, other schools, include all sorts of sham pupils and deadheads, and, in fact, such school or schools are not honestly entitled to claim anything like the number which they return to the Anatomical Committee. Such schools count into their classes a crowd of perpetuals and chronics who have long since disappeared from the study of the profession, the remainder of their class being made up mostly of farmed apprentices and others, who pay a guinea or two as earnest money at the beginning of each year, and are expected to pay the balance at the end of their study, if they ever complete it.

The night-lecture system which is pursued in Dublin by the Ledwich School for the purpose of obtaining the patronage of clerks, shop assistants, and others who—being engaged all day—cannot study the profession, came under debate, both in the annual general meeting of the College of Surgeons and in the meetings of the Branch Medical Council. At the meeting of the College, Dr. Jacob moved a resolution expressing the opinion—

"That attendances purporting to be given by persons who are engaged during the usual hours of medical study in other engrossing avocations is not a *bona fide* fulfilment of the four years of study required by the General Medical Council, and therefore ought not to be recognised by this College as sufficient qualification for the Letters Testimonial of the College."

This motion was met by one from Dr. Kidd:

"That the College, instead of passing any order at the present meeting regarding night lectures, request the incoming Council to forward a copy of the arrangements for securing the attendance of students at lectures and hospitals to every lecturer and clinical teacher recognised by the Council with a request that they will aid in carrying out these arrangements."

This resolution was adopted by 28 to 16, as a tentative measure, but as we expected, has not, as far as we can judge, produced the least result. The night-lecturing is going on, and, no doubt, a crowd of students who have never entered their school or hospital will present themselves for examination by virtue of certificates which, if they represent anything at all in the way of study, stand as evidence of a series of semi-grinds given between 7·30 and 10 p.m.

Meanwhile the night-lecture system has been brought under the notice of the General Medical Council by Dr. Jacob in a letter which will be found in our issue of May 2, 1883. After some discussion the General Council remitted the subject to the Irish Branch Council for inquiry and Report. That Council adopted a characteristic policy, for it immediately tried to shift the responsibility of inquiry upon Dr. Jacob by requiring him to produce "particular information regarding any medical school or hospital in Dublin which has practised these irregularities." This Dr. Jacob very naturally refused to do, and informed the Branch Council that, "having called attention to practices which have long been notorious, and to the evidences of the existence of those practices which are to be found in the Minutes of the Council, in its reported proceedings, in the Dublin newspapers and in the records of public bodies, he did not feel called upon to become the accusant of individual schools and hospitals, or to stigmatise by name members of the profession who have obtained their qualifications by participation in these practices." He, however, referred the Branch Council to a number of public documents, from which, without making personal charges, the truth of all his statements might readily be proved. After lengthened deliberation the Branch Council passed the following resolution:

"The Branch Council for Ireland, however, believe that the statements made in Dr. Jacob's letter respecting *mala fide* attendance on lectures are substantially accurate, and have therefore directed that a copy of the following resolution be forwarded to each of the medical authorities in Ireland:

"Resolved—That no certificate of attendance on lectures be accepted from any student unless it certify, under the hand of the lecturer, that the holder has attended not less than two-thirds of the total number of the lectures delivered by him."

Thus the matter rests, but, inasmuch as the night-lecturing still continues, and, consequently, the issue of the certificates to persons who are not engaged in the legitimate study of the profession is still rampant.

ABROGATION OF SPECIAL PRELIMINARY EXAMINATION.

The Irish College of Surgeons has taken an important step towards dispensing with the special preliminary examination held by itself and other licensing bodies. It has recognised as sufficient proof of general education the matriculation examination of the Royal Irish University and the pass of the intermediate education examiners in the subjects usually required from students in medicine. This latter recognition enables every schoolboy who works for the intermediate examination—and there are many thousands of such boys—to come to the study of the profession as soon as he passes, without a further preliminary examination. It also enables him to take his preliminary at a provincial centre without incurring the trouble and expense of a visit to Dublin. The pass in physics, which is also a necessity of the student under the new scheme of education of the College of Surgeons, may also be taken before the intermediate examiners, and thus the preparatory scientific examination necessary for the College may be materially reduced in scope by the student before he comes to Dublin. It must, however, be recollected that it is necessary that the student should have passed the intermediate examiners in *all* the usual subjects, as the College does not recognise the pass certificate unless it includes the entire of the subjects required.

CONJOINT EXAMINATION.

Within the closing month of the year the proposal which has so frequently proved abortive- to establish a conjoint examination between the Colleges of Physicians and Surgeons was again resuscitated, the object of its promoters being, avowedly, to render unnecessary and impossible the compulsory conjoint examination proposed by the Medical Bill. The overtures originated, on this occasion, with the College of Surgeons, and a Negotiation Committee was appointed to meet the College of Physicians and report back to the Council of the College of Surgeons. This they did, and submitted the following resolutions:—

1. "That it is desirable that, under certain conditions, the King and Queen's College of Physicians and the Royal College of Surgeons in Ireland should combine so as to give a complete examination in medicine, surgery, and midwifery."

2. "That candidates who pass the combined examinations shall be entitled to receive the licences of the Colleges in medicine, surgery, and midwifery."

3. "That the Colleges do bind themselves not to grant separate diplomas, except to candidates who already hold, in the case of the College of Physicians, a surgical diploma; and in the case of the College of Surgeons, a medical diploma—the surgical and medical diploms referred to in this resolution are to be approved by both Colleges."

4. "That the fee to be paid by each successful candidate shall be thirty guineas for the diplomas in medicine, surgery, and midwifery."

5. "That the expenses of the professional examinations shall be defrayed in equal shares by the two Colleges, and that the surplus thereafter remaining shall be divided between the College of Physicians and the College of Surgeons, in the proportion of three to five respectively."

6. "That the proposed scheme should be based upon the principle of sessional professional examinations."

These propositions have given rise to a hot opposition by a minority of the Council of the College of Surgeons, especially upon resolution 3, which proposes that the College shall voluntarily surrender the licensing powers which it has exercised for a hundred years, and shall refuse to grant a licence to any one, except he who first brings in his medical licence of the College of Physicians, or of some other body which that College approves of. This arrangement would, it is calculated, cost the College of Surgeons at least £1,100 a year of its income—would alienate from it a large number of would-be licentiates—would rob it of its autonomy without giving it any advantage whatever in return for the sacrifice; and would produce no result whatever towards staying the legislative reform which is now imminent (if it were desirable to do this). We expressed ourselves last week as of opinion that an Irish conjoint examination at the discretion of the student, and without merging the separate licensing power of the two Colleges is eminently deserving of encouragement, but that a compulsory co-partnership which would limit the free choice of the student and tie up the Colleges to the abrogation of their licensing powers is altogether intolerable, unjustified alike by any circumstances which exist, or by any anticipations of the future—futile as a diplomatic expedient—and ruinous as a commercial speculation. We do not for a moment believe that the Fellows of the Irish College of Surgeons will assent to it; we know that the Government would disregard such a bargain; and we do not think that the authorities would sanction the changes of Charter to carry it into effect.

THE SUPERANNUATION BILL.

This question is now on the anvil—the College of Physicians has rejected one of the five propositions; the College of Surgeons has altered most of them; other additional proposals are set down for debate; a general meeting of the Fellows of the College of Surgeons is certain to be called in opposition to the scheme; and we therefore do not look upon the prospects of a voluntary conjoint examination for Ireland as very hopeful.

The Irish Poor-Law medical officers have been a good deal excited within the year past by the prospect of legislation on superannuation and by the operation of the Act for providing labourers' dwelling which was passed in the last days of the Session.

The Bill to provide pensions for Poor-law officers was originated four years ago by the Irish Medical Association, and was introduced at that time by Mr. Meldon, M.P. During its first session it made no progress, and at the opening of 1881 the Association waited, by deputation, on Mr. Forster, for the purpose of enlisting the sympathy and support of Government for the measure. Mr. Forster then not only expressed his approval of the principle of the Bill and acknowledged the need of it, but he announced that Government would take up the measure and introduce it as a Ministerial Bill. It was, thereupon, entrusted to Mr. Herbert Gladstone, M.P., who introduced it, but it was violently opposed by a few of the Irish irreconcilable members, and was allowed a second reading only on the understanding that it should be sent to a Select Committee. In August, 1882, the Committee met, but though it approved of the Bill it was unable to complete the taking of evidence sufficiently early to allow of the Bill getting through its remaining stages in that session. It was, therefore, held over until the 1882-3 session, when great hope was entertained that it would become law, inasmuch as the Government had declared its determination to pass it against all opposition. Unhappily, these expectations were not realised, for the glut of important legislation prevented the Bill being taken for second reading until the fag end of the session. It was passed through this stage by a majority of 88 to 25, the minority being composed almost exclusively of the Irish nationalists, who seem to have set themselves to oppose the Bill simply because Mr. H. Gladstone's name was on the back of it.

The late period of the session gave power to this opposition, which otherwise it would not have had, and therefore, although the Government maintained its expressed determination to pass it, they were unable to get it through the Committee stage, and it was held over until the approaching session. The Irish Medical Association has already taken the matter again in hand, and is going by deputation to the Chief Secretary to urge him to give the Bill a fair chance amongst the Government measures. If he consents to do so there is no reasonable doubt of its becoming law, for it has no opponents save half a dozen of the obstructionists, whose opposition would not stand for a moment if the question were brought to a vote of the House.

THE LABOURERS' DWELLINGS ACT.

An Act passed within the last few days of the Session has given rise to great friction between the Boards of Guardians and their Medical Officers of Health. The object of the Act was to encourage the building of dwellings for agricultural labourers.

This Act received the Royal Assent on the 25th August last, and its title is such that it will hardly be a matter of surprise that no one suspected that an Act of Parliament "to better the condition of the labourers in Ireland" would have to be seriously considered by the profession.

The Labourers' Act applies only to the dwellings of agricultural labourers and their families, and provides—in cases of such dwellings being deficient or unfit for human habitation, owing to dilapidation, &c., or any other sanitary defect, such deficiency or sanitary defects not being effectually remediable otherwise than by the erection of other dwellings—that, upon a "representation" signed by not less than twelve poor-rate payers of the district, the sanitary authority shall take such "representation" into their consideration, with a view, if they deem it necessary, to framing a scheme under the Act to provide the required house accommodation.

It appears that the first step to be taken to set the Act in motion is the sending of a representation, as prescribed, to the Sanitary Authority. The Act (sec. 5) specifically directs that, if the "representation" be made on the ground of sanitary defects, it "shall be accompanied by a certificate from *a* Sanitary Officer of the Sanitary Authority to which the representation is made in corroboration of the defects alleged," from which it appears that the persons making the "representation," or any individual interested in the matter, may select any Sanitary Officer of the Sanitary Authority for the district, and not necessarily the Medical Officer of Health for that part of the Sanitary Authority's district which is referred to in the representation.

The Council of the Irish Medical Association thus interpreting the terms of the Act arrived at the opinion that the Medical Officer of Health selected by the representationists would be justified in claiming a reasonable fee in each case from the person or persons requiring his certificate, and, further, that he could, as a matter of right, refuse to certify without remuneration.

Soon, however, it was found that, by way of setting the Act in motion, several Sanitary Authorities had called on the Medical Officers of Health, for their respective districts, to report generally on the condition and accommodation of the labourers' dwellings in their districts.

While some of the Sanitary Authorities did not even wait for the statutory representation to be made, others accepted informal representations alleging the existence of sanitary defects which were not accompanied by a certificate from any of their Sanitary Officers, and called upon the Medical Officer of Health for the district to certify as to the sanitary condition of the dwellings.

The Medical Officers of Health complied with the requests made, in the belief that they would be reasonably paid for their services, but those who have asked for remuneration, it appears, have been refused it.

In the interests of the Medical Officers of Health, the Committee of Council addressed a letter to the Local Government Board asking for information as to what, if any, arrangements had been made for the remuneration of the services of the Medical Officers of Health, and, if so, at what rate. In reply, the Local Government Board stated in effect that they had been advised by their law adviser—(1) That it was part of the duty of a Medical Officer of Health to report in such cases without remuneration; (2) that if the representationists failed to send in a certificate with the representation, the Sanitary Authority might call on the Medical Officer of Health for his certificate, and use it for the purposes of the Act; and (3) that the Sanitary Authority may, hereafter, with the approval of the Local Government Board, pay the Sanitary Officers for their services, either by fees or by a temporary increase of their salaries.

The upshot of the affair is that many of the boards of guardians have refused to pay a farthing for the services of their medical officers, the Local Goverment Board has refused to issue a circular of instruction, or to express generally an opinion for the guidance of the guardians. The Irish Medical Association has therefore decided to try it at the Quarter Sessions, and, if necessary, in the superior courts, the first test case which presents itself, and thus a judicial pronouncement will be obtained which will set the dispute at rest.

TENURE OF POOR-LAW OFFICERS.

It may be recollected that, in the autumn of last year, a dispute of the highest importance to Poor-law medical officers arose in connection with the proposed dismissal of Dr. O'Reilly from the Lismore Workhouse. Without entering into the grounds for the proposition, we may say that no reasons, equitable or legal, could be arranged to justify this step; the guardians simply wished to get rid of him, and the Local Government Board, though they had declared that they saw no reason for treating Dr. O'Reilly as was proposed, had not the courage to protect their officer against the tyranny of the guardians, and were willing that he should be thrust out of office to please his employers. But they were not willing to take the responsibilities of doing so on their own shoulders, knowing that they could not justify the dismissal in a court of law, so they handed the officer over to the guardians to be dismissed by them. This proceeding was manifestly illegal, inasmuch as the Poor Relief Act vests the power of dismissal in the Local Government Board, and in no one else, and it gives that Board no power whatever to hand over such power to any one. The case of Dr. O'Reilly, unfortunately, could not be fought out to a judicial decision, because Dr. O'Reilly himself, after putting himself in the hands of the Irish Medical Association and involving them in much trouble and expense, backed out of the contest and resigned his office without waiting for guardians or Local Government Board to dismiss him.

Following up their attempt to shift the right of dismissal from themselves to the guardians, the Local Government Board promulgated, on the 18th of December, 1882, a new series of general orders for government of workhouses, in which the articles which have reference to removal of officers were so altered as to transfer to boards of guardians the power to do so.

The Council of the Irish Medical Association observed that additions had been made such as to authorise boards of guardians throughout Ireland, not only "at their discretion" to suspend union officers from the performance of their duties, and to deprive them of their salaries during the period of such suspension, but also to dismiss them from office, if the Local Government Board does not see fit to remove such suspension; while the order does not appear to contain any provision requiring boards of guardians to state their reasons for thus exercising their "discretion," or to institute any inquiry into the truth of charges which may have been made against the officer. They therefore took the opinion of Mr. Purcell, Q.C., as to the legality of this proceeding, and received from him the following opinions:—

"I am of opinion that the Local Government Board have no power to delegate to boards of guardians any authority to dismiss or suspend the medical officer of the union, and that the general orders to this effect in the Articles 39 and 40 of their recent Circular are *ultra vires* and illegal.

"I find no provision in any of the Acts in relation to the power of *suspension*. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in

Article 36 of the recent Circular as to the deprivation of the medical officer's salary from the date of suspension is also *ultra vires.*"

The Council of the Association communicated this opinion to the Local Government Board, and requested them to take the advice of the law officers of the Crown on the point; but this the Board declined to do. Since that time the new general order of the Board has remained under protest, because the Irish Medical Association has no power to challenge its validity until they are authorised to do so by some officer who is aggrieved by dismissal by the guardians. The Council of the Association has, however, informed the Poor-law medical officers that they are only waiting for a suitable test case, and we are confident that, when such a case arises, a judicial decision will reverse the general order of the Local Government Board, and rescue the medical officers from the tender mercies of the guardians.

In the month of February, Mr. Benjamin Banks, the well-known and much-esteemed Secretary to the Irish Local Government Board, after many years of official service, retired. Mr. Banks had, perhaps the longest standing of any high-placed official in Ireland. He was Chief Clerk of the old Poor-law Board, not only for years, but for decades of years, and as such his name appended to documents in the union boards of the country became familiar as household words. Before his Irish appointment he had been in a Governmental clerkship in England, of which country he is a native, and whence he was transferred to Ireland. On the change of name to the Local Government Board, Mr. Banks became its first Secretary, the duties of which post he has discharged for more than ten years. Mr. Banks is succeeded by the assistant secretary, Mr. William D. Wodsworth, a gentleman who has worked in harness with the now-retired secretary for a very considerable period. The new assistant-secretary is Mr. James Brenan.

In January, 1883, a Royal Commission on Irish Prisons was appointed. The Commission was presided over by Sir R. Cross, M.P., and consisted of the following:—The Hon. W. St. John Brodrick, M.P. (eldest son of Lord Midleton); E. R. Wodehouse, Esq., M.P. for Bath; Dr. Robert M'Donnell, Dr. George Sigerson; N. D. Murphy, Esq., late Member for the City of Cork; and T. A. Dickson, Esq., M.P. Major A. B. M'Hardy was appointed secretary to the Commission. The specific matters into which the Commission was directed to inquire were (1) The recommendation contained in the report of 1879, presented by the Commissioners appointed to inquire into the working of the Penal Servitude Acts and the desirability of adopting and carrying out the same in Irish prisons. (2) The working of the recent amalgamation of the administration of local and convict prisons in Ireland. (3) The independent inspection by visiting committees of local justices or otherwise. (4) Whether the safe custody of persons confined in local prisons is adequately and efficiently provided for. (5) The points of difference at present existing between the prison systems in England and in Ireland, and the desirability of rendering the two systems as nearly as may be uniform.

This Commission has been sitting at intervals during the year, and has taken evidence with reference to the grievances of prison surgeons, so frequently referred to in these columns, in reference to the arbitrary imposition on them of duties for which they are not legally liable, and are not remunerated. The Commission has not yet concluded its sittings or made a report.

FEES TO MEDICAL WITNESSES.

The profession in Ireland has been a good deal exercised by the way in which medical men have been dealt with in reference to their remuneration for medical testimony. Heretofore a medical man was entitled to charge what he pleased for his expert evidence, and the sum so paid him was recoverable by the suitor who employed him as costs in the cause, subject to the discretion of the taxing master as to its amount. In June, 1882, however, new "Rules and Orders of the Supreme Court of Judicature (Ireland), made the 1st day of June, 1882," were published in the *Dublin Gazette*, which set forth that—"In taxing the expenses and allowances of witness, the Taxing Officer shall, in ordinary cases, have to regard the following scale:— * * * * E. For Medical Men:—If resident within five miles of place of trial, or ten miles, if there is a railway for three-fourths the distance, per day, not exceeding £1 1s. If beyond that distance, per day, not exceeding £3 3s."

The above-mentioned scale of fees refers only to medical witness in civil cases, and not to Crown prosecutions. In Crown prosecutions the rule of the Attorney-General, dated 16th December, 1876, is still in force, and is to be observed by all Crown Solicitors and Sessional Crown Solicitors. It is as follows:—

Rule—"When a medical witness is summoned to attend at Sessions in a town in which he resides, the usual fee of one guinea is to be paid. If he be detained in court more than three hours, an additional fee of one guinea is to be allowed. When he is summoned to attend at any other town he is to be paid two guineas for every day he is necessarily kept from home, together with his travelling expenses and hotel charges, not exceeding 10s., for each night he may be absent."

In Crown prosecutions the fees of a medical witness are paid by the Crown, and no more than the amount fixed by the scale can ever be obtained, but in civil cases medical witnesses frequently have opportunity of arranging with the suitor, in whose behalf the evidence is to be given, as to the amount of fees to be paid before the case comes for hearing, and any such arrangements entered into would, we are advised, be a legal and proper contract which could be maintained at law, notwithstanding the scale of fees above referred to.

The Council of the Irish Medical Association solicited the co-operation of the Colleges of Physicians and Surgeons in making representations on this subject, and they addressed a memorial to the Lord Lieutenant. The reply to this came to the Council a week ago, and, being very unsatisfactory, is under consideration with a view to further action.

TITULAR DISTINCTIONS.

Great excitement was caused in the month of July by the announcement that Mr. Porter and Dr. Banks, the Surgeon and Physician to the Queen in Ireland, had been offered Knighthood, while Dr. Andrew Clark and Mr. Prescott Hewett had received the higher distinction of

Baronetcy. The distinction thus made between the members of the profession in the two countries was felt as a bitter wrong and slight to the Irish profession, and a memorial was at once presented to the Lord Lieutenant on the subject. The reply to that memorial was calculated to increase the feeling of irritation which existed, and that feeling is still universally entertained throughout Ireland.

HONOURS TO DISTINGUISHED OFFICERS OF THE ARMY MEDICAL DEPARTMENT.

On July 20th the President (Mr. W. I. Wheeler) and Council of the Royal College of Surgeons of Ireland assembled in the Board room of the College for the purpose of conferring on Surgeon-General Crawford, Director-General of the Army Medical Department, and on Surgeon-General Sir James Hanbury, K.C.B., Honorary Fellowships of the College, in recognition of their distinguished careers, especially in connection with their services in the Egyptian and other wars.

We then found ourselves obliged to dissent from the act of the Council, because, in our opinion, the F.R.C.S.I. (*hon. caus.*) was not created for successful heads of departments, and if it were, the granting of it at that moment bore rather the aspect of a splenetic demonstration against Sir Garnet Wolseley than a calm and judicial declaration that these gentlemen have specially merited the highest distinction which it is in the power of the College to bestow.

The authority of the Council to grant the Honorary Fellowship is defined by a Bye-law which is of the same force for the time being as the Charter, and which states that—

"It shall be lawful for the Council to elect as Honorary Fellows such persons as have eminently distinguished themselves in the science of surgery or in any of the branches of knowledge auxiliary thereto."

It seemed evident that the Council is here limited strictly to the consideration of the scientific attainments of the candidates in immediate relation to surgery as the ground for a grant of the Honorary Fellowship, but we could not see how success as an administrator of a public department could be said to come within the limits of the bye-law.

WHEELER V. THE QUEEN.

Early in November the interesting and important case in which Mr. Wheeler, President of the Irish College of Surgeons sued the Irish Government for his fees for attendance on Mr. Sheen Carter, of Belmullet, who was shot in the knee by the "Invincibles" last year, came on.

Mr. Wheeler's claim was for £1,147 18s. On the 15th of March, 1882, Mr. Carter was shot at Belmullet, and his knee shattered to pieces; whereupon the Irish Government requested Mr. Wheeler to go forthwith to see Mr. Carter, adding that, if that gentleman was not able to pay the proper fees, the Government would "take the claim into the most favourable consideration." Mr. Wheeler left Dublin the same evening for Belmullet. That place is situated at the extremest north-western point of Ireland, forty-two miles by car, across a sparsely inhabited, almost savage, and greatly disturbed district, to the nearest railway station (Ballina). This journey occupied seven hours going, and seven hours returning, and he (Mr. Wheeler) had to be guarded on each occasion by constabulary on the car, while the journey had to be performed on an open vehicle, mostly at night, and in any weather which happened to present itself. Having attended many times at Bellmullett and at Ballina, and put in a long subsequent attendance in Dublin, Mr. Wheeler applied to Government for payment, but was refused, and compelled to take his action. After one day of the trial the case for the Crown completely collapsed, and the Government paid the full claim and all costs.

APPOINTMENTS.

The changes in the *personnel* of Irish educational and examining bodies have not been numerous.

In the College of Surgeons the outgoing Courts of Examiners were all re-elected. The election of the Council of the College was marked by a great effort made by the Ledwich School party to exclude Dr. Jacob from the Council as a punishment for the active part which he had taken against night-lecturing and sham-certifying, but the attempt, although nearly successful, failed. Dr. Cameron, the Medical Superintendent Officer of Health for the city, was elected, and Dr. William Elliott, an experienced and respected member of past Councils, lost his seat.

The School of the College was unfortunate in losing the valuable services of Professor Cunningham, the distinguished Professor of Anatomy, who migrated to the University School after only one year of service in the College. The succession to the Anatomy Chair was contested by four candidates—Dr. Frazer, of Owens College; Dr. Thomson, of the University of Edinburgh; Dr. Reid, of St. Thomas's Hospital; and Dr. Barton, of Trinity College School. The election was conducted, for the first time, under the provisions of the New Supplemental Charter, which transferred the elective power from seven Councillors who might be drawn by lot to the whole body of the Council, and Dr. Frazer was declared to have been chosen. Dr. Frazer brings with him to Dublin the very highest character as a scientific anatomist and a school organiser, his success as a teacher in Owens College and the value of his contributions to the Royal Society being well recognised in the scientific world. The School also lost the services of Dr. James Little, its Professor of Practice of Medicine, whose practice obliged him to give up lecturing. His place was fittingly occupied by Dr. Arthur Wynne Foot, who, as lecturer on the same subject in the Ledwich School, had gained a very high reputation.

In the School of Physic an important change took place by the resignation of the Chair of Anatomy and Chirurgery by Dr. MacAlister, in order that he might take the Professorship of Anatomy in Cambridge University. To the vacancy thus created Dr. Cunningham, of the College of Surgeons' School, was elected, as above stated.

In the College of Physicians there was no change of great import. At the annual meeting of the College, held on St. Luke's Day, the following officers were elected for the ensuing year:—President—William Moore, M.D. Vice-President—Francis R. Cruise, M.D. Censors—Drs. Cruise, Churchill, Duffey, and Purser. Additional Examiners—Drs. Finny, Macan, and Quinlan. Examiners in Midwifery—Drs. Kirkpatrick and M'Swiney. On the same occasion the following were elected to the Fellowship:—Michl. Joseph Clune, M.D. Brussels, M.A. Univ. Sydney; Effingham Carroll M'Dowel, M.D. Univ. Dub. Mr. T. Innes was elected Librarian and Clerk to the College and Clerk to the Trust Estate.

In the Royal Irish University the Examinerships for the ensuing year were distributed as follows by the Senate, who met on Friday, October 26th:—Anatomy—Dr. Christopher J. Nixon, of Dublin; Dr. Pye, of Galway, M.D., M.Ch.; and Professor Redfern. Physiology—Professor Charles, of Cork; and Dr. Coppinger, of Dublin. Medicine—Dr. B. M'Dowell. Surgery—Drs. Corley and P. J. Hayes.

The alterations of *personnel* of the Dublin Hospitals were not numerous. In the Meath, Sir Patrick Dun's, the Richmond, and Steevens's, no change took place. In the City of Dublin Hospital the death of Dr. Loftie Stoney created a vacancy in the Ophthalmic Department which was filled by the appointment of Dr. Arthur Benson, Junior Surgeon of St. Mark's. In Jervis Street Hospital a surgical vacancy has been caused by Dr. J. E. Kelly leaving Dublin for San Francisco, to which it is proposed to elect on Friday next, the 29th. In the surgical staff, Adelaide Hospital, the lamented death of Dr. Richardson left a vacancy, which was filled by Dr. Warren. In St. Vincent's Hospital the resignation by Dr. Kehoe of his Surgeoncy made way for the appointment of Dr. MacArdle. The Masterships of the Rotunda and Coombe Lying in Hospitals were vacated by Drs. Atthill and Kidd on the lapse of their seven years of service. To the Rotunda Dr. Macan, Gynæcologist of the City of Dublin Hospital, was elected; and to the Coombe Hospital, Dr. Samuel Mason.

In the Queen's College, Belfast, the Anatomical School had a narrow escape from serious injury, arising from the resignation of Dr. Redfern of the Professorship of Anatomy. Under the rule of the Professor the medical faculty of the College had enormously increased, until the emoluments of the chair had reached the satisfactory total of £1,600 a year. The cause, however, is understood to have lain in the fact that the number of medical students in the school had greatly fallen off in the year 1882, consequent upon the dissolution of the Queen's University, and that a further decadence in the present year is anticipated; and it is said that there was a reduction in the emoluments of the chair of £400 in the past year, with a probable decline of double that sum in the coming session. But Professor Redfern is entitled to a handsome Civil Service pension. It was, obviously, necessary to the professor's interests that he should retire while the emoluments were still at their best. After the lapse of a few weeks, however, it was announced that Professor Redfern's resignation had been withdrawn, and he therefore continues to hold the Professorship.

In the Queen's College, Galway, Dr. Melville retired from the Professorship of Botany, and was succeeded by Dr. Anderson, of Belfast.

In the Cork College the Professorship of Midwifery, vacated by Dr. MacNaughton Jones on his taking up practice in London, was filled by the election of Dr. Henry Corby.

In the Carmichael College the decease of Dr. Reuben Harvey and Dr. Loftie Stoney caused new elections to the Chairs of Physiology and Anatomy, which were filled respectively by Drs. Scott and Heuston.

In the Ledwich School the retirement of Dr. A. W. Foot created a vacancy in the Lectureship on Practice of Medicine, which was filled by the appointment of Dr. Joseph Redmond.

Scotland.

> "Neque enim consistere flumen,
> Nec levis hora potest: sed unda impellitur unda
> Urgeturque prior veniente, urgeturque priorem;
> Tempora sic fuguint pariter, pariterque sequuntur."

The year 1883 is about to be numbered with the years that were, and the task still remains to us to epitomise in this, our last number of the year, the incidents of medical interest begotten of it as occurring in, and relating to the northern portion of the kingdom. From year to year we had anticipated that in our last number it should have been in our power to congratulate the profession on a more just and a more efficient system of education, and on a mode of enterance to the profession from which the elements of pecuniary aggrandisement would have been eliminated; but unfortunately the year 1883 will stand conspicuous in the annals of the history of medicine in this country as one in which a weak-kneed "Liberal Government" failed to bestow too long delayed justice on a liberal and long-suffering profession, and denied the public the beneficial results sure to follow from the abrogation of monopoly in the teaching of science, and of unworthy political considerations in everyone's inalienable right to impart knowledge. The last strongholds of protection have yet to be stormed; and it is surely an anachronism that in that of all things which should be most free, the Crown should manifest such tender regard for a pernicious system which represses healthy emulation, retards the onward march of science, and, we have no hesitation in saying so, indefinitely perpetuates and disseminates error.

MEDICAL REFORM

is still, then a question of the future. It may not be out of place to remind our readers—and such as are interested in the matter outside the profession, of whom unfortunately, there are too few—of the cardinal concessions which the profession, with the best possible reason, craves, touching the Universities and Corporations of our country. Not a few of the best enactments of a State consist in the abolition of unjust legislation, or possibly its modification, for all reform comes by slow and small degrees. All intelligent men—apart from those whose pecuniary interest it is to maintain an effete and corrupt system of education—maintain, in the first place, that the State has no right to create monopolies in the teaching of science; secondly, that any such system is not just to the community; and thirdly, that the system has led to such clamant abuses that legislation thereon is imperatively demanded. These abuses may be thus summarised:—The pecuniary interests of the teachers have determined the existence in the medical profession of a large class of under-educated men, and the same cause has begotten a multiplication of classes at our universities to such an extent that the curriculum is doubled, while the *period of studying is the same;* and it is open to the gravest doubt whether the practitioners of the present day are so well instructed as those of twenty years ago, and consequently whether the public are so well served, and the state generally so much benefited. While it is maintained in the abstract that no teaching should be a qualifying body, for reasons which will be sufficiently obvious, it is not demanded that the Universities shall be deprived of the power of conferring their degrees as hitherto, but the right to teach as formerly possessed by graduates, and formally still given by the Universities is sought to be restored; and it is maintained that the State should institute an examination by a Board in which the profession is represented, such Board conferring a minimum qualification entitling its holder to registration and consequently to practise in any of Her Majesty's dominions. To those who will seriously reflect upon it, it will be a matter of surprise that the avariciousness of Scotch professors is such that these moderate demands are strenuously resisted; yet it is only on such lines that any reform will be acceptable to the profession and the intelligent public; it is only through the operation of some such system that a subordination to Scotch and other professors unworthy of a learned and liberal profession will vanish; and we sincerely hope that the time is not far distant when it may be in our power to congratulate the profession on some such attainment. The Scotch Corporations have spent, during the year, between £1,500 to £2,000 in defeating the efforts of the Government to improve the methods of medical education and licensing, and every effort is being made to continue the struggle during the coming session.

MEDICO-EDUCATIONAL.

The Edinburgh Medical School.—In respect of numbers, Edinburgh as usual maintains its wonted pre-eminence over the other Scotch Universities. Little more than twenty years ago the number of matriculated students at all the Scotch Universities did not exceed 3,000. This session the number of students entered in all the Faculties at the University of Edinburgh is not less than 2,985, and of these 1,441, being 43 more than last year, are medical. During the year the subject of Professors' fees received attention in the *Scotsman,* and hostile criticism was evoked, which called forth feeble replies on the part of the assailed. It is noticed in the University of Edinburgh, as in its Western *confrère* at Glasgow, that no matter how radical an extra-mural teacher may be, as an University Professor his manner of viewing things professional is completely inverted. Professor Cossar Ewart was, during the summer, engaged in an "Investigation into the Modes, Manners, and Customs of the Culpea Haringus, or common herring," and will doubtless soon publish the result of his investigations. The tercentenary of the University of Edinburgh is to be celebrated in April, 1884. The Extra Mural school still struggles to maintain its position in spite of the powerful opposition arrayed against it. The great weakness of this school is due to the fact that the teachers are not united, many allowing private animosities and self-interest to lessen their interest in the general well-being of the school.

University of Aberdeen.—At the University of Aberdeen the average attendance of students is maintained. Dr. Matthew Hay has been appointed Professor of Medical Jurisprudence, *vice* Ogston, resigned. Quite recently the Senatus of the University has been defeated by the students in an appeal by some of the senior of their number against the inclusion of the subject of pathology in their curriculum of study. The defeat was a just and well-deserved one. We do not deny the importance of pathology as a branch of medical study, but we see no reason why it should not be taught, and why it does not properly fall to be taught, in connection with physiology and practice of medicine and surgery, if it be not the reason so dominant in Scotch Universities, that some toad-eater has an empty purse to be filled, and that, in the attempt to do so, the long-suffering student is fair game.

University of Glasgow.—At the University of Glasgow matters continue in comfortable repose for the professors for yet a little while. The classes are large, new ones are being continually added to the curriculum, and yet the chain does not gall beyond endurance; wealth accumulates, and medical men decay. Happy professors! unfortunate students! There is an absurd examination in pharmacy in connection with *materia medica* at this University. Would it not be possible still further to split up the subject of *materia medica,* and have a professor of organic and inorganic *materia medica?* Owing to the unfortunate and much-regretted illness of Professor Charteris, the duties of this Chair are at present acceptably discharged by Dr. Napier.

The Faculty of Physicians and Surgeons of Glasgow.—At this Faculty, during the year, changes of a momentous nature have been initiated—changes the beneficial results of which are very much doubted by not a few of the Fellows. There can be nothing more chimerical than that this shifting of the scenes by the Scotch Corporations will stay legislation for one single day. It is not desirable that this should be so. We have always maintained the equal rights of the Faculty with the other Corporations, and that it discharges its duties as an examining body in a manner inferior to none. There is an ominous hand-writing on the wall in St. Vincent Street, and the Faculty may well pray to be saved from its "friends." However, the interests of the Faculty are as well protected as they can be in the hands of Dr. Andrew Fergus, who has been reappointed President, and we shall meantime hope for the best. During the year the Faculty has instituted a Board to examine candidates for a certificate in State Medicine. The Board are at present arranging details of the scheme of the examination. Again the principle of admitting to the Fellowship by election is to be abandoned, and henceforth the mode of election will be by examination. Thus *another* qualification will be added to the too numerous ones already existing. The Faculty has also taken the initiative in entering on negotiations with the two Edinburgh Colleges with a view of amalgamating the examinations of the *three* Colleges. These negotiations are at present going on, and there is every prospect of their terminating successfully. In that case each of the contending Bodies will come under an obligation to cease granting their single licence. With respect to the licence of the Faculty, the rules have been revised in the direction of increased stringency. The chief alterations effected were—(1) In accepting no part of any other examination as exempting from re-examination by the Faculty, unless their existed good grounds for believing that the examination was really equivalent in all other respects. (2) In debarring candidates rejected elsewhere from admission till after a period of six months. (3) In exacting evidence that candidates rejected repeatedly by the Faculty really betook themselves to study, in the dissecting-room or hospital, as the special case might demand.

Anderson's College, notwithstanding the Cassandra lamentations of some people, holds its own in the extra-mural struggle in Glasgow. The number of students attending this year is exactly the same as last, and of a better class than usually found. It is feared, and it is unfortunate, that the trustees of Anderson's College do not give adequate encouragement and support to its medical staff. A site nearer the University is desiderated by the Professors; and then, with cannon to right of it and thunder to left of it, the University would have to look to its laurels—*Sauve que peut.*

The Glasgow Western Medical School opened this winter with sixty students—a slight increase on last year. Mr. Maylard, B.S. Lond., having resigned the Lectureship on Anatomy, his place has been filled by Mr. James F. Carter, L.R.C.S.Edin., formerly Demonstrator of Anatomy, Minto House, Edinburgh. A Winter Course of Lectures on Public Health, by Dr. Duncan, to qualify for the examinations of the Faculty of Physicians and Surgeons and other Corporations, began in November, and is being largely attended. Dr. W. L. Reid, the lecturer on midwifery and gynæcology, has been appointed Physician-Accoucheur to the Maternity Hospital.

SCOTCH MEDICAL SOCIETIES.

The *Edinburgh Medico-Chirurgical Society* constitutes the focus of much medical activity and interest. During the year that is past not a few important papers have been read and discussed. Of these we may mention Mr. Joseph Bell's paper "On a Peculiar Mental State as the Result of Cranial Injuries," in the discussion on which Professor Calderwood (moral philosophy) took part; Mr. Duncan's paper "On Germs and the Spray," in which he showed that the risk of contamination from air has been greatly exaggerated. Putrescence, he maintains, invariably follows a sufficient exposure of putrescible fluid to the air; but the germs which float about cannot be extremely numerous if a surface of an inch and a quarter may be exposed for nearly two hours without effect, and if, to be reasonably certain of putrescence, a surface of three inches and a quarter requires an exposure of twenty minutes. Mr. Duncan concludes that in the matter of wounds our prime object ought to be the attainment of the most absolute purity of all substances brought into contact with them. This conclusion is amply confirmed by the results of those who have not used the spray, such as Lawson Tait, Spence, Callender, and Keith, who has abandoned it. Of other papers worthy of notice may be mentioned Dr. Bruce's "Case of Tumour of the Temporo-Sphenoidal Lobe of the Brain," which Dr. Byrom Bramwell characterised as one of the most interesting cases of brain disease which had been hitherto published; and Dr. A. James' on "Nutrition and Reproduction considered Generally and as Bearing on the Etiology and Treatment of Disease." At the first meeting of the Society, session lxiii, Dr. Littlejohn was appointed President; and during the preceding session Professor Francis Frank, of Paris, and Professor Lépine, of Lyons, were elected corresponding members.

At the *Edinburgh Obstetrical Society* the impetus given to the study of this department by Simpson is being felt, an impetus whose beneficial consequences from many social and moral points of view may be open to the gravest question. Yet men of undoubted talent cultivate the speciality, as their published contributions on the subject, no less than their ingenuity in the invention of instruments, amply testify. At the opening of the session for the present year Dr. Alexander Russell Simpson delivered the introductory lecture, which was chiefly historical; and of the notable papers read during the session may be mentioned Dr. Croom's "Observations on the Bladder during the Puerperium;" Professor Simpson's, on "Basylisis for Dystocia from Hypertrophic Elongation of the Cervix Uteri;" Dr. Andrew S. Currie's, on "The Use of the Chian Turpentine in Cases of Uterine Carcinoma," in the discussion on which Professor Simpson remarked that, as the results of trial in his ward, he had found it of so little value that he had discontinued it; the President's (Professor Simpson) paper, on "Superinvolution of the Uterus;" Dr. Milne Chapman's, on a "Case of Double Ovariotomy, unusually Long and Twisted Pedicle;" and Professor Freund's, of Strasburg, on "Extra-Uterine Gestation." This called forth from Dr. Macdonald the account of a case of "Extra-Uterine Gestation," in which in removing the cyst he took away six inches of the intestine, the patient recovering with every prospect of future good health. Altogether, very interesting papers were brought before, and discussed at, the Edinburgh Obstetrical Society; and a large number of interesting specimens, and inventions relating to this important department of midwifery, of which we may mention a new speculum by Dr. William L. Reid, of Glasgow, who, by the way, is a considerable obstetrical inventor.

At the *Glasgow Medico-Chirurgical Society*, of which Dr. Gairdner is the present President, the interest is mainly kept up by young men, whose *perfervidum ingenium* leads them to believe that they possess something worthy of communication. In the papers read, Koch's new and visionary theory of phthisis fell, as a matter of course, to be discussed; and at the third meeting of the Society the President read a paper by Dr. Heron, of London, being a "*Résumé* of Koch's Observations on the Tubercle Bacillus," the *fons et origo malii* being exhibited by Drs. Lindsay-Steven, and Newman. In the discussion which followed, "modern science" was almost exclusively represented. At the seventh meeting, Prof. Cleland read an important paper on "Anencephalus, Exencephalus, and Spina Bifida," and exhibited specimens. This paper was read at the request of Dr. Morton, whose interest and researches in the matter are so well known. Dr. Macleod and Mr. Clark took part in the discussion, the former remarking that the profession were greatly indebted to Dr. Morton for what he had done in the way of successfully treating spina bifida. At the same meeting Dr. William McEwen read "Observations on the Radical Cure of Hernia." Dr. McEwen is an enthusiastic believer in the germ theory, and he ascribed the good results obtained to the strict observance of "antiseptic precautions" from the outset. Dr. Alexander Robertson read an important paper "On Alcoholic, Cerebral, and Mental Disorders." In this paper Dr. Robertson first referred to the varying effects of alcohol on different people in a state of health, the real disposition being, in most cases, more clearly brought out when they were distinctly under the influence of this agent. He mentioned that in insanity he had seen delusions more decidedly expressed when the person was partially drunk, and considered that a practical hint might be derived from this fact in the elucidation of concealed delusions in doubtful cases of mental disease.

At the *Glasgow Pathological and Clinical Society* considerable literary activity was displayed, and many interesting and instructive papers were read and cases exhibited. Of special interest were Mr. Clark's case of "Congenital Sarcoma of the Abdomen," and "Scirrhus of the Testicle and Spermatic Cord," which did well after operation. So rare is this form of tumour that Rindfleisch and Walshe deny its existence. Dr. Finlayson showed the brain and spinal cord from a case of supposed "Epidemic Cerebro-Spinal Meningitis," but Dr. Robertson demurred to the assumption that there was any special virus present here. Dr. Robert Kirk showed an interesting case of "Myxœdema," presenting all the characteristic features of this affection, as described by Sir William Gull and Dr. Ord.

The *Glasgow Southern Medical Society* vies in a laudable manner with the larger societies in the Southern district of the city. Dr. Barras is President of the Society. During the session Dr. Park read a paper on "The Treatment of Syphilis," which, being a debatable subject, afforded the members of the Society an opportunity of showing that, so far as the power of differing was concerned, they were quite on a par with their transpontine *confrères*. Dr. A. Napier read an excellent paper on "Vaccinal Eruptions," and Dr. James Morton on "Coxo-Femoral Disease," a paper which will appear shortly in these columns. Altogether the Glasgow Southern Medical Society is to be congratulated on the work done.

THE HOUSING OF THE POOR.

Lord Salisbury's recent paper on this subject has created not a little interest in this important question throughout the country. In Glasgow the Medical Officer of Health has recently declared that if the agencies which are in operation in this city were set to work in London with the same energy as here, "The Bitter Cry of Outcast London" would disappear. Under the influence of sanitary agencies in Glasgow the city death-rate has been notably diminished. The nature and extent of the work thus performed may be gathered from the following:—During the year about to close 16,800 separate nuisances of various kinds, all more or less tending to affect public health, were detected and removed. In rooms of from one to three apartments, the measuring of cubic space and the regulation of nimbles was fixed in nearly 2,000 instances; lodging houses were inspected to the extent of nearly 3,300 periodical visits, enforcing regulations, and where necessary, prosecuting; night inspections of ticketed small houses were observed to the extent of nearly 39,600 visits, resulting in 1,900 holders of that class being brought before the magistrates. There were day visitations to the extent of 300,700, in searching for nuisances and cases of infectious disease, of which as many as 9,600 were found, and by vigorous measures, such as removing to hospital, lime-washing, fumigation, and disinfection of clothing, or burning, such cases were prevented from becoming *foci* of contagion. The working of the Adulteration of Foods Act was also in charge of the Sanitary Department, and in connection with this department 3,000 food inspections resulted in the destruction of 16,000lbs. of fish, 3,000lbs. of pork, 600lbs. of beef, and other large quantities of food, all of which might have been deleterious to health. The dairies, cow-sheds, and milk-shops have been carefully supervised Among the better class of houses the smoke test had been applied to 236 drains, and in only seven instances were the drains found to be in good order. It is significant to remark that, of the 16,800 separate nuisances above referred to, no less than 12,000 were landlords' contraventions in the Public Health Act. All this indicates that the Sanitary Authorities of Glasgow are conscientious in their endeavours to repress disease and ameliorate the condition of the lower orders.

Foreign.

Although during the year that is closing no one event has stood out in such distinct relief as that of the discovery of the bacillus *Kochii* as it is sometimes called, which renders memorable the year 1882, it has still been one of undiminished activity and of unequivocal advance in many directions. The conciousness, to use the expression of a great critical writer of the medical and scientific world, has been playing upon the discoveries of former years, so that their value has been brought more clearly and accurately into view. Generally speaking, it may be said that old ground has been assiduously cultivated rather than that much new ground has been broken.

UNIVERSITIES.

These have been well attended, especially the more notable ones, such as Berlin and Vienna, for the reason perhaps that it is towards these that teaching talents, or it should rather be said great teaching reputations always gravitate. This being the case, it follows naturally that changes shall be constantly going on in the teaching staffs of the Universities. A man who is making a mark at an inconsiderable University is certain, in due time, to receive a call to one more considerable, and from this to another, so that the possibilities are great and the prospect flattering to the man of great ambition and corresponding ability.

In Berlin, Waldeyer, of Strassburg, has been appointed professor of anatomy, although the former professor, Reichert, does not retire. A Berlin professor has no retiring pension, and however old and infirm a teacher may become he must either hold his post or give up his salary. On the other hand, he cannot be removed, so that it becomes a somewhat difficult matter to have to decide what to do when a gentleman who has done good service declines to retire when his powers for service are no longer equal to the occasion. In the present instance the Government saw no other course open to them than to appoint another professor, who should relieve his senior colleague of most of the work and responsibility, but without interfering with his salary. Dr. Kossel, also of Strassburg, goes to Berlin as assistant to Professor Du Bois-Reymond; the latter gentleman, by the bye, recently celebrated the 25th anniversary of his present appointment. Not many changes of moment have taken place in Vienna. One of the principal is the retirement from the city of Professor Arlt, the head of the first University Clinic for diseases of the eye, Prof. Stellwag von Carion taking his place, Jäger in his turn succeeding Stellwag. The University world was greatly startled a few weeks ago by the announcement that Rector Magnificus Wedl was about to vacate the office to which he had not long been appointed. The reason given for the unexpected announcement is that the distinguished professor of histology finds the duties of rector too much for his strength. Hartl is spoken of as his probable predecessor. Amongst numerous other appointments may be mentioned that of Leopold as professor-extraordinary at Leipsic; Dr. Danilewski at Charkow; Prof. Kraske, of Halle, to Freiburg, in the room of Prof. Maas; Dr. Chiari, of Vienna, to Prague; Dr. Von Bruns Göttingen in place of Merkel. As we have already noted, a Czeckish Medical Faculty has been constituted in the Budapest University, to one of the chairs in which Dr. Arnold Spina, formerly assistant to Professor Stricker in Vienna, and a firm opponent of many of the views held by Koch in regard to tuberculosis, has been appointed.

SOCIETIES.

A noticeable feature about all meetings of German Medical Societies it is, that nearly all the readers of papers and speakers are included in a comparatively few names. Very few below the grade of professor or at least private tutor take upon themselves to write papers or join in the discussion. There is an advantage in this arrangement. It accounts to some extent no doubt for the high range of excellence shown by the reports of the various societies proceedings.

In the Berlin Society for "Medicine," Jan. 8th, Herr Beuster opened the way for a valuable discussion on "The Therapeutical value of Massage in Central and Peripheral Nervous Diseases." Very shortly after this Virchow followed with a paper on "Catarrhal Ulcers," a paper which has appeared in these columns. After a paper discussing the value of some new drugs—tannate of soda as a hæmostatic, extract of calabar bean as a purgative, tannate of cannabis as a mild and useful narcotic, acetal, &c., followed one on "Icterus, with open gall passages." More recently, before the same society, Baer read a paper on "Phthisis in Prisons," in which he showed that the disease was from two to three times as fatal among prisoners as amongst the free population, one more proof of the evil effects of herding people together.

In connection with this Society a Committee has been formed for the purpose of the Collective Investigation of Disease, framed on the model of the Committee of the British Medical Association appointed for the same purpose. The first subject fixed upon for investigation is the Communicability of Phthisis.

The fifth meeting of the Balneological Society was held in Berlin on the 17th and 18th of March. Bearing in mind the important part assigned to baths, "waters," and continental health resorts in the higher classes of practice in our own country, and certainly not less in Germany, and also noting that the meeting took place shortly before the commencement of the "Season" of the present year, it is not to be wondered at that it proved a success. Dr. Lewin, of Berlin, read a paper before the society on "The Power of Resorption of the Skin, especially for Lean Compounds," in which he detailed the results of personal investigations. Dr. Scholz, of Cudowa, gave some "Clinical Observations on the Action of Steel Baths with excess of Carbonic Acid on Chronic Heart Affections."

The Twelfth Congress of the German Surgical Society was held as usual in Berlin, April 4th to 7th, under the presidency, also as usual, of Excellenz v. Langenbeck. The President reported that the Empress's prize for the best report of "Experimental Researches on the Causes of Diphtheria and the Practical consequence resulting therefrom," had been awarded to Professor Otto Heubner, of Leipsic. The subjects of "Goitre Extirpation" and the "Changes induced in the Trachea by Goitre" were then discussed by Kocher (Bern), Bardeleben (Berlin), Maas (then of Freiberg), and Wölfler. This is a subject that has repeatedly been under discussion in one place or another, one gentleman, Joulliard, of Geneva, having himself performed the operation for extirpation no less than thirty times. It was generally agreed upon that no operation should take place so long as the patient is able to breathe with any degree of comfort, and that important changes are apt to follow removal in patients, in the direction of a diminished supply of red blood corpuscles, anæmia and general weaknesses. Our space, however, will permit only a cursory notice of even important meetings, and we must pass on.

The Second Congress for "Medicine" was held in Wiesbaden a few days later, April 17th to 21st, under the presidency of Frerichs. Here there was first an important discussion on "The Influence of the Discovery of the Tubercle Bacillus, on the Pathology of Tubercle," introduced by Rühle and Lichtheim, but in which the views expressed were not so different from those prevailing in our own country to require special notice. Fleischer (Erlangen) read a paper on "Examination of the Saliva in Cases of Kidney Disease," in which he stated that in thirty-eight out of forty-five cases of various forms of kidney disease urea was detected in the saliva. Gerhardt (Würzburg), then read a paper on "Diphtheria," Klebs (Zurich), Heubner (Leipsic), Jürgensen (Tubingen), Rossbach (Jena), and other well known men taking part in the discussion that followed.

The Tenth Meeting of the German Union for Public Medicine was held in Berlin, May 16th to 19th, under the presidency of Staats minister Hobrecht. Cultus minister Von Gossler and other government officials showed their interest in the meeting by their presence at the discussion. Wolffhüjel read a paper on the "Determination of the Hygienic Qualities of Drinking and other Water." Professor Virchow followed with a paper on "Town Cleansing and the Disposal of Town Refuse." Then followed a paper and discussion on "Artificial Lighting" in which a decided preference was shown for the electric light and, next in order, Siemen's regenerative gas burner, over all other methods of lighting.

The Fifty-sixth meeting of the Society of German Naturalists and Physicians as already stated in our columns, was held in Freiburg, in Breisgau, in September. Besides papers already noted, one was read by Professor Bollinger on "Inoculation Tuberculosis." In some remarks made in reply to other speakers, he said, "he was inclined to the view that the various micro-organisms of diphtheria, typhus, puerperal fever, &c., were, perhaps, simply various forms or phases of development of one and the same fungus." In the surgical section Professor Küster recommended iodoform tampons in hæmorrhage, especially in cases in which the bleeding was from the great vessels when ligature was not practicable.

The Seventh Congress of Russian Naturalists and Physicians was held in Odessa, in August, about six hundred male and twenty female physicians were in attendance, one of the latter Dr. A. Kosin, presiding over one of the sections on two occasions. The government was petitioned to continue the courses of instruction to ladies, also to allow district meetings of medical men, and to repeal a law by virtue of which it is compulsory for a legally qualified medical man to visit any case to which he may be called, refusal on his part to comply with the law being a punishable offence. As may be supposed the existence of such a law has given rise to much inconvenience and unpleasantness.

The German Medical Societies' League (Aerztevereinsbund) held its Eleventh Diet in Berlin, in June; 187 medical societies, with 7,864 members, which at present form the Vereinsbund, were represented by 123 delegates representing 6,996 voices. Regulations were discussed for preventing the spread of infectious diseases. Amongst the other subjects considered were the feeding of infants and Koch's method of examining air. This gentleman also exhibited the [illegible] us of typh [illegible] glanders, erysipelas, septicæmia, phthisis, &c. A considerable portion of the time of the Diet was taken up in discussing personal questions. A Swiss pill vendor had sent a sample of pills to Professor Virchow with a request that he should give them a trial. He did so and found them to answer very well and wrote to the vendor to that effect. In due time Virchow's reply appeared in an advertisement as a testimonial, and this not unnaturally aroused some feeling on the part of some individuals. The question of the propriety of the proceeding came before the Diet, and the distinguished professor was compelled to make an explanation to the effect that, he simply wrote to the vendor to say that the pills answered their purpose very well, and that there was no intention on his part that the letter should be made use of in the manner complained of. It is of no use to follow the matter further, but the moral may be drawn from it, not to use pills sent by pill vendors, or else not to satisfy them by saying they have answered the purpose for which they were intended.

PUBLIC MEDICINE.

Activity in this department has been very marked during this year, independent of that shown at the meeting of the Public Medicine Society. The great Hygienic Exhibition held in Berlin, itself in a manner the offspring of Public Medicine, has also been the occasion of further activtiy. Numerous popular addresses on medical and scientific subjects have been delivered in the Exhibition building by distinguished men. The first was by Esmarch on Samaritan Schools, another interesting paper was by the veteran Professor Pettenkofer, on Poisoning by Coal-gas by breaking of Street pipes. Such accidents appear to be of rather frequent occurrence in some localities, as twenty-two were reported in Munich last year. Nearly all the cases occurred in the colder months, thus, May, June, July, August and September were absolutely free from such accidents, so that the whole number took place in the seven colder months. What makes the cause of illness not unfrequently difficult of detection is the fact that the gas passing through the soil is deprived of its odour, so that the sense of smell is no aid to its detection. It is supposed that these street fractures are particularly dangerous in cold weather from the frozen street surface preventing the escape of the gas, and thus forcing it into the houses. The various systems of dwelling houses were discussed, viz.: 1st, The cottage system to which preference was given, but which was spoken of as being the most expensive; 2nd, Family houses in which four, eight or sixteen families can reside, as in Glasgow; 3rd, The Barrack system for unmarried workmen.

The report of the German Cholera Commission appeared so recently in our columns as not to require further mention except that it differs in almost every respect from that issued by the French Commission.

The report for 1881 of the Stadtphysicus of Vienna has recently made its appearance, and, as notification of infectious diseases by the medical attendant or by the householder is compulsory in Austria, it will be interesting to note some of the figures. During the year there were 3,290 cases of small-pox reported, with 779 deaths; 1,474 cases of scarlatina with 251 deaths; 79 cases of typhus, (exclusive of imported cases) with 15 deaths; 1,358 cases of diphtheria with 329 deaths; and 389 cases of typhoid with 113 deaths.

In the spring of the year the magistracy of the city of Vienna reconstituted the Stadtphysicat and decided that it should be constituted as follows, viz., the Stadtphysicus, 2 deputies, 2 practising doctors of medicine with small salaries, and the town physicians of the Suburban districts. They are to act after consultation together in all matters of importance.

The Government of the Kingdom of Prussia has published (Aug. 15th) official directions for carrying out disinfection processes. It directs that the strongest measures shall be employed in the several cases of small-pox, diphtheria, cholera, typhus and typhoid fevers, and milder in the cases of scarlatina, dysentery, measles, and rotheln. The measures are optional with the authorities in the cases of whooping-cough, phthisis, infectious lung diseases, contagious ophthalmia, splenic fever, glanders, rabies, puerperal fever, and "wound diseases." The substances to be employed are named in the following order, (1) soft-soap in solution), 15 grm to 10 litres of water; (2) carbolic acid, solution 1 to 20; (3) corrosive sublimate (in specially threatening infectious diseases) 1 to 1,000. This must be ordered by the medical attendant, and further mixed with 5 parts water to 1 of the solution; (4) carbolised spray; (5) chlorine vapour (1 kgrm. of chloride of lime for a room of 60 cbm.); (6) introduction of fresh air; (7) dry heat and steam; (8) burning of things of little value. It then goes on to describe minutely the method of procedure in the case of each particular infectious disease.

In Warsaw, a system of night medical releif has been organized. In each of the police circuits the medical men resident in it indicate their willingness to undertake night duty to the police authorities of the circuit, and inscribe their names and addresses on a list. Any person requiring medical assistance in the night, applies to the police, chooses a name on the list and, accompanied by an officer, proceeds to the residence of the medical man chosen. They both then accompany the medical man to the case, and if the individual to whom the visit is made cannot pay, the officer gives an order for 3 roubles. The town is also responsible for car hire.

EXHIBITIONS.

The year closing has been a year of Exhibitions. That devoted to Hygiene, which was open for so many months in Berlin, and known by the name of the Hygiene Ausstellung was, of itself, sufficient to make the year memorable. There was collected and exhibited everything that could, by any manner of ingenuity, be nearly or remotely shown to have any connection with hygiene. A bare enumeration of the exhibits would cover much more space than the whole of this Retrospect. Lectures were delivered on numerous subjects connected with Hygiene and Public Health, some of which we have already mentioned. There were others again on the feeding of infants, substitutes of human milk, milk supply, the best methods of preserving milk, without condensation and by means of condensation, food adulterations, several on electricity, &c., and, if the people of Berlin are not much wiser than they were at the beginning of the year, the fault is their own, it does not in any way lie on the Exhibition authorities, who have certainly done all that lay in their power to diffuse a knowledge of things pertaining to health through all strata of society.

In the clothing department, as people are supposed to wash before they are dressed, soaps, perfumery, &c., and every requisite for the skin, baths and washing were on view. There was an exhibition of dresses for all branches of the military service, dresses for railway officials, for miners, sailors and tourists. There were eiderdown and woollen bed-quilts, foot coverings—boots, shoes and slippers. In the department of Hygiene for Children there were complete outfits for mothers and new-born infants, with every requisite for the lying-in room. Complete models of several lying-in hospitals were there, got up in the most approved styles and embodying all the hygienic improvements that have been introduced into these institutions of questionable utility. There were exhibitions of the varied and numerous preparations that have been introduced by men of science and keen men of business as substitutes for milk. Children's Protection Societies, the Berlin Krippenverein and the Kinderpflegeanstalt or Nursing Institution attracted the interest, the active interest let us hope, of observers by their exhibits in which they showed what is done, and how it is done, for the young and helpless beings under their care. Following the child as it grows older, there were models of schools, from that of the humble country village to the gymnasium of the wealthy city. Amongst the former class were a model of a small country school by the well known physician Dr. Baginsky, a writer on School Hygiene, and the author of the Handbuch der Schulhygiene, a second, edition of which has appeared during the present year. In the model exhibited he has taken care that the school room shall be as light as possible, and that the light shall fall in the best possible direction, that the desks and seats shall have the height and slope most conducive to the comfort and health of the pupils, and that the room shall be efficiently heated and ventilated. Plans of various Gymnasien not only as they should be, but as they actually are, were shown, with swimming baths and everything pertaining there to. There were models of class-rooms completely fitted up, model school desks by Vogel of Darmstadt, a model of the school-room of the Deaf and Dumb Institute, Berlin, of the Blind Asylum, Steglitz, sleeping-rooms, &c. An important and significant exhibit was a series of tables showing the amount of carbonic acid actually present in class-rooms ventilated by different methods, before the commencement of school in the morning, and one, two and three hours after it had commenced, and after the door had been open a short time. In some of them the air was shown to become quickly charged with carbonic acid to an injurious extent, and even on this point the exhibition managers are to be congratulated, for before the school authorities can make a move in the right direction they must be shown wherein they have been wrong. Other class-rooms on the other hand, with better systems of heating and ventilation at work, stood the test and showed that, however long the class-room might be occupied, there was no need for the contained air to become foul and unwholesome. Having said so much about hygiene for infants and school children, and the above is but a very small part of what might be written on this single department of the Exhibition, we must leave the subject with the remark that the foregoing is merely to be taken as a specimen page of a larger volume that might be written on the subject.

Other exhibitions were the first International Pharmaceutical Exhibition held in Vienna, 11th to 27th of August, which was a great success, and the International Electrical Exhibition. An interesting feature in the latter was the ighting up of a supposed battle field at night by electricity n order that the search for the dead and wounded might be carried on more quickly and effectively.

NEW DRUGS.

It can scarcely be said that there is anything quite new under this heading. Some new medicines that were just coming into notice last year, such as kairine, chinolin, tannates of soda, and cannabis acetal, icthyol, convallaria, &c., are now much better known than they were then. Peroamic acid is perhaps the most recent introduction. Billroth and others have employed it with success in some cases of obstinate sciatica that had resisted every known method of treatment. In the cases reported a third part of a Pravaz's syringeful of a one per cent. solution of the acid was injected subcutaneously between the tuber ischii and the great trochanter. If others meet with as good success as fell to the lot of Billroth in some cases, perosmic acid will prove a useful addition to our materia medica. It should be added, however, that the Vienna Professor speaks very cautiously about it, and confesses that he is at present but feeling his way.

Kairine, mentioned by us last year, is now becoming much better known. At first the reports were very loud in in its praise (Drasche and Filhene), then some disappointments were encountered. Littoffer (Gratz) found that it was not constant in its action, and returned to quinine. Dr. Queirols speaks of it in terms moderately favourable. Dr. Serafino Varaglia says it brings down the temperature with certainty in large doses. Merkel speaks of it as a powerful, but not the most powerful, antipyretic; and the amount of temperature reduction depends on the size of the dose and the constitution of the patient. Sassetzki, of St. Petersburgh, speaks very favourably of it; but he took the precaution of ascertaining before experimenting that his sample was pure.

The **Wood-Wool** of Professor Paul Bruns, of Tübingen, has already been noted by us. Riedel, of Aachen, speaks very favourably of bismuth as a surgical dressing, and says that his results with it have been equal to those obtained by Listerism.

Arsenic in phthisis has been mentioned as having been tried by several medical men, but the results were not encouraging.

MICRO-ORGANISMS.

A word on the *bacillus Kochii* will naturally be expected under this heading. All German writers, at any rate all but an insignificant minority of North German writers, may be said to have adopted the views of Koch, as most people have here, indeed. The subject has been publicly discussed before the Society for Medicine at Wiesbaden, twice before the Vienna Society for Medicine, and quite recently before the Medical Society of Berlin on the occasion of a paper on Tubercular Infiltration in Children, by Baginsky. Virchow took part in the discussion, and explained his views on the subject. He appears to have given in his adhesion to a part, at least, of Koch's doctrine. He went so far as to suggest, or rather, to recommend, that the conditions that are the result of bacilli should be called "baccillar," and that the word "tubercle" should be used only to designate distinct formations. He considered tuberculosis to be contagious as itch is, but was of the opinion that it was not infectious in the restricted sense of the word. The *Allegmein Weiner Medizinische Zeitung* has throughout, as we have already shown in these columns, contested some of the conclusions to which Koch's doctrine logically followed out must invariably lead. It points out that if the bacilli be the sole cause of tubercle they must, on the same grounds, be also the cause of grapes, scrofula, and lupus; that these diseases must also be infectious, as Koch affirms tuberculosis to be, and that the bacillar theory leaves no room for constitution, heredity, &c. It must also be borne in mind that the theory cannot be accepted in its entirety until it has been shown that no other substance or organism than the bacillus can produce tuberculosis. This is so far from being the case that the non-infectionists affirm that they have produced true tuberculosis by inoculation with aseptic bits of glass, cinnabar, &c. The infectionists, on the other hand, deny that true tuberculosis can be thus produced in this manner, and call the disease thus produced pseudo-tuberculosis.

Not long ago came the announcement that Dr. Carl Friedländer, privat-docent for pathological anatomy in Berlin, had discovered the micrococcus of pneumonia. This organism is said to be of constant occurrence in the exudation of the alveoli in cases of pneumonia. It is surrounded by a sharply-defined capsule, which is coloured pale blue by gentian viola and red by fuchsine. The discoverer is of opinion that the substance consists of mucin or some substance allied to it. The organism was cultivated apart from the body, and the micrococci thus produced conveyed the disease to mice and dogs. He was less successful in his inoculations of rabbits and guinea-pigs. We are to understand, of course, from these experiments that pneumonia also is to be classed amongst the infectious diseases.

More recently we learn that the proper micrococcus of osteo-myelitis has been discovered by Dr. Becker, an assistant in the Imperial Health Office, Berlin. Dr. Becker's experiments were conducted much in the same way as were those of Koch and Friedländer, but he found it necessary to break or bruise the bones of the animals inoculated with his micrococcus before he could succeed in producing osteomyelitis.

MISCELLANEOUS.

As our readers are already aware, official regulations have been published in Baden for the antiseptic performance of the rite of circumcision of Jewish children, together with a list of the names of the persons authorised to perform the rite.

Antiseptic dressings of sugar for wounds have been employed by Dr. F. Fischer, of Strasburg, and are favourably spoken of by him.

Professor Kitt, of Munich, has been engaged for some time in making histological investigations into the subject of foot-and-mouth disease.

The subject of Massage is now attracting a good deal of attention in this country, and those interested in the subject will be able to obtain a large amount of information as to the history of this method of treatment, the cases likely to be benefited by it, and the *modus operandi*, from works recently published by J. Schreiber ("Practische Anleitung zur Behandlung durch Massage und Methodischen Muskelübung," Vienna, Urban & Schwarzenburg, 6s.) and Klemm.

The Humboldt Commemoration, which took place in Berlin on May 28th, and those held in memory of other distinguished men such as Von Gräfe, Langenbeck, Skoda, and Dieffenbach, may be mentioned as illustrations of the way in which Germans delight to honour their distinguished leaders in medicine, science, or politics.

Much has been written in the German medical periodicals during the present year on cholera prophylaxis. Whether the subject has been proved or not, or whether it is capable of proof or not, and opinions on this point still appear to be divided, it has been taken for granted in Germany that cholera is infectious, and that it is always introduced into a country by persons or articles conveying the disease. This having been taken as proved, it is the most natural thing in the world to assume that if you can prevent the incoming into a country of all persons and articles hailing from cholera-infected countries the disease will be kept out, *i.e.*, that strict quarantine is all that is necessary to prevent the importation of the disease into an uninfected country. As the British Government did not take this view on the occasion of the recent epidemic of cholera in Egypt, the German medical public, who did so, spent a great deal of time and used a great quantity of type and paper in denouncing the brutal inactivity and indifference of the British Government, for the reason that the latter did not, to the full, take all the measures considered requisite by themselves. Which party was right remains to be seen. It cannot be said that we can afford to wait for the solution of the problem, but as we have not reached it yet, as many experts believe, there is no other course open for us.

Literature.

ENGLISH.

Cassell's Manuals.—A special feature in connection with the literary history of the year is the introduction of a new name into the list of publishers of medical works, viz., that of Cassell and Co., Limited. Their first venture in this direction consisted in the issue of a series of manuals intended for students preparing for the various university and other medical examinations; and it must be frankly admitted that, so far, the highest expectations that could have been formed concerning them have been most fully realised. "Histology," by Dr. Klein, was the earliest of the series to appear, and no book more suitable for students use has ever been written on the subject. Convenient in size, legibly and carefully printed on good paper, freely illustrated, and correctly and accurately worded, the manual is the beau ideal of what such a volume should be. That it is the fulfilment of an existing want, moreover, is shown by the fact that a second edition has already been called for, and by the further patent fact that it has found its way into every medical school in the kingdom. What is said of Dr. Klein's manual practically applies to all its companion volumes as yet published, not one of which but admirably serves the purpose outlined in the propectus announcing the series. They include "Surgical Pathology," by Mr. A. J. Pepper, a most admirable, concise, and accurate account of the subject; "Applied Surgical Anatomy," by Mr. Fred. Treves, a work which is regarded as a perfect godsend by students preparing for final examinations in surgery. "Clinical Chemistry," by Dr. C. H. Ralfe; and "Practical Anatomy," by Dr. Bruce Clarke, and Mr. Collingwood.

Medicine.—A new edition of Dr. F. T. Robert's Handbook having been called for, the work has been revised to date, and is now issued, as it originally was, in a single volume instead of being in two volumes. Dr. Charteris's small Student's Guide to Medicine has also entered on a new (third) edition; Dr. A. H. Carter's "Elements of Practical Medicine" a second edition; and within a few months two editions have been called for of Dr. Graham Brown's 'Medical Diagnosis," a work of universal excellence, and far surpassing any similar text-book hitherto published. Dr. Richardson's facile pen has produced another voluminous work of over 1,000 pages, entitled "The Field of Disease," of which more anon. In the New Sydenham Society's series for the year are included "Selections from the Works of the late J. Warburton Begbie," edited by Dr. Dyce Duckworth, and a most commendable translation of Charcot's Lectures on Localisation, by Dr. W. Hadden. A useful little manual entitled "How to Examine the Chest," has been published by Messrs. Churchill for Dr. S. West; and from the same house a third edition of Dr. Gee's "Auscultation and Percussion," has emanated. The second volume of Dr. Fothergill's work on "Indigestion, Biliousness, and Gout" (Lewis), comprising "Gout in its Protean Aspects," appeared in April, and is a worthy successor to its predecessor on "Indigestion and Biliousness." The subject of Transfusion having attained some importance during the year, Mr. C. Egerton Jennings very aptly published, through Baillière, Tindall, & Cox, a small treatise on the subject, the second edition of which is enriched with a preface by Sir Spencer Wells, and contains an account of experiments on transfusion performed under licence, by the author, at Guy's Hospital. The same publishers have also issued a manual of diagnosis entitled "The Physiological Factor in Diagnosis," by Dr. J. Milner Fothergill, a second edition of which has been called for in three months, and which will be found of great practical value by students and practitioners both. A new edition, the third, of the late Dr. Alfred Swayne Taylor's "Principles and Practice of Medical Jurisprudence," has appeared, edited by Dr. Stevenson, and the work is now issued in two volumes. Dr. Patrick Manson, who is well known in connection with the study of certain forms of disease produced by parasites, has issued an account of his researches and observations entitled "The Filaria Sanguinis Hominis, and certain new forms of Parasitic Disease in India, China, and other warm Countries," in which a large amount of interesting and valuable information is made easily accessible. The presence of the cholera scare rendered necessary a new edition of the highly important work of Pettenkofer on the subject, entitled "Cholera: How to Prevent and Resist it," translated by Dr. T. W. Hime. "Practical Examination of Urine," by Dr. J. Tyson, fourth edition. Dr. Clouston who has identified himself with the study and treatment of insanity, has just put forward a very excellent treatise on the subject; and on Diseases of the Nervous System there have appeared during the year a new work by Dr. D. Drummond, of Newcastle-on-Tyne, designed for students and practitioners; and also a second edition of Dr. Ross's well known comprehensive treatise. The Gulstonian Lectures on "Sterility in Women," by Dr. J. Matthews Duncan, have been collected in a single volume, and are thus accessible to the profession generally.

Surgery.—New works on surgery have not been very numerous during the year, but new editions of important and well-known treatises have been published at various times within it. Among these the first place is due to Holmes's "System," now in its third edition, and in preparation of which Mr. Holmes has been assisted by Mr. J. W. Hulke, F.R.S.; and all the articles have undergone complete and careful revision. "Gross's Surgery" also has been issued in this country by Messrs. Smith, Elder and Co., from the new American edition which is brought fully abreast of modern advances to date. Mr. Sampson Gamgee's "Treatment of Wounds and Fractures," a work well deserving careful and attentive study, and comprising an account of the author's experience with dry dressings, has been republished with additions and improvements effected since its first appearance. "Observations on Lithotomy, Lithotrity, and the Early Detection of Stone in the Bladder," by Mr. Reginald Harrison, is a suggestive and valuable contribution. "Student's Manual of Venereal Diseases," by Berkeley Hill and Arthur Cooper, third edition; "Six Lectures on Cataract," by George Cowell, F.R.C.S.; "Surgical Diagnosis," by C. Heath, F.R.C.S.; and new editions of Sir Henry Thompson's volumes on "Surgery of the Urinary and Reproductive Organs;" a fifth edition of Mr. Gant's "Diseases of the Bladder, Prostate Gland, and Urethra," and of Mr. Berkeley

Hill's "Essentials of Bandaging," make up the principal list of purely surgical publications.

Pathology.—Unusual activity has been shown in the production of manuals and text-books of pathology during 1883, and this is all the more gratifying since, till now, this has been a branch of science but poorly represented in English literature. In addition to Mr. Pepper's contribution to Cassell's series of manuals already referred to, a comprehensive and handsome "Manual of Pathology," by Dr. Coats, of Glasgow, has been published. The first part of Ziegler's Treatise, including "General Pathological Anatomy" was issued early in the year by Macmillan and Co., the translation having been performed by Dr. Macalister, of Cambridge, in a way that leaves nothing to be desired. A handbook of "Practical Pathology," by Dr. G. Sims Woodhead, published by Mr. Pentland, Edinburgh, is a beautifully illustrated and well written guide to the subject. Dr. D. J. Hamilton contributes a useful study on "The Pathology of Bronchitis and other Diseases of the Lung."

Anatomy and Physiology.—The principal events of importance in this connection have been the publication of new editions of "Gray's Anatomy," and of "Foster's Physiology." Of the latter work this it the fourth issue, and alterations have been made by omitting those detailed controversial discussions on various moot points, relating principally to digestion and the propagation of currents in muscle and nerve, which were included in former editions. This plan has been followed in view of the promised publication of the special work dealing with the study of these points, and which it is expected will ere long be ready.

In *Materia Medica* new editions have appeared of Dr. Lauder Brunton's "Tablets," of Dr. Owen's well known little manual, and of Beasley's "Book of Prescriptions." Among new works the most striking is "the Extra Pharmacopœia," compiled by Dr. Wynn Westcott and Mr. Martindale, and containing an account of all the new remedies recently introduced in practical medicine. This is a most useful and necessary companion to the prescribing physician, and the favour it has been received with is shown by the fact that a first edition was very speedily exhausted, a second being issued within a few months.

Among *Works of Reference* continuation of the various Society Proceedings is to be noticed, and the issue of "Reports" by Guy's, St. George's, St. Bartholomew's, and other great hospitals; a new edition of Dr. Quain's stupendous Dictionary. A new volume, the fourth, of the monumental "Index Catalogue of the Surgeon General's Library of the United States Army," has just been received, and in no way falls short of its predecessors in careful execution, exactness of information, and completeness. In this place also may be mentioned a unique volume on "the Law of Sex," by Mr. J. B. Starkweather, F.R.S.S., which contains an amount of information both useful and interesting to medical men and thinkers generally.

FOREIGN.

The number of publications issued annually in Germany is enormous, indeed bewildering, but as the greater portion of them are merely reprints from periodicals, the number of "books," on weeding out the others, is notably diminished. After this process has been carried out, however, there still remains a large number, a few only of which can be mentioned here. It is very much the fashion to issue large and bulky treatises in parts, as English readers had the opportunity of witnessing in the case of "Ziemssen's Handbook," and the announcement of the issue of each separate part helps to keep the weekly book list well filled.

The conclusion of Professor E. Albert's Lehrbuch der Chirurgie und Opuatwinlehre is announced (Vienna, Urban and Schwarzenburg). A third edition of a small work by G. Jäger, with the singular title Entdeckung der Sule (Discovery of the Soul), Leipsic, Gunther, is also announced. The following is an enumeration of a small number of some of the most important works of the year.—Billroth: Fifty Lectures on General Surgical Pathology and Therapeutics. Edited by A. V. Winniwarter. Berlin, Reimer. 14s. Hoppe-Sayler: Handbook of Physiological and Pathological Chemistry. Fifth edition. Berlin, Hirschwald. 14s. Rohlfs (Wiesbaden): German Archives for the History of Medicine and Medical Geography. Leipsic, Hirschfeld. This is considered to be the most perfect work of the kind extant. Baginsky: Handbook of School Hygiene. Second edition. Stuttgard, Enke. Hüter, the late Prof. C.: Principles of Surgery. Edited by Lossen. Second edition. Hofmann, E.: Handbook of Legal Medicine. Third edition (in parts). A. Lesser: Hand atlas of Legal Medicine. Berlin, Hirschwald. (In parts.) Henoch: Lectures on Children's Diseases. Same publisher. Gegenbauer, C.: Handbook of Human Anatomy. Leipsic, Engelmann. Eulenberg: Realencyclopædia (Lexicon for Practitioners). In parts (now completed). Hebra, H. von: Morbid Changes of the Skin, their early forms and their relation to general disease. Brunswick, Wreden. Niemeyer: Manual of Special Pathology and Therapeutics. Eleventh edition, part I. Berlin, Hirschwald. Wernich: Biographical Lexicon of the most distinguished physicians of all ages and peoples. Vienna, Urban and Schwazenburg. Bizzozero, Giulio: Handbook of Clinical Microscopy. A very useful illustrated monthly publication devoted to description and illustration of medical and surgical instruments and appliances, and orthopædic surgery, is issued in Bern by Dr. G. Beck, the author of Beck's Therapeutical Almanack, entitled "Illustrirte Monatsschrift du Arzlichen Polytechnick," to which is appended the "Centralblatt du Orthopædichen Chirurgie."

The *Deutsche Medizinal Zeitung*, a paper which has already achieved a high position as a weekly publication, will commence the new year as a semi-weekly, and, being considerably enlarged, will for the future devote a considerable space to original matter, instead of being made up mainly of extracts, reports of societies and medical interests as heretofore. The Russian Calender for 1884, of Towpow and Ricker, of St. Petersburg, deserves notice as being a very complete pocket companion. It contains, besides the obligatory calendar matter, the dose of drugs aed a special chapter on new medicines, tables of saturation of acids and alkalies, the saturation point of the various soluble drugs, in water, spirit and glycerine. Doses for subcutaneous injection and inhalation. Lists of poisons and antidotes, comparative table of bulks ar weights, urine analysis, &c. The above may serve as a b to our Visiting List compilers. Who has not often felt want of information on the solubility of the various sal

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Obituary.

ENGLISH.

NOTWITHSTANDING that the number of death among eminent members of the profession has been year than in some others, still the losses thus incu been such as to produce very palpable gaps in the busy workers and discoverers. Recently, the death Hilton Fagge has deprived Guy's Hospital of one of its most teachers, and scientific medicine of a most able painstaking investigator who has done a very great deal to advance our knowledge of disease and to consolidate the pathological basis on which it rests. Dr. Fagge had long been a sufferer from heart disease and aneurism of the arch of the aorta; and, being wisely advised by his intimate friends, he some time ago resigned all appointments which he could give up without unduly interfering with the actually essential work of his life. For many years his connection with Guy's Hospital has exerted an important influence over its school, in which the deceased physician has held successively a number of posts, being at the time of his death demonstrator of pathology. He was a distinguished graduate of the London University, in the affairs of which he manifested the utmost interest, and the very latest labour in which he engaged had relation to the examination for the M.B. then in progress, and concerning which he was in consultation with Dr. Ord but an hour or so before the fatal attack in which he breathed his last.

JAMES SHUTER, F.R.C.S.—The death of Mr. James Shuter, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital, took place in November, under peculiarly sad and exceptional circumstances. Being a sufferer from sciatica, he was in the habit of taking morphia subcutaneously, for its relief; and having taken cold through going out in the night air, he unfortunately mistook the morphia solution for the medicine he was using for the latter complaint, with the result that death from poisoning speedily ensued. Though but a young man, Mr. Shuter had abundantly testified his ability as a surgeon, and had by the excellence of his work given promise of a career of utmost usefulness, so that the circumstances surrounding his death acquire a double mournfulness. At St. Bartholomew's Hospital he was regarded with feelings of respect and esteem both by his *confrères* on the staff and by the pupils, towards whom he always exhibited a readiness of assistance and a friendliness of demeanour that were deeply appreciated. So much is his loss deplored there that a movement is now on foot to perpetuate his memory at the hospital by erecting some memorial of his connection with it, an object that has engaged the sympathies of all who knew him. Mr Shuter was only thirty-six years of age.

J. A. WILSON, M.D.—This physician, who died in January last, was born in 1795, and was physician to St. George's Hospital from 1829 to 1857, when, on resignation of the post, he was appointed on to the consulting staff. After passing some years as a member of Christ Church, he graduated in 1823 as a "double first" at Oxford, and held the Radcliffe Travelling Fellowship, to which he was elected, for ten years. In 1825 he became a Fellow of the Royal College of Physicians in London, which he served as Censor for several years, and before which, in 1850, he delivered the Harveian Oration. He was a staunch defender of the profession, and although of te years age had compelled his retirement into comparative ncy, yet he had in his time accomplished a vast amount of d lasting valuable work.

OHN FORSYTH, K.C.S.I.—For forty years consecutively Forsyth was engaged in active service in India, een appointed to the Bengal Medical Department in e passed through various grades of promotion until, he became Director-General of the Department to was gazetted, an office he held until the close of the In 1861 he received the appointment of Honorary an to the Queen, being the first to attain such distinc in India; and twelve months later, after forty-two years uninterrupted duty, he retired from the Service for which d done more than any one who can be named in a similar ction. In this year, too, 1862, Dr. Forsyth was made a anion of the Bath; and in 1881 the further honour of Knight Commander of the Star of India was conferred upon him.

GEORGE M. BACON, M.D.—Dr. George Mackenzie Bacon died on Feb. 22, at the early age of 47 years, from peritonitis associated with old-standing intestinal obstruction. Until three days before his death he continued to discharge the duties of Medical Superintendent of the Cambridge County Asylum, where very many important improvements conducing to the comfort and well-being of the patients were introduced by his influence.

ROBERT DRUITT, M.D., F.R.C.S.—The author of the universally known "Surgeon's Vade Mecum" died on Feb. 15, aged sixty-eight, after a long period of illness due to hæmaturia, which prevented him from pursuing the active practice of his profession since 1872. He was for a time editor of the *Medical Times and Gazette*, and wrote the article on "Inflammation" in "Cooper's Surgical Dictionary;" but the work with which his name is most inseparably associated is the "Vade Mecum of Surgery," the eleventh edition of which was published in 1878. He was author also of other articles and publications.

ROBERT BOYD, M.D.—The circumstances attending the death of Dr. Robert Boyd were especially painful in character, the deceased having perished in the conflagration which destroyed the Southall Park Private Asylum, of which he was proprietor. Dr. Boyd was very widely known, and as generally respected by members of the profession; and among the general public, also, he was, by whomsoever known, most highly thought of. As an original worker he gave the profession a vast amount of time and labour, with the result that he produced a long series of articles and carried out a number of exhaustive researches which have thrown abundant light on many points in connection with insanity and the insane.

SCOTCH.

As in all former years, the medical profession in Scotland has had to deplore during the year that is about to terminate the loss of not a few well-known and respected members, who yielded—some full of years and honours, others with the brilliant and bewitching enchantments of youth before them—to the inevitable doom to which the boast of heraldry, the pomp of power, and all that wealth or beauty ever gave must inevitably submit. At the ripe age of 76, Aberdeen lost, in the person of Dr. **WILLIAM PIRRIE**, a distinguished ornament of our profession, and one who worthily and honourably spent his long and useful life. For the long period of forty-two years Dr. Pirrie held the position of Professor of Surgery in the University of Aberdeen. He received his education at the parish school of Gartly, the Aberdeen Grammar School, and at Marischal College, Aberdeen. Pirrie began his medical studies in Marischal College; but the Aberdeen school being at that time small and far from complete, he finished his studies in Edinburgh, where he became L.R.C.S. in 1823, and M.D. in 1829. His attention was specially directed to surgery and anatomy. From the celebrated, the talented, and unfortunate Knox, and from Liston, Pirrie learned to appreciate the value of anatomy and surgery. Pirrie afterwards studied for a time in Paris, where his taste for surgery was further developed. Returning to Aberdeen, Dr. Pirrie became Lecturer on Anatomy and Physiology in Marischal College. For nine years he occupied this post, being, at the same time, engaged in practice. In 1839 Dr. Pirrie was appointed to the Chair of Surgery, the duties of which he continued to discharge to within a few months of his death. Though very busily occupied with University and hospital practice, Dr. Pirrie regularly contributed to the literature of surgery. His "Principles and Practice of Surgery," which appeared twenty-five years ago, is a well-known work. Dr. Pirrie's death marks an era in the history of the profession in Aberdeen, as the departure of the last of a band of seniors who long headed the profession there; and among Scotch professors of surgery, following that of Syme, Miller, and Spence, marks the fall of several men whose ability did much to sustain the reputation of Scotch Surgery.

In his 87th year the veteran practitioner, JAMES SCARTH COMBE, M.D., F.R.C.S.Edin., passed to his rest. Dr. Combe was born in Leith on the 5th January, 1796. He was a blood relation of George and Andrew Combe, the eminent phrenologists. Having entered upon the study of medicine, he obtained his diploma as surgeon in 1814, while still under nineteen years of age. While still very young he went to India for a short time, after which he returned home. He practised with marked success in his native town in 1847, when circumstances induced him to remove to Edinburgh. He became an F.R.C.S. in 1823, and President in 1851-52. He acted as an examiner for many years, and subsequently as Assessor to the Examining Board. He was an honourable man, possessed the full confidence of his professional brethren, and was gifted with a latent mental potentiality which had never thoroughly asserted itself.

A scion of an honourable Highland family, the Right Honourable Sir JOHN MCNEILL, K.C.B., died at the advanced age of 88. Sir John was the third son of Mr. John McNeill, of Colonsay, and brother of the late Lord Colonsay, one of the Lords of Appeal. He was educated for the medical profession at St. Andrews and Edinburgh, and took the degree of M.D. in 1814. In 1816 he entered the medical department of the honourable East India Company as Assistant Surgeon, and in 1824 he was promoted to the rank of Surgeon. He once distinguished himself by leading the British troops, sword in hand, to victory. He became surgeon to the Envoy at the court of Persia, and in 1836 he retired from the medical service on becoming, in succession to Sir J. Campbell, Minister Plenipotentiary. He continued to act in the Persian Court from 1836 to 1842, when he returned to Scotland. He became chairman of the Board of Supervision in 1845. In 1855 he was appointed Commissioner to proceed to the Crimea, along with Colonel Tulloch, to inquire into the whole arrangement and management of the Commissariat department, and on his return, along with his colleague, was made a K.C.B. He was an honorary D.C.L. of Oxford., a LL.D. of Edin., and a F.R.S.E. Though retired from the profession since 1836, Sir John took interest in all that belonged to it. He was thrice married, and is survived by his wife, Lady Emma Augusta, daughter of the 7th Duke of Argyll.

Mr. BENJAMIN BELL, the inheritor of a name famous in the Edinburgh annals of surgery, died on the 13th of June, 1883. Mr. Bell was the grandson of Mr. Benjamin Bell, author of the "System of Surgery," and his father, Mr. Joseph Bell, was likewise an eminent surgeon. Following the footsteps of his distinguished ancestry, the subject of our notice chose the profession of medicine. Having received a complete education in Edinburgh, Mr. Bell proceeded to London, where he secured the friendship of such men as Lawrence, Stanley, Travers, and Baly, whose influence upon him, it is alleged, was noticeable during his entire life. In 1832 Mr. Bell became a L.R.C.S., and in the following year a Member of the Royal College of Surgeons of England. In 1835 he was elected a Fellow of the Edinburgh College, and in 1864 was chosen its President. He was an active member of several of the Edinburgh medical societies. In 1834, with Mr. Robert Hamilton, he established the Eye Infirmary of Edinburgh. He was a numerous and varied contributor to medical literature, and was in every sense of the term an accomplished physician and an excellent man.

In the death of Dr. JOHN ALEXANDER SMITH medical circles in Edinburgh lost one of their most esteemed members. He was born in Edinburgh in June 1818, and was educated in the High School. Dr. Smith took his degree in medicine from the University of Edinburgh in 1840, and in 1865 he became Fellow of the Royal College of Physicians. On the death of Dr. Somerville he became Treasurer to the College. His scientific tastes inclined to natural history, and his circumstances were such as to allow him to gratify such inclination. For upwards of thirty years he was a prominent member of the Royal Physical Society. He succeeded the late Sir Wyville Thompson as its Secretary, and held the position for twenty-one years. He had the honour of being a corresponding member of various foreign learned societies, and was a man of unobtrusive but deep piety

A distinguished graduate of the University of Edinburgh, P. MACPHERSON GRANT, M.B., C.M. Edin,, B.Sc. Ed., died in India at the early age of thirty-four. Dr. Grant had been in the Indian Medical Service since 1877, and during his short career had earned for himself in a high degree the respect and affection of his comrades. He received his education at the University of Edinburgh, in which city, after taking the degrees of M.B. and C.M. in 1870, he held various hospital appointments, He spent some time in Berlin and Vienna in order to acquire a special knowledge of diseases of the larynx. In 1876 he entered himself for the Indian Medical competitive examination, when he passed fifth on the list. On leaving Netley he gained a place in the final examination, now standing fourth, and being first in the department of hygiene. An attack of malarial dysentery proved fatal to him on the 22nd July, 1883.

Dr. ROBERT MOFFAT, of Falkirk, died at the Bridge of Allan, at the comparatively early age of 52. Dr. Moffat graduated at Edinburgh University in 1856, and became L.R.C.S.E. in the following year. His first practice was at Kettle, in Fifeshire. He removed in 1860 to Polmont, Stirlingshire, where he succeeded Dr. Myrtle, now of Harrogate. A few years afterwards he annexed the practice of Dr. Girdwood in Falkirk to his Polmont practice, and removed to the former town. He has left a name which will not soon be forgotten in East Stirlingshire, where he spent the most part of his active and useful life.

At the early age of 43 a popular and amiable practitioner of Glasgow, Dr. JAMES G. LYON, was lost to an attached circle of friends. Dr. Lyon studied at the University of Glasgow, where he graduated M.A. in 1861 and M.D. in 1864. His professional predeliction lay in the department of surgery—a taste doubtless fostered under the teaching of Lister. He was appointed one of the surgeons to the Dispensary of the Western Infirmary, in which capacity he did good and honest work for several years. It is understood that the treatment which he received at the hands of the directors and others when an applicant for the higher office of surgeon, on a vacancy occurring, touched him deeply, and much professional and lay sympathy was felt and expressed for him. He was one of the Glasgow Factory Surgeons. By his friends he was much beloved for his "singularly transparent and upright character."

Dr. PETER STEWART, a well-know and highly respected Glasgow practitioner, died on the 10th May, 1883, after a long and painful illness, in his 70th year. He was born in Greenock in November, 1813, and received his medical instruction at the University and Royal Infirmary of Glasgow, taking his first qualification—L.R.C.S.Ed.—in 1834. In 1845 he graduated M.D. (Glas.), and in 1858 he became a Fellow of the Faculty of Physicians and Surgeons. His studies at Glasgow were supplemented by courses at Brussels and Paris. Dr. Stewart indulged the taste for travel to an extent that few medical men do; he was an excellent linguist and a keen observer of men and manners. As a practitioner, it may be said of him that he was oppressively conscientious, sparing himself neither night nor day in his devotion to his patients—*Abiit ad plures;* and his good reputation will long live in an extensive circle of patients and medical brethren.

FOREIGN.

France has had to deplore the loss by death, during the year, of the following eminent men, viz:—

PROFESSOR CHARLES SEDILLOT, Member of the Academy of Sciences and of the Academy of Medicine, and formerly Director of the School of Military Medicine at Strasbourg. He died on January the 29th, at the age of 69. He was the author of a well-known treatise on "Operative Surgery," which ran through four editions, and of "Researches on Dislocations of the Shoulder and Thigh," &c. He was one of the first to have practised gastrotomy. M. Sedillot did much to popularise internal urethrotomy.

J. CLOQUET, Dean of the Academy of Medicine, who died in March, at the ripe age of 93. Cloquet's father was interpreter of languages to the King, a situation of which the Revolution deprived him. At the age of 16 the subject of our notice became a pupil at the Anatomical School of Rouen. In 1811 he became an interne of one of the Paris hospitals. In 1821 he was elected a member of the Academy of Medicine of Paris, and in 1831 he became Professor of Surgical Pathology, and in 1845 he was elected a Member of the Academy of Sciences. Cloquet was the author of numerous works, viz., an inaugural thesis in 1817, "Anatomical Researches on Abdominal Hernia," on the "Pupillary Membrane and the Formation of a Small Arterial Circle of the Iris," on the "Anatomy of the Small Intestine," "Surgical Pathology: the Plan and Method which ought to be followed in the Teaching of that Science," &c.

M. LE DR. KRISHABER, born on the 3rd of April, 1836, at Feketchegy, Hungary, died in April last. Krishaber came to Paris to complete his studies, took his degree of M.D. in 1864, and became a naturalised Frenchman. Dechambre entrusted him with the task of writing various articles for the "Encyclopædic Dictionary of Medical Sciences." He was a voluminous author. Of his works may be cited "Mutism without Deafness," 1868, "Nervous Aphonia simulating Laryngeal Phthisis," 1868, "Lingual Hæmorrhage at the Epoch of the Menopause," &c., &c. Notwithstanding that Krishaber wrote so much, his medical contributions did not thus fail in excellence. He threw much light on laryngoscopic science, yet in its infancy.

M. CHARLES LASEGUE, born in Paris in 1816. Lasègue was first a Professor of Rhetoric in the provinces, and was gifted with a high degree of eloquence. He enrolled himself as a student of medicine in 1839, and in 1846 he took his Doctor's degree. He became Physician to the Central Bureau in 1854, and Professor of General Pathology in 1867, and Member of the Academy of Medicine in 1876. He was a voluminous writer, devoting special attention to Bright's disease, dyspepsia, cholera, diabetes, and epilepsy. He translated into French Sydenham's treatise "On Gout."

M. ARCH AMBAULT, a distinguished children's physician of Paris, died in July. He was formerly a pupil of Blanche and of Trousseau. Following the example of his teacher, he did much to popularise the operation of tracheotomy. He was the author of the article "Croup and Tracheotomy" in the "Encyclopædia of Medical Sciences," and the translator of West on "The Diseases of Infancy and Childhood."

PAUL DUBOIS died on the 25th July, at the comparatively early age of 42. Dubois terminated his medical studies in 1868, presenting a thesis "On Certain Points of Progressive Locomotor Ataxy." He served in the French Army during the Franco-Prussian War, was taken prisoner to Germany, returned to France, and at the time of the armistice was with the Army of the East. Dubois was of affable and friendly disposition, and secured the esteem and sympathy of everyone who knew him.

We are in the agreeable position of not having to chronicle on the present occasion the deaths of many German celebrities.

In the early part of the year Professor Sigmund, of Vienna, died at Padua. He was distinguished by his writings on syphilis, but believing that his friend, Ricord, of Paris, and himself had exhausted the subject between them, he was unwilling in his later years to modify views formed in his prime, so that he was looked upon as rather old-fashioned. Notwithstanding this, however, he was a man who commanded the esteem and respect of those who knew him. Another distinguished name is that of Valentin, professor of physiology at Bern. He was well known at one time as a writer of handbooks of physiology. Some will no doubt be familiar with the name through its association with a knife invented by him for making sections for the microscope. Professor von Bruns, of Tübingen, died on March 19th, aged 61. He will be remembered by his writings on practical surgery, laryngoscopic and galvanic surgery—works which have been widely read. Pacini, the celebrated anatomist of Padua, although not a German, is deserving of mention as one of those who have passed away during the year. We mention but two more names, those of Israel, of Amsterdam, and Schlesinger, of Vienna, as, although many other good men and true have died within the year now closing, they are mostly men of local fame, and the mention of them would in all probability fail to awaken any special sensations or recollections in the minds of those who might read the list. If expressions of sentiment are not wholly out of place in such a journal as this, we would fain close this obituary column, be those who died known or unknown, mentioned by us or unmentioned, with the pious—Peace to their ashes!

CONCLUSION.

We now terminate the forty-fifth year of our labours, In doing so we would thank our increased number of subscribers and contributors for the kind encouragement which they have extended to us. We would not be guilty of the affectation of believing that we have attained to the high ideal which the public journalist should ever keep in view. We are conscious of imperfections and shortcomings; and if, during the year, from any mistaken sense of justice and integrity, we have unjustly reflected upon any one, we most deeply regret it. The *Medical Press and Circular* shall continue to advocate the greatest good of the greatest number of the profession, and justice to all. On the threshold of another year we cordially wish our readers prosperity, peace, and goodwill. *Vale!*

IRISH POOR-LAW INTELLIGENCE.

ROYAL MEDICAL BENEVOLENT SOCIETY OF IRELAND.

ABSTRACT OF ANNUAL REPORT.

The Central Committee of the Royal Medical Benevolent Fund Society of Ireland, in submitting their forty-first Annual Report and Statement of Accounts, desire to express their satisfaction at the continued prosperity of the Society, which, notwithstanding the unprecedented state of social and political disquietude throughout the country during the past two years, has yet been enabled to relieve an increased amount of distress with undiminished liberality.

During the year now ended the society has suffered much from the death of firm friends and liberal supporters. In the obituary list, at the end of the report, will be found the names of those whose loss your committee have to record with sorrow. Three of the society's local honorary officers are amongst the number, Dr. Allen Gorey, who for eleven years filled the office of honorary secretary and treasurer for the County Wexford, and did much to forward the interests of the society in his branch. Dr. R. Peyton, who for twelve years urged the claims of this society upon the practitioners of Roscommon, for which county he was honorary secretary and treasurer; and Dr. Travers Barton, of Lifford, whose recent appointment as honorary secretary and treasurer for Donegal was rendered fruitless through his untimely death by drowning.

We must also mention the name of Dr. John Wilkinson, of Limerick, who through life was a steady and most liberal donor, and at his death bequeathed £1,000 to the fund. Your committee gladly and gratefully record the fact of this solid addition to the permanent resources of the society. At a meeting of the Limerick Branch of the Royal Medical Benevolent Fund Society, held May 3rd, 1883, the following resolution was unanimously adopted :—

Resolved—"That we desire to record with deep and sincere regret the loss the Royal Medical Benevolent Fund Society has sustained by the death of Dr. John Wilkinson, who for years most earnestly supported the benevolent work of the society, and at his death has left such a liberal token of his desire for the success of the Charity.

"Robert R. Gelston, M.D., Chairman."

EXECUTIVE CHANGES.

Several important changes have occurred in the working staff of the society.

Dr. Marks, the indefatigable acting secretary, who for many years laboured for the advancement of the society's welfare, resigned his post, owing to circumstances of a domestic nature requiring his absence from Dublin. A resolution was unanimously adopted at a meeting of the central committee, held October 25th, 1882, conveying to him their most cordial acknowledgment of the marked efficiency with which he discharged the laborious duties of acting secretary for a period of fourteen years. In his place Dr. Arthur H. Benson, one of the honorary secretaries, was unanimously elected acting secretary, and Dr. J. Magee Finny was elected to the honorary secretaryship vacated by Dr. Benson.

Dr. Woods, of Monaghan, has resigned his honorary secretaryship for that county.

Dr. Hadden, of Wexford, was appointed honorary secretary and treasurer for that county, vice Dr. Allen, deceased.

Dr. Redmond, of Cappoquin, was appointed honorary secretary and treasurer for the western portion of the county Waterford, to act in conjunction with Dr. Mackesy.

Dr. Travers Barton, of Lifford, was appointed honorary secretary and treasurer for county Donegal, to act in conjunction with Dr. Warnock. His accidental death, however, leaves that post again vacant.

Dr. Lynn, of Armagh, has resigned the honorary secretaryship for that county.

Dr. J. Mansergh Palmer, of Armagh, was appointed to fill the office vacated by Dr. Lynn.

A most important addition has been made to the working staff of the society, in the appointment of Brigade Surgeon Henry King, Indian Medical Department, as honorary secretary to the Royal Medical Benevolent Fund Society for India and the colonies. Your committee considered it advisable that the Indian branches, such important and valuable auxiliaries to the Parent Society, should have a special honorary secretary, who, from his knowledge of the needs of the society, and of the condition of the profession in India, would thoroughly understand the requirements of the branches established there. The society is therefore to be congratulated on securing for this purpose the services of Dr. King, who for many years acted as honorary secretary and treasurer for the Madras Branch, and ever evinced the most lively interest in the welfare of the society, and did much to increase the number of subscribers in his Presidency.

FINANCIAL CONDITION.

The financial condition of the society will presently be more fully stated by the honorary treasurer; it remains fairly satisfactory.

The sum of £1,149 has been distributed; leaving a balance of £290 in the treasurer's hands, to meet the necessary working expenses.

Of the sum distributed, £185 is to medical men; £839 to widows; and £125 to orphans.

Ad interim applications were made in nineteen cases. To twelve of the applicants under this heading grants were made ranging in amount from £5 to £20. Two cases, not being urgent, were postponed to the annual distribution; and in three instances the application was refused as ineligible.

One hundred and twelve applications for relief have been received during the past year. Of these 8 were from medical men, of whom 5 were new; 91 from the widows of medical men, of whom 11 were new; and 13 from orphans, of whom 4 were new.

Substantial additions to the funded property of the Society have been made during the past year by the several bequests and donations which have been paid since the issue of last year's report.

Mr. Hans Irvine bequeathed £100, as mentioned in our last report.

Dr. Colvin, of Newry, some years ago bequeathed £200.

Dr. John M'Munn, of Sligo, whose death was mentioned in our last Report, bequeathed the reversion of £200 to this Society.

Dr. William Geary, of Limerick, in the year 1871, left £100 to the Fund.

And finally, Dr. John Wilkinson, of Limerick has left £1,000, as mentioned above.

Dr. Boxwell, of Wexford, a donation of £21, and Dr. Robert M'Donnell, of Dublin, has given a donation of £25, Surgeon-Major Roe, A.M.D., of Allahabad, a donation of £10 10s., all to be added to the funded property of the Society, in accordance with the wish of the donors.

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ABSTRACT OF THE ELEVENTH ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

Poor Relief.

We submit, in the first place, a summary of weekly returns of persons relieved, in the workhouse and out of the workhouse.

In our Report for the year 1882 we noticed that the number of persons receiving relief which had been increasing in each successive year since 1877, and which reached the maximum in 1881, began to decline in 1882, and that there was a decrease in the number of workhouse inmates, as well as in those on out-door relief, during that year as compared with the previous year.

We are now glad to be able to report a continued improvement in the same direction, the average daily number of workhouse inmates in the last year having been less by 2,203 than in the previous year, and the average daily number on out-door relief having diminished by 1,361.

A decrease of 1,592 has taken place in the total number admitted in sickness during the year, and a decrease of 27,783 in the number admitted who were not sick, while there was an increase of 450 in the number suffering from fever or other dangerous contagious disease.

The total number of deaths in the workhouses in the fifty-two weeks comprised in the table has been 11,272. In the corresponding Table in the last annual Report the total number of deaths was 11,247; so that there has been an increase of 25 deaths, as compared with the number last year.

Deaths by fever were 588, as against 552; by lung disease, 2,027, as against 2,317; and deaths by small-pox 76, as against 64 in last year.

Financial Statistics of Year ended 29th September, 1882.

We now proceed to the statistics arising out of the accounts of the unions for the year ended 29th September, 1882. We deal in the first place with Poor Relief expenditure. From the table which is given at the foot of this page* it will be seen that there has been an increase of £718 in "in-maintenance and clothing;" an increase of £704 in "salaries and rations of officers," and an increase of £2,603 in "all other expenses," making a total increase of £4,025, from which is to be deducted a decrease of £1,474 in "out-dooor relief" and a decrease of £196 in the "cost of relief for deaf, dumb, and blind," being a total decrease of £1,670, leaving a net increase of £2,355.

Treasury Subsidies.

The following is a statement of the Parliamentary Grant for Medical and Educational purposes, and for Salaries under the "Public Health (Ireland) Act," for the year ended 25th March, 1882:—

	Amount allowed for the Year. £	s.	d.
Medical purposes	74,925	18	8
Educational purposes ...	10,341	3	10
Total for Medical and Educational purposes ...	85,267	2	6
For Salaries under Public Health Act	14,237	8	9
	99,504	11	3

The total amount allowed under the Parliamentary Grant for Medical and Educational purposes for the year ended 25th March, 1882, namely, £85,267 2s. 6d., is £2,431 6s. 9d. more than the amount for the previous year.

The amount of Salaries under Public Health (Ireland) Act, namely, £13,237 8s. 9d., is £521 6s. 10d. more than for the previous year.

While the total expenditure of Poor Rates, for all purposes, viz., relief, medical relief, burial-grounds, registration of births, deaths, and marriages, sanitary measures, expenses under Superannuation Acts, payments under Cattle Disease Act, and under National School Teachers' Act, was, in 1881, £1,251,617, making a poundage of 1s. 9¾d. on the valuation, the expenditure in 1882 for those purposes was £1,255,973 being an increase in the total expenditure of £4,356 and making a poundage of the expenditure on the valuation of 1s. 9¾d.

The current sanitary expenditure for the year was £51,345 in comparison with £48,918 in the previous year.

Medical Charities Act and Vaccination Acts.

In Ulster there has been a decrease of 4,626 cases prescribed for at the dispensaries, and a decrease of 1,494 of those attended at their own houses.

In Munster there has been a decrease of 6,914 cases

Year ended 29th September	Poor Relief Expenditure during the Year.						Numbers relieved.			
	In-Maintenance and Clothing.	Out-door Relief.	Cost of Relief in Blind & Deaf & Dumb Asylums & Extern Hospitals.	Salaries and Rations of Officers.	All other Expenses.	Total.	In-Workhouse.	Out-door.	In Blind and Deaf and Dumb Asylums.	Total.
	£	£	£	£	£	£				
1882,	466,216	180,575	11,682	136,019	172,991	967,483	333,813	131,036	797	465,646
1881,	465,498	182,049	11,878	135,315	170,388	965,128	363,844	226,005	778	590,627
Increase,	718	—	—	704	2,603	2,355	—	—	19	—
Decrease,	—	1,474	196	—	—	—	30,031	94,969	—	124,981

prescribed for at the dispensaries, and of 3,007 of those attended at their own houses.

In Leinster there has been a decrease of 1,143 cases prescribed for at the dispensaries, and an increase of 3,488 of those attended at their own houses.

In Connaught there has been a decrease of 1,955 cases prescribed for at the dispensaries, and a decrease of 1,706 of those attended at their own houses.

The last three columns in the table show a decrease of 17,357 cases for all Ireland, including both classes, as compared with previous year.

It will be seen by the particulars in our annual Report for 1882, that there had been a net decrease of 76,918, in the number of cases throughout Ireland in 1881, as compared with the previous year, and it is satisfactory to observe that there was a further decrease in the cases for the year 1882.

Vaccine Department.

During the year ended 31st March, 1883, 3,326 applications have been received from medical officers of workhouses and dispensaries, and other public institutions, from military medical officers stationed in Ireland, and from private practitioners, for lymph, and 17,391 points, and 2,042 tubes charged with lymph were distributed. During the same period 1,926 vaccinations have been performed at the stations in Sackville Street, and York Street, Dublin.

The deaths from small-pox in workhouses in 1882 are more by twelve than the number in 1881. The number of cases treated in dispensary districts under the Medical Charities Act being 365 more than in the previous year.

There were 2,554 cases of scarlatina treated by medical officers of dispensary districts in 1882, against 3,782 in 1881, being a decrease of 1,228.

And the following shows in more detail, and under the usual heads a comparative statement of the expenditure for the two years ended September 29th, 1881 and 1882, respectively:—

Medical Charities Expenditure.

	1881. £	1882. £
1. Medicines and medical appliances	29,092	25,757
2. Rent of dispensary buildings ...	8,386	8,539
3. Books, forms, stationery, printing, and advertising	1,203	1,127
4. Salaries of { medical officers ...	88,819	88,668
4. Salaries of { apothecaries ...	2,711	2,761
5. Fuel, porters, and incidental expenses	13,891	15,602
Expenses under Vaccination Act.		
6. Vaccination fees and other expenses:—		
Fees to medical officers ...	12,088	13,415
Other expenses..	1,054	1,159
Total	157,244	159,028

Artizans and Labourers' Dwellings Improvement Act, 1875.

The Act is legally applicable to only five places in Ireland, namely, Dublin, Belfast, Cork, Limerick, and Londonderry.

We have obtained the following information respecting the projects in course of being carried out, from the officers of the following Local Authorities:—

Dublin:—Plunket Street Area.

It will be seen from the paragraph of last year's report, that the arbitrator in the matter of property rights in this area was about to hear any objections that might be made to the draft awards as published, and the final result was that the sum to be paid to the owners of the property amounted to £19,067 2s. 10d.; the original estimate for the purchase of the site having been £12,470.

The actual cost of the undertaking was found to be considerably in excess of what had been estimated, and accordingly the Municipal Council made application to the Local Government Board for sanction to an extension of the original loan for the scheme, by £12,000.

The Artizans Dwellings Committee are now in possession of the greater part of the property, and are engaged in pulling down a large number of houses, hoping, within a few months, to have the area cleared.

Coombe Area.

With regard to the Coombe Area Improvement Scheme, the Artizans Dwelling Company, to whom it was leased for a lengthened period at an annual rent of £200, have completed the erection upon it of 211 houses and cottages. which are at present populated by over 1,000 persons. The roads, squares, and foot-paths in this area have all been asphalted.

Cork.

Since 31st March, 1882, the greater part of the improved area No. 1, under the Artizans Dwellings Improvement Scheme, has been leased by the corporation to the Improved Dwellings Company, Limited, who have erected thereon about fifty new dwelling-houses, in accordance with plans approved by the Corporation, and these dwellings are now to be let. No proposal has been received for the remainder of the ground cleared in this area.

In connection with the area No. 2, some of the condemned dwellings have been compulsorily removed under Justices' order, as dangerous; and negotiations have been entered into with the owners of other premises, with a view to the purchase of their interests, if possible, by agreement.

No progress has been made with any of the other five areas. No advances of money have been obtained from the Board of Works since the 31st March, 1882, in connection with this Scheme.

No steps have been taken under the Act during the year in the three other urban districts to which it applies, namely: Londonderry, Limerick, and Belfast.

Departmental Arrangements.

We have, since the date of our last Report, been deprived of the services of our Secretary, Mr. Banks, who was obliged to retire from ill-health, having served in this department for more than forty-six years, and we desire to place on record our sense of his ability and devotion to his duties, from which the public service has derived so much advantage. The office of Secretary was confered on Mr. Wodsworth, who had been Assistant-Secretary since 1874, and Mr. Brenan, one of our first-class clerks, was promoted to the position of Assistant-Secretary.

We have the honour to be,
Your Excellency's obedient Servants,
G. O. Trevelyan.
Henry Robinson.
R. G. C. Hamilton.
Charles Croker-King.
George Morris.

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We learn from Paris that M. Pasteur has offered to organise a mission for investigating the cholera in Egypt; and that the Hygiene Commission approved and recommended his plan. The mission will consist of MM. Roux and Thuillier, of Pasteur's laboratory; M. Strauss, of the Faculty of Medicine; and M. Nolaco. M. Pasteur has written to Lord Granville to ask the good offices of the English in facilitating the work of the mission in Egypt.

CORRESPONDENCE.

HOTEL ALLOWANCES TO MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the late Sligo Assizes I met two medical men who, like myself, had been tested to attend there as Crown witnesses. There being no direct communication or public conveyance from our counties, Mayo and Galway, we had to undertake this long cross-country journey subject to inevitable discomfort and exaction, or proceed by rail from Claremorris *viâ* Mullingar (distance 168½ miles). All would be well had we been adequately remunerated. Far from that, our hotel expenses were computed on the newly-reduced scale, namely, ten shillings per night. Taking into account the well-known fact that in country towns during Assizes time accommodation is always limited, and tariff proportionately high, I fail to see any justification for the retrenchment. Indeed, fifteen shillings, as heretofore allowed, was at best barely adequate. Under similar circumstances farm labourers, &c., attending same Assizes, were allowed six shillings per night, little enough till contrasted with the amount given to professional gentlemen. Dissatisfied at being thus peremptorily ordered to a distant county under a new penal statute, and whilst there wretchedly remunerated, Drs. Leonard, of Athenry, Hagarty, of Clonbur, and myself, decided upon placing the matter in the hands of a solicitor, who would instruct counsel to make the necessary explanation, and apply to the judge for adequate expenses, and further demand payment of our substitutes, such being an actual expense forcibly thrust upon us.

The Local Government Board, under the circumstances, refuse to allow adjoining medical officers to act, and there being none other locally available, we are usually obliged to engage Dublin gentlemen, whose travelling expenses to and from our remote districts we must also defray. It was arranged to have the application urged at the close of the examination of whichever of us should have been first called upon. Ultimately the thing fell through on this point, the Assizes having been abruptly adjourned before any of our cases were called. However, we must be in Sligo again in a few days, and hope to see the matter out. The issue involved being rather of general, than individual professional concern, we expect that the Irish Medical Association will defray the legal expenses, more especially as with customary vigilance and solicitude they are already exerting themselves in the matter. By giving insertion to the foregoing in your next issue, and further bringing it under the notice of the Irish Medical Association, you will oblige,

Your faithful servant,
C. E. CREAN, L.R.C.S.I., &c.
Ballyhaunis, July 19th, 1883.

[The alteration of hotel allowance from 15s. to 10s. was secretly effected last July by a circular issued without notice by the Attorney-General. The Irish Medical Association learned of the change only by a subsequent complaint from a practitioner who had been called as a medical witness, and had some difficulty in obtaining a copy of the order. We have every reason to believe that the Association would be willing to incur the expense of contesting the matter if it could be contested; but it seems that the fee is absolutely within the discretion of the Attorney-General, and that functionary might, if he pleased, order that the amount should be insignificant. However, we entirely approve of the determination of the gentlemen aggrieved to raise the question, and we advise them to raise it in another form, by refusing to pay their substitutes at their dispensaries. Article 22 of the Dispensary Regulations declares that the officer who is temporarily "incapacitated by illness *or other cause*" shall *recommend* a medical practitioner as his substitute. A Crown subpœna is certainly the "other cause" contemplated by this clause, and no medical officer need pay his *locum tenens* unless he pleases to do so.—ED.]

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REMUNERATION OF IRISH PRISON SURGEON FOR EXTRA WORK.

LAST week, in the House of Commons, Mr. Gibson asked the Chief Secretary to the Lord Lieutenant of Ireland whether the Government had come to any decision as to the claim of the surgeons of Irish prisons for additional remuneration for the extra work cast upon them under the Peace Preservation Acts; whether the Irish prison surgeons were not promised by the Irish Executive at the time the duties were imposed that they would be suitably remunerated for this extra work?

Mr. Trevelyan said the Government had decided that they could not entertain claims of this character merely on the ground of temporary increase of work, but any case in which it could be shown that prison officers had been put to any extra expense the Treasury will consider it. The right hon. gentleman would remember that was the particular ground upon which the claims of the police were entertained. He was not aware that any promise of the nature indicated, or any special offer, had been made to the prison surgeons.

Mr. Gibson asked whether the right hon. gentleman was aware that Dr. Clark, on the part of the prison surgeons, had an interview with Mr. Forster and the late Mr. Burke, and was promised distinctly that favourable consideration should be given to their claim for extra services under the Peace Preservation Acts; and if that were so, would the right hon. gentleman have the matter re-considered and carefully gone into?

Mr. Trevelyan said he was not aware of any such interview as that. He would make inquiry.

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PAYMENT OF SUBSTITUTES.

ROBERTSTOWN AND KILMEAGUE DISPENSARY.

THE hon. secretary of the above dispensary wrote that at a special meeting of the committee held on Monday an application was read from Dr. Sale for one week's extension of his leave of absence, and that by a majority of 7 to 3 the committee decided to grant him the leave provided he supplied a qualified substitute at his own expense. It appeared that Dr. Coady's time would expire on the 11th inst., and as the committee had refused to appoint a *locum tenens* the district would be without either a doctor or midwife until Dr. Sale's return on the 16th inst.

The Clerk said it would be a serious state of things to leave the district in this way for five days.

Mr. Halligan—We paid Dr. Sale's substitute for four weeks and that was long enough. We are not going to pay for him any longer.

Chairman—What I would suggest to the committee would be to appoint some doctor for a week on the understanding that Dr. Sale pays his salary.

Mr. Halligan said the committee would not meet again until after Dr. Sale's return.

No order was made.

[The medical officer has nothing to say to the payment of a substitute, and would act very foolishly if he paid a farthing. If the guardians or dispensary committee want a medical man they must appoint and pay him. The medical officer has nothing to do with the matter except to recommend.—ED.]

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

FEES TO MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The question raised by Mr. Crean in the "Supplement" to the *Medical Press and Circular*, of July 25th, is one of considerable importance to the profession, in even a more extended view than he puts it. As I understand his letter, he complains of the subsistence allowance only.

In your note you say that the fee is absolutely within the discretion of the Attorney-General. It seems a very curious exercise of discretion, indeed, his dealing with various classes of witnesses. Resident magistrates, sub inspectors of police, civil engineers, and doctors, are much of the same social standing and habits of life. Yet, according to the rules laid down by the discretion of the Attorney-General, magistrates receive £1, sub-inspectors 15s., engineers from 15s. to £1, and doctors only 10s. a night to cover hotel expenses. My experience proves that 10s. could not possibly cover my expenses. Hotel proprietors do not make a reduction in their charges for doctors; and a doctor requires as many square meals in the day as a magistrate.

But beyond the grievance of the insufficient subsistence allowance is that of the insufficient fee paid for our evidence. The question is—Are we at the mercy of the Crown in both?

As far as the subsistence allowance you may be, and doubtless are, quite correct in saying that the fixing of the amount is at the discretion of the Attorney-General. But I think that doctors could improve that discretion.

No witness, whether ordinary or expert, is bound to provide his own expense money, or supposed to have any money for that purpose. A witness when summoned by the Crown is bound to attend, provided that when he receives his subpœna he at the same time receives sufficient money to pay the expenses of his journey to and from the assizes and to pay for his maintenance while detained. I take it, therefore, that a doctor can refuse to attend when subpœnaed, unless the Crown solicitor hands him with the subpœna his railway or car fare and a reasonable sum for his hotel expenses, or agrees to pay them; and that the witness can compel him either to pay him his subsistence allowance daily, or his hotel bill, or failing to obtain it, can return home, on the grounds that the Crown refused to pay his expenses and that he was not bound to support himself.

As to the fee paid for daily attendance our position is stronger. The Crown calls it a payment to compensate for the loss of professional income during our absence from our business. No doubt compensation for such loss comes into the calculation, but I believe the payment can be enforced on other grounds.

Witnesses may be divided into two classes—ordinary and scientific. Ordinary witnesses give evidence as to matter of fact. Scientific witnesses—although they may be called as ordinary ones—are usually summoned to give what is called expert evidence—that is, their opinions on subjects with which, from training and experience, they are specially acquainted. Every witness, whether skilled or ordinary, is bound to give evidence as to matter of fact without fee or reward; "but the expert, however, with his experience cannot be forced to give the Court the value of his general or special knowledge." That this is true is shown by the fact that special terms are made by the Crown with certain experts—as, for instance, engineers, chemists, and experts in handwriting, paying them in some instances £5 5s. a day and £1 1s. subsistence allowance.

Medical testimony is generally expert. That a wound exists, its size and shape, are matters of fact. But the consequences resulting from that wound, its effect on health, and its danger to life, are matters of opinion. While in cases too numerous to mention the matters testified to by doctors are altogether of the nature of expert evidence.

I believe that a medical witness need not accept a subpœna, unless, in addition to his expenses, he be guaranteed reasonable remuneration; and that, at all events, he can decline to give expert evidence unless guaranteed his fee—into the calculation of which will, of course, be taken the loss occasioned by his absence from his business. If this be so, I think we have the matter in our own hands.

Of course, I may be mistaken as to the law, and that the Crown may have the power to compel even expert evidence to be given gratis. But I think the Irish Medical Association would do good service if it took steps to obtain competent legal opinion on this point, so that the profession may know exactly what it must and what it may decline to do, unless fairly remunerated.

Yours faithfully,
R. J. KINKEAD, M.D. Dub.,
Lecturer, Medical Jurisprudence,
Queen's College, Galway.

West House, Galway,
26th July, 1883.

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RECOVERY OF FEES ON CANCELLED TICKETS.

IN the Recorder's Court, Dublin, last week, a civil bill action was brought by Dr. Delahoyde, medical officer, Fourth City District, for the recovery of five guineas from the defendant, James Wilson, watchmaker, 16 Mary Street, for attendance on his daughter.

Mr. Bradley, in stating the plaintiff's case, said that the present action was brought, not so much with the view to any pecuniary result as to assert by a legal decision that persons in the defendant's class of life were not entitled to gratuitous medical relief at the expense of the public rates, and also to check abuses of the present system of dispensary relief which involves gross injustice to poor-law medical officers.

Dr. Delahoyde deposed that he received a red ticket directing him to afford medical relief to the defendant's daughter, Susan Wilson, and that he attended accordingly, and having reason to believe that the defendant was not a "poor person" within the meaning of the Medical Charities Act, at the termination of his attendance he asked defendant what arrangement he proposed with regard to the payment of his fees. The defendant refused to come to any arrangement, alleging that the fact of his having obtained a red ticket relieved him from all liability. Subsequently Dr. Delahoyde received a scurrilous letter bearing the defendant's signature.

Mr. Nagle, P. L. G., deposed that he issued the ticket, and that he was imposed upon by the representations made to him, and that if he had known it was for a person in the position of the defendant he would not have issued it.

The Recorder, in giving judgment, stated that although the working of Medical Charities' Act was very vague, yet persons in the position of the defendant were not intended to be benefited by it, and were not entitled to receive the medical officer's services gratuitously. With regard to the letter sent to the doctor, it was his (the Recorder's) impression that the defendant and his wife knew all about it. As Dr. Delahoyde had sued for the full amount he would grant him a decree for two guineas, the costs to be paid by the defendant.

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BALLYMONEY UNION.

THE SANITARY SALARIES.

Mr. Megaw said when the subject of Poor-law Reform was discussed here and elsewhere, a few months ago, it was evident that while that system was generally condemned, and its many abuses admitted, the Guardians had neither power nor permission to remedy these abuses. There are some minor grievances, one of these is now to be considered. I believe that the general feeling of this Board at the time the sanitary appointments were made was, that the salaries previously paid were sufficient to remunerate the sanitary staff for any little extra work in connection therewith, and that it was in opposition to the elected guardians that the Local Government Board fixed the present salaries. Four years' experience of the amount of work done by the various officers, in carrying out the sanitary laws convince us that there is no due proportion between the work done and the salaries paid. We pay over £180 a-year for the performance of sanitary duties, and I would confidently appeal to the sanitary officers themselves whether we get value for that money; whether any of them in country districts—I know nothing of the work required or done in the town—give 20 hours annually for their £20 salary. The question then comes up, are the salaries we are paying to our various officials only what they are entitled to receive, or are they in excess of that? We all know when a vacancy occurs what a scramble there is for the place, and how willing many who cannot get the appointment would be to take it at a much lower rate than we pay. Now gentlemen, you all know as well as I can tell you that there is a very strong dissatisfaction among the ratepayers with regard to the amount of money expended in salaries. Guardians are expected to keep the rates as low as possible, and yet the only way they have it in their power to do so is by refusing out-door relief. If we are right on the one hand in saying If you cannot do outside, come in, we cannot be wrong on the other in saying, if you are dissatisfied inside go out. I have no desire, however, to reduce salaries to that point where there would be the least danger of any official retiring on that account; but I do believe at present we are at too great a distance from it. In order to elicit the mind of this Board on this subject, I now move that from 29th Sept., the salaries of all officials in this Union holding sanitary appointments be reduced 15 per cent.. except the sub-sanitary officer.

Mr. M'Henry seconded the motion, and said since he became a guardian he had always been opposed to increasing salaries; they were now dealing with the salaries of the sanitary officers, but after some time they might take the pay of some of the other officers also into consideration.

The resolution was adopted.

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PARLIAMENTARY INTELLIGENCE.

THE UNION OFFICERS SUPERANNUATION (IRELAND) BILL.

Mr. Herbert Gladstone formally moved the second reading of this bill.

Mr. Biggar thought it extraordinary that the second reading of this bill should be moved without an explanation. Some time ago the hon. gentleman who had charge of the bill stated that the centralised system of government in Ireland was so bad that it could not be made worse, and that a great reform was needed in the way of giving the local authorities more power; yet in the face of that public declaration he now came down to the house and introduced a bill which would have the effect of intensifying that system of centralisation (hear, hear). Now, if he might presume to offer any advice to a young public man like the hon. gentleman, it would be not to advocate one principle outside the house and another within its walls. That, he might say, was the besetting sin of the parent of the hon. gentleman (laughter), and indeed of a very large proportion of the hon. members on the opposite side of the house. He (Mr. Biggar) objected to this bill on the ground that it took the power of granting or refusing pensions out of the hands of the Poor Law Guardians, and handed it over to the Local Government Board. That he regarded as a very unsatisfactory thing to do (hear, hear). Again, the Treasury at the present moment paid half the salaries of the school masters and medical officers of the unions, and yet, under this bill, the ratepayers of the different districts would have to bear the whole burden of the pensions. He had reason to believe that the hon. gentleman opposite (Mr. H. Gladstone) personally disapproved of the bill, and that it had not the favour of the present Chief Secretary, and that the hon. gentleman now moved the bill because, on a former occasion, it was placed in his hands by the late Chief Secretary. Another right hon. gentleman, who was Chief Secretary for Ireland (Sir M. H. Beach), had said that it was a perfectly preposterous measure, and, under all these circumstances, he begged to move that the bill be read a second time that day three months (hear, hear).

Mr. Meldon said that this bill was before a select committee, of which the hon. member for Cavan was member, and there he understood the hon. gentleman expressed himself in favour of the principle of the bill, though objecting to some of its details.

Mr. Biggar—No, no.

Mr. Meldon—At the present moment the granting of superannuation to union officers in Ireland was altogether discretionary with the board of guardians, and these boards, generally speaking, either gave too much or they gave nothing at all. They dealt liberally with their own favourites, whether for political reasons or not he would not say, and they dealt unfairly with those officers with whom they disagreed. Some very strong evidence to that effect was given before the Select Committee. To an officer who was 70 years of age, and had served a certain board for 25 years no pension was given at all, and in other cases in which persons were 70 years of age with 22 years' service, 63 years of age with 16 years' service, 78 years of age with 28 years' service, 68 years with 38 years' service, and 68 with 25 years' service no pensions whatever were given. On the other hand, it had been conclusively proved that a clerk with nine years' service and a salary of £90 a year was given two-thirds of his salary; another with £75 a year and ten years' service was given £50 pension; another officer with £37 10s. and nine years' service was given £15; and so on through a long list of cases enumerated by Mr. Robinson before the committee. He sincerely trusted, therefore, that in the interest of a respectable body of public servants this Bill would be passed. It was suggested that as the Treasury paid half the salaries of the medical officers and schoolmasters, they should also pay half the pensions. He thought that would be a fair arrangement; but until that arrangement became law, he thought it would be a monstrous proposition that the pensions of so highly respectable a body of public servants should be interfered with and confiscated (hear, hear).

Colonel **Tottenham** cordially supported the Bill. Union officers retiring were now at the mercy of the guardians, and he did not see why they should be left at the mercy of such a body of men.

Mr. **O'Kelly** opposed the Bill on two grounds. In the first place it raised the question of whether pensions should at all be given to Civil servants. He for one did not see any reason why such pensions should be given. They were paid good salaries and ought to be able to provide for themselves out of them for their old age. He opposed the Bill also on the ground that it took from the local authorities the power of managing their own affairs. Even since the Irish people had got some political power a series of these bills had been introduced from time to time to deprive the local authorities of all the rights which they enjoyed in the good old Tory times (hear, hear). If this Bill became law the boards of guardians would have no power of controlling their own officers, and these officers will become as much part and parcel of the Government as the police or the employés of Dublin Castle (hear, hear). It was a measure to increase the number of irresponsible officials in Ireland, and it would create an additional source of friction between the people and the Government (hear, hear). Under all these circumstances, he was determined to oppose in committee the further progress of the measure that session (hear, hear).

Mr. H. **Gladstone** said he made no explanation on introducing the Bill, for the reason that he was aware that members of the House had already an opportunity of knowing all it contained. The Bill would have passed last session if it were not for the opposition of the member for Cavan (Mr. Biggar). It passed its second reading, however, and on being referred to a special committee a report in its favour was presented to the House. The member for Cavan, he need hardly say, was mistaken in supposing that either the Chief Secretary or himself were not in favour of the Bill. It was true, no doubt, that the Bill had a centralising effect, and he was not altogether surprised that hon. members from Ireland on the opposite side should be opposed to it. If, however, the Bill had a centralising effect, its justification was in the manner in which the Poor-law boards had misused the powers entrusted to them. It was true that this Bill would increase the powers of the Local Government Board, but then under the present law that board had the power of reducing or cancelling pensions.

Mr. **Healy**.—It cannot confer them (hear, hear).

Mr. **Gladstone**.—No. We might say that as regards the fourth clause there would be no objection in committee to diminish the powers of the Local Government Board under it. He did not at all agree as to the political effects which the member for Roscommon said the Bill would have. In the report of the committee there was an instance of a medical officer in Cavan, aged 79, of 50 years' service, suffering from varicose veins, brought on by great walking, also from bad sight, partial deafness, and bronchitis, who had to continue performing his duties because he could not obtain a pension. Although this was as bad a case as could be found, it was not exceptional (oh). Many old and feeble officers were compelled to hold on to their office because if they retired without a pension they would starve. This was an injury to the public service. He did not think hon. members opposite from Ireland need anticipate any political results from the Bill. He believed it would work well (oh), and that it would prove a very great boon to the union officers of Ireland. He hoped hon. gentlemen would examine the Bill after it had passed its second reading, and that they would come to its consideration in committee in no spirit of hostility. He should be very glad to communicate with hon. gentlemen opposite with regard to amendments he might think fit to put on the paper for committee.

Mr. **Healy** remarked that the hon. gentleman, the member for Leeds, had displayed a hereditary ability which might be expected from him in the statement he had made to the House. The hon. gentleman also accurately appreciated the position of hon. members for Ireland with regard to the Bill. While he himself was not at all opposed to the principle of the Bill, and would not vote against it, he was bound to regard the measure with suspicion on account of the circumstances under which it was produced. The genesis of the Bill was of a very remarkable character, because it was produced while the right hon. member for Bradford was chief secretary for Ireland. The hon. member for Kildare was unfortunate in referring to the report of the select committee, because it appeared from that report that Mr. Henry Chapman, President, of the Medical Council, urged that the bill should be passed because it would take power from those boards of guardians which were composed of the advocates of Fenianism and Land Leagueism (hear, hear). That showed at least that the measure had a political complexion. Could the hon. member for Leeds, who was animated by a liberal spirit and a desire to meet the just demands of hon. members from Ireland, wonder at suspicion aroused in Irish minds by this Bill? He did not think that the principle of the Bill was of a character which they could impose at all; that was his personal opinion, though there were details of it to which they could not accede. For instance, the guardians would be asked to pay the whole of the schoolmaster's pension, although not a penny of his salary fell upon the rates. He thought the control which the Bill proposed to give to the Local Government Board extremely unfair. It was a board of nominees (hear, hear), and Mr. Robinson exercised the chief control. Nobody imagined that Mr. Geo. Morris, the other member, for the £5,000 or £10,000 salary he drew, did five thousand half-pennies worth of work; indeed few people believed that Mr. George Morris ever did any work (laughter); and as for Mr. Robinson, his attitude before the Select Committee was that of the hard, unflinching, promoted Castle clerk, who meant to grasp all the power he could, and to use it to the advantage of his own class. He dismissed Dr. Kenny in the North Dublin Union, which was a most disgraceful proceeding, and admitted that his action had never been questioned by the right hon. member for Bradford. He objected altogether to give Mr. Robinson more power. He suggested to his hon. friends, however, that they should allow the second reading to be taken, and he thought they would find that the hon. gentleman the member for Leeds, who had always displayed a spirit of tolerance and a breadth of view which might be expected from the house to which he belonged, would consider their amendments in committee in an impartial spirit.

Colonel **King-Harman** was glad to hear the tone of the remarks of the hon. member for Monaghan. He should also support the second reading; but there were points, some of them indicated by the hon. member for Monaghan with regard to officers drawing some portion of their salaries from the State upon which he would support amendments, and perhaps propose some himself.

Mr. T. D. **Sullivan** would feel bound to vote for the second reading, because if they rejected the Bill they threw overboard the claims of deserving officers, and left those officers to the chance of what boards of guardians might choose to do for them. He believed that the majority of the boards were willing to deal not merely justly, but liberally with their officers. But it was well known there was a minority which did not feel disposed to give pensions under any circumstances. It was time to effect a change. Let them deal with these bad guardians as they had dealt with the bad landlords—compel them to do by force of law what others did from conscientious feeling. There were several points, however, in which the Bill would require amendment in committee, but the principle that deserving officers should not, after many years of labour, be thrown on the roadside destitute was one which he felt bound to support.

Mr. **Dawson** (Lord Mayor of Dublin) said it was exactly upon the principle of the Bill that he dissented from it (cheers from some Irish members). He was astonished to hear the hon. member (Mr. Sullivan) give his adhesion to a measure which would cut the ground from all authority and discipline. Let hon. members be consistent. A few days ago they were seeking to strengthen and extend the representative scope of those boards. Were they now going to diminish that elective power? Were they to say that the bodies the people elected were so incompetent to discharge their duties that they should have to give the power to Mr. Robinson? (Cheers from some Irish Members.) Let them do away with popular representation altogether rather than stultify themselves. In conversations which he had had with the distinguished person who now acted as Lord Lieutenant, that nobleman admitted that one of the puzzles of the administration was its centralisation, that he wished for the growth of local government and the decrease of that centralisation. And were they, with a nobleman of those sentiments in the office of the Viceroy, going to hand over some of the powers of the local governing bodies to the Local Government Board? He certainly should vote against the Bill.

Mr. **Corry** was very glad that this was a Bill which he could support. If boards of guardians would not do their duty, which they knew was the case in some parts of Ireland, they ought to be compelled to do it.

Mr. W. H. **O'Sullivan** regretted the division of opinion in the Irish party on this Bill. They were considering whether they would give superannuation allowance to Irishmen (no, no, and laughter by some Irish members). Well, they were Irishmen who had faithfully discharged their duties. He knew a case in the workhouse to which he belonged (laughter) of a gatekeeper who, because he was paid weekly wages, could not get a pension. This Bill would take in that class of men. Another man, a workhouse porter, was refused a pension and died as a pauper inmate. There were many boards of guardians who would hardly give a shilling retiring allowance to any one. The only objection he had to any part of the Bill was that it proposed to give too much power to the Local Government Board.

Mr. Wm. **O'Brien** thought his hon. friend had misconceived the scope of the objections to the Bill. They desired to protect officers against unreasonable boards of guardians, and there were unreasonable boards and cases of hardship such as the hon. member for Leeds had detailed, and he would support a Bill having that object to the fullest extent. But he did not see how any one who had a respect for representative institutions in Ireland could consent to a proposition which removed the union officers from the control of the guardians who paid them. There ought to be a margin left within which the guardians could exercise their discretion of giving either a large or a comparatively small allowance as the merits of a case might require (hear, hear). If this Bill passed in its present form, the officers would not care a row of pins for the guardians so long as they retained the good opinion of the Local Government Board, and they all knew that the good opinion of the Local Government Board was to be obtained by putting themselves in opposition to the popular guardians and the people.

Mr. **Lalor** also opposed the Bill, and said that the officers least deserving of pensions were medical officers, who, as a rule, after they obtained some private practice, were not too careful in the discharge of their duties to the poor.

Mr. **Parnell** would be exceedingly glad if he were able to vote for any Bill introduced by the hon. member for Leeds (hear, hear), who had always shown himself so kind in his views on Ireland. He felt, however, that the principle of this Bill was so very defective that, while not being desirous for several reasons to challenge a division (hear), if it were challenged he should be obliged to vote against the second reading. He agreed with the Lord Mayor of Dublin, who had hit the blot in the Bill by showing that under the law regulating superannuation allowances to officers of other local bodies the question was left in every case to the discretion of the local body whether the officer should get any superannuation allowance or not. The hon. member for Leeds proposed to make a change, and to transfer that power to the Local Government Board. He earnestly asked the hon. member for Leeds to consider whether the suggestion thrown out by his hon. friend the member for Mallow was not worthy of attention, viz., whether a minimum pension should be fixed which would be compulsory on those local bodies, and after that there should be a discretion given to the boards of guardians to increase the allowance as they thought proper. He would thereby recognise the principle of elective responsibility in Ireland—a principle which, he trusted, the hon. gentleman would have an opportunity of supporting hereafter in the course of his career in that house, regarding both Ireland and England (hear, hear). By doing that he would be doing much to smooth the passage of his Bill through committee. In offering this compromise they were offering all they could fairly offer as members who were pledged to the principle of forwarding local self-government in Ireland.

After a few words from Mr. **Leamy** in opposition to the Bill,

The house divided—

For the second reading	80
Against	25
Majority	55

The Bill was then read a second time.

At a recent meeting of the Naas board of guardians the following resolution was passed and ordered to be forwarded to Mr. Herbert Gladstone:—"That any legislation upon the subject of superannuation of union officers which will deprive boards of guardians of the power of fixing the amount of superannuation which any union officer may receive is unjust in principle, for the following reasons:—1st. The boards of guardians, as representing the ratepayers, should have the management of the funds raised from the people. 2nd. That as the Government at present pay half the medical officers' salaries, and the whole of the teachers, it would be manifestly unjust to compel boards of guardians to pay the whole of the superannuation allowance out of the rates, especially if the power be taken from them of fixing what the superannuation allowance should be. 3rd. That by depriving boards of guardians of the power of fixing the amount of superannuation for any union officer, and handing over same to be decided by the Local Government Board, it will have the effect of causing union officers to depend more on the Local Government Board than on the boards of guardians of which they may be officers, and thus weaken the influence of boards of guardians over its officers, whom they are supposed to look after in the interests of the poor."

IRISH POOR-LAW INTELLIGENCE.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FROM APRIL 30 TO AUGUST 31, 1883.

MAY 3rd.—Tate, R. J., Manorhamilton, Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1882, Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

4th.—MacMerney, T., Gort, Lic. R. Coll. Surg. Irel. 1882, Lic. R. Q. Coll. Phys. Irel. 1883, Lic. Mid. K. Q Coll. Phys. Irel. 1883.

8th.—Dickson, W. A., 4 Carlisle Street, South Circular Rd., Dublin, Lic. R. Coll. Phys. and Surg. Edin. 1883.

11th.—Collins, T. T., Ballinasloe, co. Galway, Lic. R. Coll. Phys. and Surg. Edin. 1883.

12th.—Courtney, W., Killaloe, M.D. and Mast. Surg. R. Univ. Irel. 1882.

12th.—Patterson, R. D., Moy, co. Tyrone, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

15th.—Hamilton, J., Castlefin, co. Donegal, Lic. R. Coll. Phys. and Surg. Edin. 1883.

22nd.—Dickson, R. L., Lisbalkea, Fermanagh, Lic. R. Coll. Phys. and Surg. Edin. 1883.

22nd.—Callaghan, J. L., 103 Haddington Road, Lic. R. Coll. Surg. Irel. 1883.

23rd.—Magill, C. L., Stewartstown, Lic. R. Coll. Surg. Irel. 1883.

24th.—Kidd, W., Hillsboro', Lic. R. Coll. Phys. and Surg. Edin. 1883.

25th.—Todd, J. J., Omagh, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

29th.—Cregan, W. J., Hillsboro', Lic. R. Coll. Phys. and Surg. Edin. 1883.

29th.—Halpin, R. F. B., Arklow, Memb. R. Coll. Surg. Eng. 1883.

JUNE 1st.—Morrison, F. L., Londonderry, Lic. K. Q. Coll. Phys. Irel. 1883, Lic. R. Coll. Surg. Irel. 1883.

1st.—Sproulle, T. W., Moville, Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.

4th.—White, J. R., Vernon Street, Dublin, L.A.H. Dub. 1879, Lic. R. Coll. Phys. and Surg. Edin. 1882.

4th.—Kelly, A. J. G., Navan, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1888.

6th.—Ryan, J. D., Arklow, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. Q. Coll. Phys. Irel, 1883.

6th.—Waterfield, W. H., 1 Lansdowne Terrace, Dublin, Lic. R. Coll. Surg. Irel. 1882, Lic and Lic. Mid. Q. Coll. Phys. Irel. 1883.

12th.—McCloghry, T. P., Riverstown, co. Sligo, Lic. R. Coll. Surg. Irel. 1881, Lic. K. Q. Coll. Phys. Irel. 1883.

14th.—Fitzgibbon, J. E., Castlerea, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

15th.—Stamers, W. P., Ballinrobe, Lic. R. Coll. Surg. Irel. 1880.

16th.—Tomlinson, W. R., National Eye and Ear Infirmary, Molesworth Street, Lic. R. Coll. Surg. Irel. 1883.

18th.—O'Hagan, J. J. Mullingar, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

20th.—Kelly, C. P., Navan, Lic. R. Coll. Surg. Irel. 1883, Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

22nd.—Murray, P. H., Stokestown, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

25th.—Lemon, E. E., Enfield, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

30th.—Hamilton, C. W., Gladstone, South Australia, M.B. and Bach. Surg. Univ. Dub. 1883.

30th.—King, R. T., 6 Trevelyan Terrace, Rathgar, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. R. Q. Coll. Phys. Irel. 1883.

30th.—Hawes, F. B., 3 Carlisle Terrace, Kingstown, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

JULY 2nd.—Good, W., Cappa, Bandon, M.D. Univ. Irel. 1882.

4th.—Haughton, T. W., 31 Upper Baggot Street, M.B. and Bach. Surg. Univ. Dub. 1883.

5th.—Oldham, H. F., 22 Wellington Road, Dublin, M.B. and Bach. Surg., Univ. Dub. 1883.

5th.—Poland, C. T., 43 Upper Sackville Street, Dublin, M.B. and Bach. Surg. Univ. Dub. 1883.

6th.—Beveridge, E. F., 27 Grosvenor Road, Dublin, M.B. and Bach. Surg. Univ. Dub. 1883.

6th.—Love, W., Foxrock, co. Dublin, Lic. R. Coll. Surg. Irel. 1883.

6th.—Campbell, L., Enniskillen, Lic. R. Coll. Surg. Irel. 1883.

9th.—Finlay, Sinclair, Ballyshannon, Lic. R. Coll. Surg. Irel. 1883

10th.—Baddell, M. O'D., Mallow, M.B. and Bach. Surg. Univ. Dub. 1883.

11th.—Richardson, Griffith T., Ardmore, Armagh, Lic. R. Coll. Phys. and Surg. Edin. 1883.

11th.—Drury, F. J., 110 Upper Rathmines, M.B. and Bach. Surg. Univ. Dub. 1883.

14th.—Coffey, J., Mullingar, Lic. R. Coll. Surg. Irel. 1883.

14th.—Cormack, Eugene, Urlingford, M.B. and Bach. Surg. Univ. Dub. 1883.

16th.—Thompson, H. N., Cardonagh, M.B. and Bach. Surg. Univ. Dub. 1883.

17th.—Moorhead, H., Tullamore, Lic. R. Coll. Surg. Irel. 1883, Lic. K. Q. Coll. Phys. Irel. 1883.

17th.—Wynne, G. N., 77 Aungier Street, Dublin, L.A.H. Dub. 1883.

18th.—Jackson, J. J., Mercer's Hospital, Dublin, Lic. R. Coll. Surg. Irel. 1883.

18th.—Blandford, H. E., Oldcastle, M.B. Univ. Dub. 1883.

18th.—Shepherd, A. W., 19 George's Place, N., Dublin, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

20th.—Hamilton, J., Dromore, co. Tyrone, Lic. R. Coll. Surg. Irel. 1883, Lic. K. C. Coll. Phys. Irel. 1883.

20th.—Ross, Todd Henry, 49 North. Gt. George's Street, Dublin, Lic. R. Coll. Surg. Irel. 1883.

21st.—Blake, A. L., Clonbar, Lic. K. Q. Coll. Phys. Irel. 1883.

21st.—Freyer, S. F., Clifden, M.D. and Mast. Surg. R. Univ. Irel, 1883.

23rd.—Fleming, R. H., Dundalk, M.B. Univ. Dub. 1882.

24th.—Scanlan, S., Tulla, co. Clare, M.D. and Mast. Surg. R. Univ. Irel. 1883.

25th.—Clarke, G., 13 Wellington Park, Belfast, Lic. R. Coll. Phys. and Surg. Edin. 1883, M.D. and Mast. Surg. R. Univ. Irel. 1883.

25th.—Ridley, G. P., 54 Lower Baggot Street, Dublin, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

25th.—Fitzgerald, A. O., Hospital, co. Limerick, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

26th.—Prendergast, W. E. D., 8 Newenham Street, Limerick, M.D. and Mast. Surg. R. Univ. Irel. 1883.

26th.—Andrews, John, England.

28th.—Lyons, J. J., Sandford's Court, Kilkenny, Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1883.

30th.—Hanley, A. H., Drumsva, Lic. R. Coll. Surg. Irel. 1883.

31st.—Adams, A. M., Garvagh, Lic. R. Coll. Phys. and Surg. Edin. 1883.

August 1st.—Fisher, G., Wales.

1st.—Heuston, F. S., Tipperary, Lic. R. Coll. Surg. Irel. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

2nd.—Nolan, J. R., Kilbane House, Limerick, Lic. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1883.

4th.—Lane, I. R., Ashton Place, Cork, M.D. and Mast. Surg. R. Univ. Irel. 1883.

4th.—Clement, R. H. Glenville, Glenageary, co. Dublin, Lic. R. Coll. Surg. Irel. 1883.

7th.—Lane, J., Magilligan, Derry, Lic. and Lic. Mid. R. Coll. Surg. Irel. 1882, Lic. K. Q. Coll. Phys. Irel. 1883.

7th.—Morell, L. D., Ballybay, M.D. Q. Univ. Irel. 1880, Mast. Surg. R. Univ. Irel. 1882.

8th.—Pigott, F. K., Barntown, co. Wexford, Lic. R. Coll. Phys. and Surg. Edin. 1883, L.A.H. Dub. 1883.

8th.—Martin, J., 22 Richmond Hill, Rathmines, co. Dublin, Lic. K. Q. Coll. Phys. Irel. 1883, Lic. R. Coll. Surg. Irel. 1883.

9th.—Fenton, A. W., Castletown, Easkey, co. Sligo, M.B. and Bac. Surg. Univ. Dub. 1882, Lic. M. K. Q. Coll. Phys. Irel. 1883.

11th.—Middleton, A. H., Shankhill, co. Dublin, Lic. R. Coll. Surg. Irel. 1883.

13th.—O'Brien, J., Knocklong, co. Limerick, Lic. R. Coll. Phys. and Surg. Edin. 1883.

14th.—Scott, J. H., 9 Charlestown Terrace, Rathmines, M.B. and Bac. Surg. Univ. Dub. 1883.

15th.—O'Connell, P., Stradone, Cavan, M.D. and Mast. Surg. R. Univ. Irel. 1883.

15th.—O'Brien, H. J., Villierstown, Lic. R. Coll. Surg. Irel. 1882, L.A.H. Dub. 1883, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

16th.—Given, D. K., Gortin, Lic. R. Coll. Phys. Edin. 1883, Lic. Fac. Phys. Surg. Glas. 1883.

20th.—Niblock, J., Drum, co. Monaghan, Lic. R. Coll. Surg. Irel. 1883.

22nd.—Williams, T., Wales.

22nd.—Dillon, P. R., Killarney, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

24th.—McKenna, F., Church Street, Cavan, L.A.H. Dub. 1882.

27th.—Garry, T. G., Kildysert, M.D. and Mast. Surg. R. Univ. Irel. 1883.

30th.—Cooper, A. M., St. Doulonghs, Lic. R. Coll. Surg. Irel. 1882, Lic. and Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

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THE HEALTH OF DUBLIN.

According to the report (for the past five weeks) of Dr. Cameron, Superintendent Medical Officer of Health, the deaths within the city of Dublin were 548, 22·74 per 1,000 persons living.

The deaths from the seven principal zymotic diseases were, in the whole registration district, in the ratio of 2·58 per 1,000 persons. In the city the rate was 3·02 per 1,000 persons.

As compared with the preceding month the deaths from whooping-cough decreased considerably.

There was a large increase in the number of deaths from dysentery and diarrhœa.

The zymotic death-rate increased in the whole registration area from 1·92 to 2·58 per 1,000 persons living.

As compared with the previous month, there was a very large increase in the number of admissions to hospital of persons affected with scarlet fever. There was a slight increase in the admissions of cases of measles. The admissions of patients afflicted with typhoid fever declined considerably.

Statistics of Death.

The following shows the death-rate within the municipal or city districts of the metropolitan registration area:—Death-rate per 1,000 persons from all causes—1882: June, 23·22; July, 22·1; August, 25·46. 1883: June, 27·35; July, 24·22; August, 22·74. Death-rate from seven principal zymotic diseases—1882: June, 1·27; July, 1·72; August, 3·38. 1883: June, 2·5; July, 2·4; August, 3·02.

The months of the summer season of 1883 were comparatively cool, their average temperature being considerably below that of the corresponding period of the previous ten years. August was not so cool, comparatively, as the summer months; still its average temperature was 1·5° F. lower than that of the Augusts of the previous ten years.

The death-rate was 22·74 per 1,000 in the city districts; this rate was 2·470 per 1,000 in excess of the rate for August, 1881, but it was 2·72 per 1,000 lower than in August, 1882, and 16·53 below the rate in August, 1880.

The zymotic death-rate was 3·02 per 1,000, being 0·38 below the rate in August, 1882, 0·4 in excess of that of August, 1881, and 7·31 below that of August, 1880. The total deaths from zymotic disease in the whole registration area during the five weeks numbered 111, as against an average of 154 during the corresponding period of the previous ten years.

The prevailing zymotic was diarrhœa, which caused 30 deaths. This disease is always a peculiarly fatal one in August and September. In August, 1882, it caused 51 deaths.

The deaths from whooping-cough were rather numerous—namely, 15, or an average of 3 per week. 9 cases of scarlet fever occurred, and this disease is spreading through the city. Every precaution is taken to get the persons affected with it promptly conveyed to hospital, their clothing disinfected, and sometimes burned, and their bedding burned.

Typhus fever carried off 7 victims, but the disease has of late much declined in virulence.

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PARSONSTOWN GUARDIANS.

DR. WALLACE.

The following letter was read from Dr. A. W. Wallace, medical officer, Riverstown dispensary:—

Parsonstown, 25th Sept., 1883.

Sir,—I cannot but think that it is through misapprehension of the facts that the board has declined to pay my substitute during the leave of absence given me by the Dispensary Committee. Last autumn I had a recurrence of the severe dyspepsia, from which I suffered before going to Canada, and it was much aggravated by exposure during dispensary work, so it lasted all October, November, and December. This year, in order to avoid the attack which almost always begins at this season of the year, I applied to the dispensary committee for leave of absence, and accompanied the application with a certificate from Dr. Stoney in support of it. The committee has granted me the leave. I have recommended Dr. Stoney to the committee, and they have appointed him as my substitute. There my responsibility ends. Unless the Local Government Board refuses to sanction my getting the leave, the guardians are required "to fix the remuneration (if any) to be paid to the substitute." Of course that must be sufficient to induce Dr. Stoney to act, else the dispensary will be left unsupplied. The Local Government Board has again and again decided that in such circumstances the medical officer cannot be required to pay his substitute, nor can anything be deducted from his salary for the purpose. I shall be obliged by your transmitting a copy of this letter to the Local Government Board in order that the question may be set at rest. I may add that during more than twenty-six years that I have been a dispensary medical officer I have never before asked payment for a substitute.—Yours, &c.,

ALEX. W. WALLACE.

P.S.—To make matters clear, I may put the dispensary regulations into three sections. 1. The dispensary committee alone can grant of absence to the medical officer, subject to the approval of the Local Government Board. The board of guardians has no control in the matter. 2. The dispensary committee can make their grant of leave conditional on the medical officer paying his substitute. When this is not done the board of guardians must fix the amount of remuneration, and of course provide the money in any way they can. 3. They *cannot* compel the medical officer to pay it, nor can they deduct it from his salary.

In reply to the chairman, the clerk said when Dr. Wallace was on leave in Canada he paid his own substitute.

Chairman—I don't see that he has any claim on us in this instance.

Mr. Mitchell—The Board last Saturday came to that conclusion after full deliberation.

Mr. Woods—But what is the use of leave of absence if the doctor has to pay his own substitute. He is obliged to get the work done and pay all expenses. That is not leave of absence, I think; it is merely "thank you for nothing."

Chairman—I don't think so at all; his case is on a level with all other officers, the master, for instance, or the clerk.

Mr. Woods—When the master goes away does he pay his substitute?

Master—I go so seldom I hardly know, Sir. The last time I was on leave my eldest son, who was at home at the time, did my duty, and he was not paid.

Chairman—If he thinks he has a grievance let him apply to the Local Government Board.

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ARMAGH UNION.

MEDICAL FEES.

THE Clerk reported that he had received an account from Dr. Frazer for two guineas for having assisted Dr. Gray in the amputation of a man's leg, and one guinea for the amputation of a woman's arm.

The Chairman thought that £2 2s. was high.

Mr. Bourke again said that it was a very serious case, a man's thigh, and the other was an arm, and the woman had had cancer in the hand, and she had got one of the fingers off at one time.

Mr. Simpson said that he thought such cases should be sent to the infirmary instead of having it put on the ratepayers.

The Chairman said that he would have thought the infirmary was the safest place for such a thing.

Mr. Gray said that he did not think they would take such cases into the infirmary.

The Clerk said that they were bound to pay him, as the Board could not make the price. The doctor could make them pay it.

Mr. Simpson said that he could make them, but they could refuse to do so.

Mr. Gibson said that he thought they should pay on that occasion, but the next time they should go to the infirmary.

Mr. Gray said that Dr. Palmer should have done that.

Mr. Gamble said that they were bound to pay in that case, but such cases, he thought, where at all practicable, should be sent to the County Infirmary, as it was the place where they should be treated. He thought it was right for them there to express the opinion of the Board that those cases should be sent to the infirmary, and, if those had, they would not have had them to pay for.

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BARRINGTON'S HOSPITAL.

DEAN BUNBURY, in pursuance of notice of motion, drew attention to the uncleanly state of the hospital and its general untidy appearance. Frequent complaints had, he said, been made with regard to the management of the hospital, and not long since he went through the institution, the result being that he found the place very unclean and untidy. He thought the attendants were not properly managing the institution, and said he would suggest that some steps should be taken to remedy what was complained of outside.

The Chairman remarked it was a fact that there was a feeling in the city that things were not as they ought to be in the hospital. This very morning, when he came down to the hospital, he found when the door was opened the two women in charge were so dirty, they would be a disgrace to any establishment in the world. If all the attendants were like the pair he saw, he pitied the patients in hospital.

Dr. Holmes—I think they are just as well attended to here as in any other hospital, as far as medical treatment is concerned. I don't think there is any hospital in the world having such a good staff of doctors.

Dean Bunbury did not mean to cast the slightest imputation on the doctors. It was as regarded the state of the hospital he spoke.

On the motion of the Rev. D. Fitzgerald, it was unanimously agreed that a committee should inspect the hospital, and see what structural and other improvements were required.

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THE SLIGO DISPENSARY

COMPLAINT AGAINST RELIEVING OFFICER FEENEY.

AT a meeting of the Sligo Dispensary Committee, it was recommended that Dr. Palmer should be paid a fee of £2 2s. for being called on in consultation in a case of alleged cholera in Dr. Laird's district.

Report read from Dr. Laird :—

"That relieving officer Feeney failed to act in accordance with my order for the burial of the late John Derrig. The facts of the case are—On Sunday morning at one a.m. I wrote an order to Feeney to have a coffin procured, and the remains of the diseased man buried as soon as possible. This order, although brought to the relieving officer, would not be taken. It was again sent at eight a.m., and an order was then given for a coffin. I then called at George's and made an arrangement for the burial of the body, which did not take place."

Relieving Officer Feeney said the doctor might have given his orders at an early hour on Sunday morning at his house; but he (the relieving officer) slept in a different part of his house to that of his family, and he did not hear of it till next morning. I attended to it next day, and went and got the coffin made.

Mr. Collery—You did nothing of the kind. The sanitary officer of the Corporation went and got the coffin made, and the Corporation had to pay George, who made the coffin, £5 for burying the man. I tell you it is not you, but George, we have to thank for having the man buried. The Corporation had to give him £5 for doing your business. There is no use denying the fact, you neglected your duty in a disgraceful manner. You did not get a man buried who—

Relieving Officer—What right had I to bury him?

Mr. Collery—I say you had, sir. You, by neglect of your duty—a duty you are paid for—put £5 expense on the town—

Relieving officer—If you were foolish enough to pay it what's that to me?

Relieving Officer Feeney denied he was to blame. It was not his duty.

Dr. Palmer, who was in attendance, said he came there to represent the matter to the guardians for Dr. Laird, who was unavoidably absent.

The Chairman seemed to consider that an order should be given to the relieving officer at a reasonable hour.

Dr. Palmer—But this was an exceptional case, and it was necessary to have an early interment.

The Chairman thought that to have a coffin made and ready at 9 a.m. they would want to have coffins ready made. Would George get up and make a coffin at that hour on a Sunday morning?

Mr. Walsh said it was the habit of undertakers to make coffins at all hours, Sundays or Mondays.

Chairman—The next question is, was this man a pauper?

Mr. Rowlett—He was not. He was not receiving any relief or support out of the rates. It is a question we have nothing to do with. Why should the expense be thrown on the poor rates?

Dr. Palmer—Dr. Laird attended on a red ticket.

Mr. Collery—Does any guardian mean to say he was not a pauper? He was getting medical relief, and it is the relieving officer's duty only to attend cases where the parties have been on our books? If a poor person dies in one of our back streets, and he has no one to get him a coffin, is Mr. Feeney not to go near him or see him buried?

Mr. Rowlett—We have first to decide was he a pauper or not.

Mr. L'Estrange—Suppose a man was labouring with me and earned wages every day, and he took sick, and I got the dispensary doctor to attend him, would that make a pauper of him?

Mr. Collery—Was he not entitled to a red ticket?

Chairman—Yes, because in this country you cannot get a doctor to attend a man under a fee of a guinea.

Dr. Palmer wished to know that in the event of a similar case ever occurring who was to carry out the directions of the doctors?

Chairman—Whoever is the responsible sanitary authority.

Dr. Palmer—We only wish to know who is to do the duty.

Chairman—What is your duty? Is it to report it to the relieving officer or the sanitary authority?

Dr. Palmer—To give the order to the relieving officer.

Mr. Olpherts—Was this a case of cholera?

Dr. Palmer—No doubt of it—a case of English cholera, brought on by exposure.

Mr. Collery—And the whole thing is over now, but at the time it was considered a serious matter.

Dr. Palmer—Under the circumstances this man should have been buried at an early hour; but it was three o'clock in the day when the coffiin was wheeled through the town on an open hand-cart.

Mr. O'Connor—We must only hope that there will not be a repetition of such work.

Dr. Palmer—Dr. Laird and I were acting relieving officers during the whole of that Sunday. We had to go and look after the coffin.

Chairman—But was that the duty of the relieving officer or the urban sanitary authority.

Mr. Collery—Relieving Officer Feeney is both. He is paid by the Corporation as sanitary officer of this district.

Relieving Officer Feeney (indignantly)—I have nothing to do with the sanitary body of the town.

Mr. Collery—Then why do you take their money?

Relieving Officer—Because ye could not keep it from me. I am only getting what Mr. Disraeli, in his Act of Parliament, said I should get. The Corporation dismissed me.

Dr. Palmer—It is well to see who in Sligo is responsible for procuring a coffin and looking after the burial of a person who dies of infectious disease.

It was ordered that the report should be sent to the Local Government Board, and the matter dropped.

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SLIGO GUARDIANS.

COLLOONEY DISPENSARY—THE PAYMENT OF THE DOCTOR'S LOCUM TENENS.

Mr. Heron, hon. sec. to the Collooney Dispensary Committee, wrote stating that at a recent meeting Dr. Molony asked for leave of absence, producing a medical certificate from Dr. Palmer. It was resolved to appoint Dr. Ross his *locum tenens*, allowing him two guineas per week for attendance, and a guinea per week for car hire.

Chairman—I thought we only gave two guineas per week to a doctor who came in from an adjoining district, and that when we had to pay three guineas we tried to get a doctor specially for the district.

Mr. Kerrigan said that he, as hon. sec. to the Carney Dispensary, tried at one time to get a doctor for the district because they were called on to pay two guineas, and the time was up before they could get one.

Mr. Collery said that leave of absence was given for five weeks.

Chairman—Then in that case we will not sanction this, and a doctor must be got who will take charge of the district if we are to pay three guineas.

Mr. Walsh—What is to become of the district in the meantime?

Mr. Hunter said that a Dr. M'Loghry was living in Riverstown, and he would take charge of the district for two guineas a week.

Mr. Collery—It would be absurd to put the two districts under one doctor, whilst a doctor was in the district doing nothing.

Chairman—We'll make an order directing that Dr. M'Loghry take charge of the district.

Mr. Walsh—I think we are departing from our original resolution, which said a doctor was not to get leave of absence except for sickness caught in the discharge of his duty as medical officer of a dispensary.

Mr. Collery—No, it was for illness——

Mr. Walsh—In the discharge of their duty.

Mr. Collery—How could we know that? A man might take sick lying in bed.

Mr. Kerrigan agreed with Mr. Collery. A doctor was entitled to leave of absence, and have his substitute paid either because of sickness or ill-health.

Dr. Palmer said that a resolution of the guardians could not overrule an order of the Local Government Board, and by such order dispensary doctors were entitled to this privilege in case of illness.

Mr. Collery said the former resolution was passed because that formerly doctors could go away on their own business and get their substitutes paid. Now if they went away in that way they paid their own substitutes.

Chairman—We will make an order appointing Dr. M'Loghry *locum tenens* for the district, to be paid two guineas a week.

IRISH POOR-LAW INTELLIGENCE.

THE LABOURERS' DWELLINGS ACT.

The position in which the medical officers of health throughout Ireland have been placed by the stupid construction of the Labourers (Ireland) Act has greatly exercised many of them, and has occupied the most serious attention of the Council of the Irish Medical Association. The Act has been brought into wholesale requisition throughout the country, it being apparently the idea of every cotter whose roof lets in the damp, and of every small landlord who would like his labourers well lodged without expense to himself, that the Boards of Guardians are bound to rebuild or repair all the cabins in the country at the public expense. Again, some of the boards of guardians have taken the same view, and have forthwith directed their medical officer to inspect and report on every labourer's cabin in their district. All this trouble arises from a complete misconception of the Act which, indeed, most of its administrators would appear never to have read. In the first place its provisions are strictly limited to the cabins of "agricultural" labourers, and though an agricultural labourer may live in a town and go to work each morning in the country, nevertheless the Act practically applies only to rural districts.

Again, it is not open to the guardians to order the inspection of any cottages whatever, until a "representation" has been made to them under the Act by twelve ratepayers resident in the district; and, inasmuch as this "representation" must be accompanied by the certificate of the Medical Officer of Health, it appears that that officer is to be employed, not by the sanitary authority at all, but by the private individuals who make the representation. Therefore it is obvious that the activity which the Act has engendered is begotten of ignorance of its provisions, and that, eventually its influence will be restricted to a small per centage of the cabins throughout the country. Probably, when it becomes known to the local ratepayers that they are themselves to find the money for all these improvements, their ardour in the cause of the labourer and his family may suffer abatement. But all this is outside the question of the liability of the Medical Officer of Health to inspect, report, and certify the condition of habitability of dwellings under the Act. Upon this the words of the Act throw no light. They simply direct that the Medical Officer of Health shall do the work, but they do not say what he is to be paid, or when, or how, or by whom. It is, indeed, provided that when a provisional order of the Local Government Board becomes necessary to complete the building of labourers' dwellings in any district, the Local Government Board may make an order for all costs and expenses incurred, including, apparently, fees to the medical officer who has inspected; but, as it is not likely that one out of ten "representations" would end in a provisional order, it is plain that in the great majority of cases the medical officer would be deprived of his remuneration, unless some means were open to him to obtain it in uncompleted cases. If the furnishing of these reports and certificates be *not* the official duty of the officer—declared by the Act which appointed him, or legally imposed by the Local Government Board under the authority of that Act—then the matter is one of simple contract between him and his employers, the ratepayers, who make the representation. He performs certain function at their request outside his legitimate work, and he is entitled to, and could at once recover at law, reasonable fees for such work. If, however, the additional labour be within his legally imposed duty, then he must perform it and trust to the recognition by the guardians of his moral and equitable claim to consideration.

The question, therefore, resolves itself into one of duty or no duty, and upon this the 11th section of the Public Health Act, which defines the functions of the Irish Medical Officers of Health, throws light. It says that the Local Government Board shall assign to these officers "their respective duties and functions in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making and repairing of sewers and drains, or in generally aiding the administration of the sanitary laws within the district." The Local Government Board is here empowered to define duties, but strictly within the limits above quoted, and no definition which they might make beyond these limits would have any validity or force whatsoever. They did make a general order as follows :—

1. When the sanitary officer finds any matter demanding, in his opinion, attention from the medical officer of health, he shall notify it to such officer.

2. Every medical officer of health who shall have been

apprised officially . . . shall, as soon as practicable, visit the place, and if, after due inspection, he finds such matter to involve danger to public health, he shall report thereon to the sanitary authority. . . . .

7. Every medical officer of health shall attend meetings of the sanitary authority whenever required to do so, and shall assist in all proceedings in which his assistance may be required.

8. Every medical officer of health shall, in matters not specifically provided for in this Order, observe and execute the instructions of the Local Government Board and all the lawful orders and directions of the sanitary authority applicable to his office.

It will be noted that this order was framed to cover every conceivable form of duty which the Local Government Board might please to impose, but we repeat that the moment the duty imposed goes beyond the limitations of the Public Health Act, the order of the Board is waste paper, and may be unhesitatingly disregarded. The inspections under the Labourers' Dwellings Act with which we are now concerned could not have been contemplated by, or included in, those set down by the Public Health Act, considering that no provision as to labourers' dwellings was thought of at the time when the latter Act was passed. That it is not legitimate for a subsequent Act to govern the provisions of a former unrepealed Act has been declared by the Local Government Board itself, which has decreed that certain emoluments accruing subsequently to the passing of the Superannuation Act cannot be taken into consideration in fixing a pension, although the latter Act covers, in plain words, the emoluments accruing for all future time. But, in any case, we believe that the inspection and certifying of labourers' dwellings with a view to rebuilding is not a duty included within the terms either of the Public Health Act or of the general order above quoted; it is a function certainly not conversant with the "discovery, inspection, or removal of nuisances," for no nuisance is alleged; nor has it anything to say to the "supply of pure water, or the making or repairing of sewers and drains." It is, in our view, not even with "the administration of the sanitary laws within the district," for the Labourers' Act is not a sanitary Act, but a building Act, and was not thought of when these enactments were made.

The Council of the Irish Medical Association has written to the Local Government Board to ask what steps it has taken to fix a fee, and, since the communication, we note that the following letter has been addressed by the Board to the Drogheda Guardians:—

Local Government Board, Dublin,
24th October, 1883.

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of the minutes of the Board of Guardians of Drogheda Union of the 18th instant, containing an entry of a letter from a medical officer of Monasterboice Dispensary District, relating to his duties and remuneration under the Labourers' Act.

In reference thereto, I am to state that the Board have been advised that the terms of the 5th section of the Act impose on the sanitary officer the duty of giving the certificate in proper cases without any previous stipulation or agreement as to payment, but that the sanitary authority may pay a reasonable sum to the sanitary officer for the additional duty cast upon him, as a temporary addition to the salary fixed in pursuance of the 11th section of the Public Health Act, 1878.

By order of the Board,
W. D. WODSWORTH,
Secretary.

The wording of this letter may mean anything. It appears to assert that the duty is imposed on the Sanitary Officer, and that he is not entitled to make "any stipulation or agreement as to payment" before he does the work; or the letter may mean that the Act imposes the duty, but omits to make any stipulation as to payment, leaving it open to the Medical Officer to settle the amount as he pleases.

We may at once candidly say that we have not the least confidence in the legal opinion of the adviser of the Local Government Board, which has been more than once reversed by the Court of Queen's Bench and by other competent legal authority. We do not believe that the duty can be legally imposed, but, nevertheless, we should be sorry to advise any officer to refuse to perform it, until something more is known of the matter. It will be the best course, as we think, for the Medical Officers of Health to make these inspections and reports when formally required to do so by their guardians, taking care to get written orders from the Board, and to notify that they will expect to be paid for a duty not within their functions. Having taken these precautions, they should apply for payment, and, if refused, sue or authorise the Irish Medical Association to sue on their behalf. By such means we have not the least doubt that the superior court will, as before, reverse the opinion of Mr. Monahan, the legal adviser of the Local Government Board, and adjudge the medical officer his legitimate and just remuneration.

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CORRESPONDENCE.

CERTIFICATES UNDER THE LABOURERS' DWELLINGS ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As an old member of the Irish Medical Association, and senior Poor-law and Sanitary Medical Officer of Newcastle Union, I beg to forward you the enclosed resolution of the Board of Guardians, adopted at their meeting on the 27th September last, namely, "Resolved, That the sanitary officers prepare a return for this day fortnight, showing the number of houses in each E. division occupied by agricultural labourers (not being tenants under the Land Act, 1881), the number of rooms of which each house consists, their sanitary condition, and whether they are capable of being put into proper repair; and showing also, so far as the same can be ascertained, the tenure by which such houses are held, and the rent paid for them, whether in money or in labour." I ask your advice under the circumstance, and direct your attention, and that of the Local Government Board, to the insurmountable hardship the work of such resolution, if carried out, would impose upon us, besides its utter impossibility of performance, considering all the other duties we have to perform. I have in my very large district arduous duties to perform, with two dispensary stations (some miles apart) to attend, to prescribe, to compound, and visit. My district is 12 by 10, or 120 miles square, the area of which in statute acres is 37,156, with a population of 6,194 persons, seven electoral divisions, and 150 townlands. There are 31 members on the Committee, seven wardens, and one relieving officer—a total of 39 persons, each of whom are supplied with two medical relief ticket books, one black and one red, or visiting ticket books, facetiously termed "scarlet runners"—that is, 78 ticket books in my district.

In common with the other union medical officers, we have a large amount of writing to perform, in keeping the Medical Relief Register, the Register Books of births, deaths, and marriages, the Register Book of vaccination, and the make out, and write quarterly returns and reports, and certified copies of each and all. Considering this amount of duty, I presume I may fairly ask, How is it to be reasonably expected or possible for us to comply with the above resolution? which comes upon us by surprise, as we believe the Local Government Board have already clearly defined our duties. It appears to me the resolution of the Guardians would be more properly delegated to the members of the Royal Irish Constabulary, as the Agricultural Statistical Returns and the Census of Ireland were, than to us Poor-law medical officers, the worst paid, worst treated, and hardest worked public servants in Ireland.

In conclusion, I beg to ask on behalf of myself and the other medical officers of the Union, what we shall, or can do, under present circumstances?

I am, Sir, yours, &c.,

G. Bolster,
Medical Officer of Bradford Dispensary District,
Newcastle Union.

[We have already stated fully our opinion that the duty of certifying as to labourers' dwellings is not reasonably within the duty of the medical officer of health. The subject has been under the consideration of the Council of the Irish Medical Association, and steps will be taken without delay to assert the rights of the medical officers.—Ed.]

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THE PROVISIONS OF THE LABOURERS' ACT EXPLAINED.

At the meeting of the guardians of Naas Union Dr. MacCabe, Inspector to the Local Government Board for Ireland, stated that he attended there that day specially for the purpose of giving information about the Labourers' Act, which was a very important one. He had himself carefully studied it, and was prepared to explain its provisions if the guardians considered his assistance necessary. They all knew that the condition of labourers' dwellings in this country was deplorable to witness, and anything calculated to improve them should be welcomed as a great boon. The idea was taken from the Artisans and Labourers' Dwellings Acts of 1875 and 1879, the provisions of which were hitherto applied to towns and their vicinity, but which it was now sought to extend to rural country districts. The Act enables boards of guardians, where they were satisfied that the existing accommodation was insufficient, and the sanitary arrangements so bad as to be beyond remedying, unless by erecting new houses, to frame an improvement scheme. Before this could be done, however, the Act required that a representation signed by twelve ratepayers within the district, not exactly within a section, should be made to the board, setting forth the requirements. If all is correct the board of guardians shall adopt a scheme, and then at a future meeting they can determine the area of charge for the expenses to be incurred. The Act required that the twelve ratepayers should reside within the assessable area; but if it subsequently turned out that some of them did not, the guardians had full power to amend the representation. He (Dr. MacCabe) was inclined to think that in fixing the area of charge the guardians would select the electoral divisions for a scheme. Dr. MacCabe then read section 4 of the Act, dealing with the representations made to the guardians as the sanitary authority. On a receipt of a representation, the board would have to be convinced that the existing accommodation was insufficient, having regard to the ordinary requirements of the district; also what were the sanitary defects, and if such could not be remedied otherwise than by a new scheme.

Mr. Driver—Supposing a poor man holds 10 acres or so of land, will he be compelled to give up half an acre of that for his labourer?

Dr. MacCabe—It appears a mistaken idea exists about the Act, which is not intended for individual cases. It is not an Act compelling a particular farmer to build a house for a particular labourer. This is a scheme for the grouping together of labourers' cottages. The intention of the Act is to have groups of cottages, so far as is practicable, in order to avoid the trouble of putting them up here and there. It will be for the sanitary authority to consider whether or not they ought to build some cottages in the locality mentioned by Mr. Farrell. The sanitary authority are not bound to comply with the demands of individual farmers. I take it from my idea of the matter—and I have read the Act very carefully over that the area of charge will be an important question. In my opinion it is probable that an electoral division will be fixed upon as the area of charge, or it can be put upon any townland, just as is done under the Public Health Act. The electoral division is the proper area to declare, provided everything else is legally carrried out. I do not think it is within the meaning of the Act to accommodate one particular labourer. As regards the representations, some of them display an entire ignorance of the preliminaries which must be observed. The main question to consider is whether the existing state of things could not otherwise be remedied than by an improvement scheme. The Act says:—"The representation, if made on the ground of insufficient house accommodation, shall set forth specific instances of such insufficiency, and if made on the ground of sanitary defects shall be accompanied by a certificate from the sanitary officer," &c. It is, of course, better to get the certificate from the medical officer of health, but I presume that, in default of receiving the other, one from the sub-sanitary officer should suffice. The houses do *not* in the course of time become the property of the tenant, provided he resides in one for thirty-five years. What is to recoup the ratepayer for his outlay if that were done? I will show you how it can be worked financially. Take the smallest assessable division in the union. Say in round figures the value is £1,500. If you decide to build twenty cottages they will cost at the least about £70 each, making a sum of £1,400. Then you would have to purchase twelve acres of land for these. A good deal depends on the value of the land, but suppose that it costs £50 an acre, or twenty-five years' purchase, that would represent £600. The total estimate for these twenty cottages would be £2,000. That sum will have to be borrowed from the Board of Works at the rate of £5 12s. 2d. per cent., which includes interest at 3½, and also a sinking charge. The term is thirty years. Roughly calculated, therefore, there would be a charge of £110 for £2,000, and £123 7s. 8d. for £2,200 a year for thirty years, at the end of which time the cottages become the property of the guardians. For one of these cottages, with its half acre of ground, no labourer, I am confident, will grudge to pay 1s. 7d. per week, or £4 a year. The twenty cottages at £4 apiece would bring in £80, which would go a long way to pay the interest on capital, say £123. Making a deduction, it leaves only £43 7s. 8d., which sum must be assessed on the division (let us say one at £1,500 valuation), so that after the rate would fall considerably short of one shilling in the £1, the highest sum which the Act allows.

SLIGO GUARDIANS.

COLLOONEY DISPENSARY.

Dr. Ross forwarded a bill for £3 3s., for acting as medical officer of Collooney Dispensary for one week. Accompanying the account was a letter which stated that he was appointed by the Collooney Committee as *locum tenens* for five weeks at £3 3s. per week, and was notified to that effect. He got no information from the board that the action of the committee had not been approved of and that Dr. M'Loghry was appointed to supersede him as medical officer *pro tem* of the Collooney district.

The Chairman said he knew that Dr. Ross had been doing duty, and he asked if Dr. M'Loghry had accepted the offer of the board?

The Clerk replied in the affirmative.

CARNEY DISPENSARY DISTRICT.

At a meeting of the committee it was resolved that Dr. Roe be granted one fortnight's leave of absence, and that Dr. Tate be appointed *locum tenens* for two weeks at a salary of two guineas per week.

Mr. Kerrigan said all the Carney dispensary would give for a *locum tenens* was two guineas per week, and he was surprised to see three guineas given elsewhere.

Mr. L'Estrange—And we should be able to get doctors to do it at that. They should assist one another.

MIDWIFERY EXTRAS.

The Local Government Board wrote asking in regard to the sum of £2 proposed to be paid to Dr. Palmer for assisting Dr. Molony in a midwifery case, if Dr. Palmer's services were secured through the relieving officer.

The relieving officer said this occurred in another relieving officer's time, and before his election.

Chairman—Was Dr. Molony from Collooney to send to Ballymote to get him to send for Dr. Palmer to Sligo? Latterly the doctors of this union are giving each other a good deal of employment in this way.

Mr. Kerrigan—That has been going on a good while.

Chairman—But it is getting worse latterly.

Mr. L'Estrange—It is only in midwifery cases.

The Chairman directed relieving officer A. to enquire of ex-relieving officer B. if it was through him Dr. Palmer was ordered to attend in this midwifery case.

CARLOW UNION.

ILLNESS OF DR. RAWSON.

The Chairman said Dr. Rawson was seriously ill. He had received a letter from Mrs. Rawson, asking for three months' leave of absence for her husband, and recommending Dr. M'Dowell as *locum tenens*.

Mr. Kelly thought any officer going on leave should name a *locum tenens*, but it was not necessary that the board should accept the person so named.

Mr. Rochfort thought there were three questions for the board to decide—Would they grant the extension of leave for three months? Would they appoint Dr. M'Dowell as *locum tenens?* and What remuneration would they allow?

Chairman—Are you willing to give the three months?

Mr. Breen—Most undoubtedly, if we have not to pay the substitute.

Mr. Browne proposed that the leave of absence be granted.

Mr. Rochfort, in seconding the proposition, said he was quite sure from the feeling prevalent at the board that they would not deal with one public officer in a way different from another. When Dr. Allen, who was now no more, applied for leave on account of ill-health, the board granted him three months' leave. If they had acted in that way towards Dr. Allen he could hardly believe they would not deal in the same manner with Dr. Rawson, who was their medical officer for a much longer time.

Chairman—Who will you appoint as substitute?

Mr. Breen—I don't think it matters a bit; one of them will kill as well as another (laughter).

Mr. Whelan—I propose Dr. O'Meara.

Mr. Cullen—Who is going to pay the substitute?

Chairman—We will go into that afterwards.

Mr. O'Neill—I think the board has a perfect right, when they have to pay the substitute, to select that substitute. We ought not to be dictated to by Mr. Rawson.

Mr. Rochfort said it had been the practice when a medical man was leaving, either for pleasure, business, or owing to illness, to nominate his *locum tenens*, being himself responsible for the fitness of the person so nominated to discharge the duties. Under these circumstances, when they all knew the gentleman he had proposed to be one of whom, he believed, had always discharged his duties with great ability, care, and attention, and had made himself extremely popular amongst the people as dispensary doctor, it would be a bad compliment to him and to Dr. Rawson, who proposed him, to name anyone else. There might be some other positions in the union to which other men might aspire, and successfully, but what they had to deal with then was a *locum tenens* to that workhouse and to the fever hospital.

Mr. Breen said it was a matter of indifference to him who was appointed, but he would vote against a salary being paid by the board. The medical officers were paid salaries, and they should pay their substitutes out of their own pockets. He would not get a substitute paid for him if he wanted one.

It was decided to put Mr. Whelan's resolution first, when fifteen voted for and sixteen against.

THE HEALTH OF DUBLIN.

From the quarterly summary of births and deaths in Dublin it appears that the number of deaths registered in the Dublin district during the past quarter amounted to an annual ratio of 22·6 in every 1,000 of the population. The average rate in the third quarter of the ten years 1873-82 was 22·9.

The ratio of deaths registered in London during the quarter was 18·8 in every 1,000; in Glasgow 24·3; and in Edinburgh an annual death-rate of 16·9.

Occupations.—The deaths in families of the "professional and independent class" were equal to an annual rate of 15·4 per 1,000 of the persons in that class; in the "middle class" the death-rate was 18·8 per 1,000; among the "artisan class and petty shopkeepers" it was 18·3; and in the "general service class" and the "inmates of workhouses" combined it was 28·9.

Diseases.—The deaths from zymotic diseases registered were 293, being 17 over the number for the preceding quarter, but 104 under the average. The deaths from these diseases during last quarter are equal to an annual rate of 3·4 per 1,000 of the population.

Thirty-five per cent. of these deaths were caused by diarrhœa and dysentery.

The deaths from typhus were 23, being 25 under the preceding quarter. There were 26 deaths from enteric fever, showing a decrease, and 4 deaths were entered under the head of simple continued and ill-defined fever, under which 18 deaths were classed in the preceding quarter. The total number (53) of deaths from fever is 40 under the number for the preceding quarter, and 13 under the average.

One hundred cases of typhus were admitted to hospital during the quarter, being 153 under the preceding three months.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

FORMATION OF A TIPPERARY BRANCH.

On Saturday, October 21st, a meeting of Poor-law Medical Officers, and other members of the medical profession in the South of Ireland, was held at the Limerick Junction for the two-fold purpose of taking into consideration the position of the dispensary medical officers under the Labourers' Dwellings' Act, but principally to consider on the advisability of forming a South of Ireland Medical Protective Association, or some such union. There were in attendance—Drs. Russell, Thurles; Moloney and Cusack, Cashel; Kennedy and O'Ryan, Tipperary; Webb, Dundrum; M'Carthy, O'Flynn, and Kennefick, Clonmel; Cutler, Waterford; Surgeon-Major O'Brien, Carrick-on-Suir; Drs. Michael M'Coy, Cappawhite; Shanahan, Adare; Cussack, Cahir; Jacob, jun., Maryborough; Blackall, county Clare; Ryan, New Pallas; Baylor, Lismore; O'Donovan, Galbally; Fennelly, Templemore, &c.

On the proposition of Dr. Webb, Dr. Russell, of Thurles, was unanimously called on to preside.

The Chairman said he had to acknowledge the honour which they had conferred upon him by calling upon him to preside on that occasion over so influential a meeting of his professional brethren, and the best thing he could do was not occupy their time with an address, but to advise the meeting at once to commence business.

On the proposition of Dr. Kennedy, seconded by Dr. Wells, Dr. C. M'Carthy was appointed secretary to the meeting.

Dr. M'Carthy read letters of regret from the following medical gentlemen who were unable to attend the meeting, but who gave it their hearty approval and promise of their co-operation:—Drs. Travers, of Rostellan, Cloyne; Coughlan, Mithora; Powell, Toomevara; Riordan, Doneraile; Lyne, Castletown; M'Loughlin, Cloughjordan; Morrissey, Tipperary; Ryan, Castleconnell; O'Connell, Fethard; O'Brien, Pallaskenry; Harte, Rathmore; Holland, Dungarvan; O'Dea, Ennistymon; Cremin, Charleville; O'Brien, Tipperary; O'Brien, Bansha; O'Brien, Clarina, Limerick; Hannagan, Miltown Malbay; O'Callaghan, Bagnalstown; Ryan, Millstreet; Buckley, Kildorrery; Fisk, Fermoy; Williams, Ardmore; Fennell, Dunmore; Counihan, Kilrush; White, Macroom; Sandiford, Castlemartyr; Bird, Templemore; Molony Tulla, co. Clare; Bolster, Newcastle West; Jacob, sen., Maryborough; O'Connell, Kilmallock; Sandiford, Mallow; Power, Borrisoleigh; M'Namara, Corofin; Donovan, Kinsale; Casey, Borris; Hickson, Shinrone; Jackman, Thurles; Hannon, Castletown Berehaven; Cahalan, Nenagh; Crean, Clonmel; Hall, Silvermines; Graves, Dungarvan; Dillon, Ennis, and M'Craith, Mitchelstown. Verbal apologies with wishes for the success of the meeting were conveyed from Dr. Walsh, of Kilmacthomas, and Dr. Denchy, Lismore. A letter was received from Dr. Chapman, Secretary Irish Medical Association, detailing the action of that Association relative to the new duties imposed under the Labourers' Act.

The Secretary, who, at the request of one of the above named correspondents, Dr. Travers, F.R.C.S., read that gentleman's letter in *extenso*, explaining that all those who had written expressed themselves strongly in favour of the claims of the medical officers under the recent Labourers' (Ireland) Act, that twenty-eight were in favour, some of them strongly in favour, of the formation of a South of Ireland Medical Protective Association; that twelve only were opposed to such, and the remaining thirteen did not agree altogether in opinion on the subject, but in general would abide by the decision of the meeting.

Dr. Moloney, of Cashel, then proposed the following resolution:—That we, as representing the opinions of the Poor-law medical officers in the South of Ireland do hereby protest against any attempt to impose upon us without remuneration new and laborious duties, even though possibly of a temporary nature under the Labourers' Dwellings (Ireland) Act; that we regard the inspecting and reporting on labourers' dwellings, for the purpose of the Labourers' Act, as novel functions not specified in the Public Health Act, and not therefore coming within the true scope of sanitary work, that for the performance of such additional labour we are in strict justice entitled to remuneration. We hereby respectfully ask the Local Government Board for Ireland to specify what that remuneration shall be." He thought it right to say that he believed the several boards of guardians were quite anxious to aid them in the matter of getting remuneration from the Local Government Board. He could speak with certainty as to what his own board of guardians were willing to do in that respect. He had had an interview with several members of that board, and they seemed to him not to be posted up as regarded the duties reqiured to be performed by sanitary officers. He contended that they were to do the duties under the old Sanitary Act, and in that case he believed the guardians felt they would not be acting in justice to the ratepayers in giving their medical officers of health increased remuneration; but they were certainly anxious to give to them certain remuneration, if they only knew under what Act of Parliament the claim for increased remuneration was to be made.

Dr. Webb said he could say the same for the guardians of his district.

Dr Butler in seconding the resolution, remarked that the remuneration which the doctors got was as medical officers of health, and that was the reason why the Local Government had cancelled the appointment of the Sanitary Officers when the new Act came into operation, in order that the boards of guardians might increase the duties of the officer of health, and at the time a great many of the medical officers were not aware of this cancelling of their salaries and appointments, and what occurred was that some boards of guardians had reappointed the medical officers of health at the same salaries. There was a sort of idea entertained by some guardians that the duties of the medical officers of health were made in proportion to the salaries they drew, but the plain answer to that was that the medical officers of health acted as a sort of censors over those who owned labourers' cottages; and the very knowledge of the fact that the medical officers might prove adversely against them, had the effect of inducing them to place the cottages in repair so as to avoid the necessity of having them reported upon. He believed that if there were not such officers of health to keep the owners of labourers' dwellings *in terrorem* they would have crowds of reports to make, and the position of the medical officers of health would be exceedingly unpleasant. Therefore, the argument that officers of health were sufficiently remunerated for what they did was fallacious, and therefore he had much pleasure in seconding the adoption of the resolution.

Dr. Moloney—There is no doubt that a great deal of good has been done by the working of the Sanitary Act.

Dr. Webb mentioned the small number of epidemic cases which he had in his district since the Act came into operation.

Dr. Butler informed the meeting that the Waterford guardians had treated their medical officers fairly enough. They had sent them a resolution requesting that they would visit and report on all dwellings inhabited by labourers in the Union, notifying such that were fit for habitation, and such that were not. His duties were confined to an urban sanitary, but he regretted to say that it was a large sanitary district which included a large island, the rural part of the district covered about five miles of country, and as officer of health he received the magnificent salary of £6 10s. a year, and having to visit the cabins on the island in his district, if he had to make a census of the entire district his car hire would cost him more than the salary of £6 10s. would cover.

Dr. Webb remarked that the circular sent round by his Sanitary Board did not bear the same character as that received by Dr. Butler.

Dr. Webb moved, and Dr. Kennefick seconded, that their secretary furnish a copy of the above resolution just passed to the Local Government Board, which was agreed to; and it was also agreed to send a copy of it to the Irish Medical Association.

The resolution was carried unanimously.

Dr. McCarthy, hon. sec., next proposed the following series of resolutions, forming the constitution of the society:—"That in recognition of, and of gratitude for, past services rendered to our profession by the Irish Medical Association, and in the interest of that unity so essential in all that relates to the welfare of our profession in its various departments, we pledge ourselves to give that association our strenuous support, and hereby earnestly call upon all our professional brethren who are not members to join it. That while thus anxious to sustain the Irish Medical Association, we, nevertheless, feel convinced that for the achievement of still greater results, and in order to secure for it that widespread and efficient support which it deserves, it is not alone expedient, but highly necessary, that local branches of it be formed throughout the country. That we accordingly submit to the Council of the Irish Medical Association the desirability of forming branches for each county in Ireland—each branch to include, besides its ordinary members, a committee of twelve, a president, a vice-president, hon. sec., hon. assistant-sec., and hon. treasurer—the officials of each branch to be elected yearly at a general meeting of its members, special meetings to be held at stated times, and at such places as may be determined on—the minutes of the several branch meetings to lie over for inspection by the central governing body. That we suggest that the present yearly subscription of of 10s. 6d. be augmented to 15s. 6d., and be collected, not as heretofore, by the central body, but by the secretary of each branch from the members of that branch, and forwarded periodically to the central body, a sum not exceeding one-fourth to be retained for local purposes. That the president for the time being of each local branch shall, during the term of his office, be *de facto* a member of the central executive council. That each branch shall have power to adjudicate on matters of local profession dispute, except in the case of a dispute arising among members of different branches, when, on a representation from those branches, the central authority shall give its decision. That the several branches be empowered to make their own bye-laws, subject to the several rules and regulations of the association." He said—Gentlemen, exclusive of your opinions, which I know not yet, on this all-important subject, we have before us a voluminous array of letters, from the most influential members of our profession in the South of Ireland, more than two to one of them being in favour of the formation of a South of Ireland Medical Association; but I, however, quite agree with one of them in the minority, Dr. Jacob, sen., of Maryborough, when he says that plurality of associations are not desirable. Now, that is the very thing we ought to avoid; union should be our motto, and nothing on our part should be done which would have a disuniting or a weakening effect on the grand society now in existence—the Irish Medical Association. But from the letters read by me this evening, it would appear very decidedly that the concensus of opinion points to the necessity for something being done; something is apparently wanted—some, perhaps, more effective and well directed organisation. Take the present instance for example. An Act of Parliament is passed; duties are imposed on us, which we object to without remuneration. Combined action is required, and a meeting like this has to be called at haphazard; whereas were we properly organised, under the wise direction of a central authority like the Irish Medical Association, numerous local meetings in contingencies like the present could at once be summoned, our rights more fully discussed, and our interests better guarded, (hear, hear). All will admit that there is need for more thorough organisation. That we are right is shown by the views expressed by the vast majority of those who have written to us on the subject. Now, while admitting all this, we must not lose sight of the fact that—Firstly, there must be a central governing body. Centralisation is essential. But this principle may be overdone. The central body cannot be self-dependant. It must have limbs to make it move (hear, hear). Secondly, therefore, I believe it is not only judicious, but essential for its well-being, that this governing body should be aided in its functions by branch societies attached to, and working in harmony with it. This is no mere speculative remark. Experience in other organisations of late years has amply proved its correctness. But there is one thing to be borne in mind. A branch society, for judicious reasons, should not extend over too wide an area. And so I agree with those gentlemen who dissent from the proposed formation of a South of Ireland Medical Protective Association. If such were formed it might be that hereafter, as we would begin to grow in power we would begin to grow in power we would also begin to grow in pride, and a dangerous rivalry might spring up between us and the parent association inimical to the interests of all concerned. But as none of those could possibly happen in the case of county branches the objection on this score is at once set aside. The advantages of coming together at our leisure to consult on matters of local moment, to adjudicate on matters relating to the ethics of the profession, and to state our views if necessary to the parent body on things affecting the interests of the profession. These are so apparent that I shall say nothing further on that point (hear, hear). There would be no clashing of opinions. Union would be the watchword, and forming a united front we would stand as a pillar of strength in the battle for our legitimate rights (applause).

Dr. Fennelly seconded the resolution, which was unanimously agreed to.

Dr. O'Brien next proposed that the new organisation formed in the county be called "the Tipperary Branch of the Irish Medical Association.

Dr. Cusack seconded the proposition, which was agreed to.

Dr. Webb next moved that his old friend of twenty years' standing, Dr. Kennedy, be elected President of the Society.

Dr. Kennefick seconded the resolution, which was corried unanimously.

Dr. M'Carthy next moved the appointment of Dr. O'Brien as Vice-President, which Dr. Moloney seconded, and that gentleman was declared unanimously elected.

Dr. Moloney next proposed that Dr. M'Carthy be elected Hon. Secretary of the Society, as a more efficient gentleman they could not select, one who was most active and energetic in upholding, not only the interests of that part of the general association, but those of the profession at large.

Dr. Fennelly seconded the proposition, which was carried unanimously.

On the motion of Dr. Webb, seconded by Dr. Cussack, Dr. O'Flynn was elected Assistant-Secretary.

Dr. Moloney said he believed now that all the lucrative appointments had been disposed of except one; (a laugh) and if he were to deem himself to be included in the ring he certainly would go in for the last appointment (more laughter). He felt the greatest pleasure in proposing that Dr. Kennefick be elected Treasurer.

Dr. Webb cordially seconded the nomination of his friend Dr. Kennefick, which was agreed to.

The following Committee of Management were appointed:—The President, Vice-President, Drs. Moloney, Ryan, M'Lery, Fennelly, Kennefick, O'Flynn, Russell, Kennedy, Webb, Cusack (Cashel), Cusack (Cahir), and M'Carthy.

The Chairman having to leave by the eight o'clock train, Dr. O'Brien was called on to preside in his stead, when Dr. Kennedy proposed a vote of thanks to Dr. Russell for his dignified conduct while presiding over the meeting. The proposition was carried with acclamation, and Dr. Russell briefly acknowledged the compliment.

Dr. Kennefick next called attention to the place of meeting next year, and proposed that the Association meet in Clonmel, for two reasons. The first was that Clonmel was the capital of the county, and in the next place it was perhaps the most convenient place of meeting, being also the assize town, and as they might have a winter assizes in addition to the two already held, the advantage of meeting in that town was obvious to those gentlemen who may have professionally to be in attendance at the assizes, as trains started from it northwards, westwards, and eastwards.

Dr. Moloney observed that with regard to the assizes he wished to say that an assize town was no place for holding a meeting in, for the members of the society would have to be constantly in attendance at the court house expecting their names to be called at any moment, as when in Clonmel, if one wanted to see a doctor he was told to go to the court house and he would see him there. Unless they agreed to hold their meetings when the assizes were over, they could not meet conveniently in the daytime, and if they met in the evening they would be late for the trains. He did not approve altogether of the position, and he suggested Cahir as the place of meeting where they could have a regular working evening to themselves, and where they would be free from the noise of cars and trains.

Dr. Ryan, of Pallas, suggested that they meet in the town of Tipperary next year.

Dr. M'Carthy remarked that they ought not to have a permanent place for their annual meetings, but select their next place of meeting whenever they met. For instance they would select next year where they would hold their annual meeting the following year.

Dr. Ryan then proposed that their next meeting be held in Tipperary. The resolution having been seconded was unanimously carried.

A conversation took place on the subject of calling special meetings on a requisition, and it was agreed, on the motion of Dr. Moloney, seconded by Dr. Fennelly, that the secretary should have power to summon a special meeting on a requisition from two members, or an occasion of emergency.

Dr. Kennedy said emergency meetings were now very necessary, for almost whenever an Act of Parliament was being passed, the poor dispensary doctors were sure to be dragged into it without fee or reward.

A letter was read from Dr. Crean regretting his inability to attend the meeting, and stating there was a sum of over £15 in the bank, the assets of the former association, which he was prepared to hand over to the treasurer of the new association when it was formed. He promised to co-operate with them in every way in his power.

Dr. Cusack moved that the monies in bank belonging to the late Tipperary Medical Association be handed over to the new branch of the Medical Association, which was likewise agreed to.

On the motion of Dr. Flynn it was agreed that two members of the association be appointed a deputation to attend the meetings in Dublin of the parent society.

The remaining business of the society had reference to details. The members of the society dined together at the Junction Hotel.

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THE NEW ROSS UNION AND THE LABOURERS' ACT.

The Chairman said that where existing houses are complained of as being unfit for human habitation, &c., a sanitary officer's report should accompany the representation.

Mr. Kavanagh—I hear Dr. Stock refused to sign these. He said he had no directions from the board to do so.

Mr. Dooley—There was an order made here on the 10th for the doctors to inspect and report on the alleged sanitary defects of these houses, and any doctor who has not done so has not fulfilled his duty if he is bound to act as we direct.

Mr. Kavanagh—I think they are not bound to act in these cases unless they choose to do so themselves.

The Chairman was of opinion the doctors were bound to make the report.

Mr. Dooley—Is he bound at our order to examine it? If so there are representations there he has not reported on. He has, therefore, neglected his duty.

Mr. Mullins—Would it not be a very strange thing to ask a doctor to go over every house in the country? How could he know where to go to until he is told of the houses requiring to be reported on?

Mr. Kavanagh—I believe Dr. Stock wrote to the Medical Association to know if he was obliged to work in these cases for nothing, and he was informed that he was not.

The Chairman said provision had been made in the Act for the payment of all expenses incurred in carrying the scheme into execution. A certain area would have to pay these expenses.

Mr. Kavanagh—It is well to know then if these officers are to be paid for this duty.

Mr. Dooley—Are not they bound, as sanitary officers, to make a report on any houses which are in an unsanitary condition?

Chairman—They are.

Mr. Dooley—Then, in the present instances, if they report, they are only doing their duty, what they are paid for doing, and I don't see why we should give them extra remuneration.

The Chairman—We will not give it unless we must do so.

The guardians found it impossible to go into those representations complaining of defective house accommodation in Dr. Stock's district, as he had not reported on them.

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ATHENRY UNION.

The following letters were read:—

"Gentlemen,—I beg to say that it would be well for clerk of union to supply me with a list of out-door relief, given weekly in my district. It is distressing to hear the poor people say they are neglected. I don't know what is allowed or given, as I don't see the relieving officer.

"Yours, &c.,

"J. Leonard, M.D.

"Athenry Dispensary, 19th October, 1883.

"Gentlemen,—As medical officer of health of the Athenry dispensary district, I hereby report to you that I visited a family named Fleming, residing at Garacloon, in the Moyode district, and was horrified to find that three girls and two boys and father all slept on a door, in a barn, given them on sufferance, without even sufficient clothing, and I recommend that immediate action be taken to provide accommodation for the poor family under the Labourers' Act. It is revolting to human nature to find the different sexes occupying the same sleeping apartment, if I can so call it.

"J. Leonard, Medical Officer.

"Athenry, October, 1883."

Mr. Cawly—Dr. Leonard is telling the truth. I know of my own knowledge that the poor are greatly neglected by the relieving officers in my district. It is a fact that people have been left one month without relief (oh, oh, and cries of shame).

Mr. Cawly—Why are the orders of the board disobeyed?

Mr. Deely—Is it not the law that no man should get relief without a doctor's certificate.

Mr. Roache—There is no such law.

At the request of the board, relieving officer Honnify, was summoned before the board.

Mr. Broderick—Were you absent from your station last week, on the day fixed for giving relief?

Haniffy (after a pause)—I was. The doctor told me and every one of the people not to attend there.

Mr. Broderick—A very strange order! The doctor, I hold, is censurable, though Mr. Mitchel is the guardian of the district.

Mr. Roache—It appears Mr. Mitchel knows nothing about the people's state in his division—just as much as if they lived in Africa.

Mr. Broderick—A man named Keighery came to me and told me his father was sick. The son went to Attymon for relief on the appointed day and there was no officer there.

Mr. Roache—I believe Haniffy's statement should be taken down, as it is clear the poor are neglected.

Haniffy—He told me not to go there.

Mr. Crowe—Is it possible Glynn did not visit Craughwell for three weeks?

Mr. Crawley—It is a fact.

Chairman—Glynn, did you leave a man three weeks without relief?

Glynn—I did. (Oh, oh).

A Guardian—The matter should be again referred to Dr. Leonard. His letter is very vague; he should put his charges in a clearer way.

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Dr. W. Miller Ord has been elected a Manager of the Royal Institution in the room of the late Mr. William Spottiswoode, P.R.S.

Medico-Legal Intelligence.

QUEEN'S BENCH DIVISION—Nov. 5.

(Before Mr. Justice Lawson, Mr. Justice O'Brien, and Mr. Justice Johnson.)

THE QUEEN (AT THE RELATION OF DR. ROBERT FITZMAURICE) v. JOSEPH WILLIAM NELIGAN, M.D.

Mr. Piers White, Q.C., appeared on behalf of Dr. Fitzmaurice in the matter of the recent election to the office of surgeon to the county Kerry Infirmary, for a conditional order for an information in the relation of a *quo warranto* to try the right to the appointment. This office had already been the subject of litigation, but at the last election, held on the 5th of July, 1883, Dr. Neligan was the successful candidate, having obtained three votes, as against the two registered for Dr. Fitzmaurice; and the question to be determined concerned the validity of these, the relator's contention being that Dr. Neligan was now exercising the functions under a void election. The points sought to be raised depended on the construction of a few words in two Acts of Parliament. The first was the 5th of George III., cap. 20 (an Irish Act), which specified the qualifications of what were called "donors" and "annual governors" who were incorporated as members of a corporation. The qualification for an annual governor was the payment of three guineas a year, and that constituted the payer a member of the corporation for the year commencing on the 24th June following the payment. The next statute—and that on which the matter would mainly turn—was the 54th George III., cap. 62, the fourth section of which provided that "no annual governors shall be permitted to vote at the election of a surgeon on any vacancy unless they have paid their subscriptions by virtue of which they claim to vote, two years at least before any such vacancy shall have occurred." The question would be chiefly as to the meaning of the word "vacancy," when it was complete. For Dr. Fitzmaurice it was submitted that the vacancy was complete when the holder of the office sent in his resignation, while for Dr. Neligan it would be contended that to constitute the vacancy there should be an acceptance of the resignation. The facts were shortly as follow:—The late surgeon (Dr. Lawlor) had for a long time been in failing health. For many years the active governors were Sir Henry Donovan, Colonel Rowan, and the rector of the parish, Rev. Mr. Orpen; but on the 23rd June, 1882, Messrs. John Neligan, Stephen Huggard, and J. Denny each subscribed three guineas, and on the 6th of June last they paid a second subscription. On the previous day—the 5th June, 1882—Dr. Lawlor resigned, and at a meeting held on the 8th that resignation was accepted, and the election of a successor ordered to be held on the 5th of July. According to the decision of the Court of Queen's Bench, in the Queen *v.* Shackleton (2nd Jebb and Sims), what was required was that two years' payments should comprise one clear year, though the second payment might be for the second year, and according to the statute the time should run—the two years—from the date of the vacancy. It appeared, however, that there was not a quorum of governors present when the resignation was accepted, and at the meeting on the 5th July Dr. Neligan's supporters raised that point—wished to accept the resignation then, and postpone the election which would have qualified the voters if the effect was to date the vacancy from the then acceptance of the resignation. This motion was, however, contested, and Dr. Fitzmaurice's present contention was that the three gentlemen who voted for his rival competitor were not entitled so to do, they not having been qualified at the date of the resignation—the sending in of Dr. Lawlor's letter of the 5th June.

The Court granted a conditional order for a *quo warranto*.

IRISH POOR-LAW INTELLIGENCE.

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THE LEGAL ADVISER TO THE IRISH LOCAL GOVERNMENT BOARD.

In referring, last week, to the dicta promulgated by the Irish Local Government Board respecting the liability of medical officers of health to inspect and certify the condition of labourers' dwellings we wrote as follows:—

"We may at once candidly say that we have not the least confidence in the legal opinion of the adviser of the Local Government Board, whose decisions have been more than once reversed by the Court of Queen's Bench, and by other competent legal authorities."

We have, it would seem, not spoken without good reason, for we find reported within the past week a case in which the legal judgment of the Irish Local Government Board has been again laughed out of court by the judges of the Queen's Bench.

The case was one in which the town commissioners of Warrenpoint made some rules to which the Local Government Board—acting, no doubt, under the advice of their counsel—gave their sanction and authority. The report of the case proceeds as follows:—

Mr. Monroe, Q.C., who appear for the commissioners said the question in the case was, had the commissioners power under the Act to impose such a rule.

Mr. Justice O'Brien—There is not a single word in the statute to give them such an authority?

Mr. Monroe remarked that these by-laws were sanctioned by the Local Government Board.

Mr. Justice O'Brien—That is the extraordinary matter in the case. They are the parties who ought to pay the costs. They have legal men to advise them.

Mr. Justice Lawson—I thought these things came under the notice of the law officers of the Crown.

Mr. Monroe—The office of Law Adviser is now abolished. There is no such officer.

Mr. Justice O'Brien—And this is the consequence.

The conviction was then quashed.

So much for the legal dictum of the Board in this case. What credit should be given under the circumstances to the dictum emanating from the same authority in reference to the inspection of labourers' dwellings—especially when it is recollected that the opinion of the same adviser put the guardians of the Fintona Union in for an action in which they were at once put out of court by the judges of the Queen's Bench, and compelled to pay the costs of the Irish Medical Association, who contested the case, as well as their own.

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BRANCH ORGANISATION IN IRELAND.

We published in our issue of last week the full report of an important meeting held at Clonmel for the purpose of forming a southern branch of the Irish Medical Association and to consider the position in which the medical officers of health throughout Ireland are placed in connection with the Labourers' Dwellings Act. Both of the objects of the meeting were in all respects worthy of the occasion, and we are gratified to observe that it was influentially attended.

As regards the question of the labourers' dwellings we need say nothing here, having already expressed strongly, repeatedly, and at length, our well considered opinion that the medical officers of health have been called upon to perform functions which they are neither legally nor equitably called upon to perform without adequate remuneration. We, therefore, entirely concur in the protest uttered by this meeting and we expect that before long the medical officers of health will, through the agency of the Irish Medical Association, be armed with legal advice and assistance to enable them to enforce their claims, notwithstanding the underhand and despicable attempt of the Local Government Board to force the duty upon them and leave them to the mercy of the guardians for payment.

As regards the formation of branch organisations as offsets from the Irish Medical Association we take the opportunity to explain our views and to warn our readers that caution and diplomacy are necessary in this matter. Any action which would break up into sections the profession in Ireland and thereby weaken the Irish Medical Association would be nothing less than a calamity to the Poor-law medical officers of Ireland, and we are, therefore, not surprised that some of the medical men who had been invited to attend the Clonmel meeting declined to do so apprehending that the contemplated South of Ireland organisation might be the rival not the child of the Irish Medical Association. We are glad to perceive that no such idea was in the minds of its organisers, and that nothing was desired but to strengthen the parent Association and co-operate for the advancement of the objects to which it is devoted. Branches formed in this spirit and working cordially under the advice of the central Association are above all things to be encouraged for they afford a means of spreading the influence of the Association which the central administration cannot possess, but it should not be forgotten that a dire experience has shown the danger of branch organisations when not properly worked or subject to the control of the central body, and we, therefore, think that if branches be established they can only be effective when so controlled.

In the first place, much difficulty has been found in the financial arrangements, it having been the rule in times past that the treasurer of the branch should collect local subscriptions and forward them to the central Council. This did not work, and the central organisation starved. For a year or two the new treasurer of a branch worked assiduously, whipping up the members and their subscriptions, keeping his accounts regularly, and remitting the money punctually; after a time he cooled in the work, finding it troublesome and unpleasant to dun his neighbours—especially those with whom he was not on good terms—the sinews of war were not to be found; the branch collapsed, and the Association suffered heavily.

But more important than this—which, after all, may be obviated by a different financial arrangement—is the danger of the local branches acting independently of the central body, and, for want of acquaintance with their subject, doing and saying, in public, something which would greatly embarrass the central Council and ruin the influence of the Association in Parliament and with the public. We emphasise this observation because we have experience of the harum-scarum ideas on medical politics which some of the most enthusiastic and otherwise useful workers of the Association entertain. We know of men who insist that the Poor-law medical officers should at once clamour defiantly for a variety of changes of law, principle, system, and custom, which it would be death to the influence of the Association even to ask for. We have lately had a scheme submitted to us as not only reasonable and feasible, but as indispensable, and to be demanded at once, which proposed to reform the Irish Poor-law medical system as follows:—*a.* All voice as to the appointment of the officers to be taken from the guardians. *b.* All appointments to be made by competitive examination. *c.* All salaries to be paid by the Treasury. *d.* A minimum scale of payment (about six times the present rate) to be fixed by Act of Parliament. *e.* Pensions of two-thirds of the full salary and emoluments to be the right of all officers whether incapacitated from duty or not. *f.* A month's leave of absence for the officer each summer, substitute being sent down and paid by the Government.

These and other equally desirable propositions our correspondent considered were the least that ought to be asked or accepted; and a sliding scale of payment was proposed which—according to our calculation—would have given a Poor-law medical officer of our acquaintance a clear official income of £5,400 a year. Now, this was gravely proposed by an officer who saw nothing unattainable in it, and honestly thought that the Irish Medical Association should throw itself into an agitation to obtain these concessions.

We do not in the least suppose that any branch would promulgate such a scheme; but even if one irrepressible member were to make such a confession of faith in a speech before the reporters the influence of the Association would be greatly damaged.

While, therefore, we welcome with cordiality the proposed formation of branches, we hope their organisation will be carried out with such deliberation and care as to secure to the Irish Medical Association an increase of that influence which it has, with so much prudence and success, exercised on behalf of the profession. In any case, the change in the constitution which is necessary to enable branches to be formed must be made by a general meeting of the Association itself, the Council having no power to make so important an alteration, and, therefore, some time must elapse before the matter can be brought under discussion.

We will not, we trust, be supposed to have thrown cold water on local effort by the utterance of these words of warning. On the contrary, we have a full belief that great power will accrue to the profession if local effort can be discreetly exercised by means of branches, and we are gratified to observe the awakening which has been manifested at the Clonmel meeting.

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THE LABOURERS' DWELLINGS ACT.

The Guardians of Youghal Union recently addressed to their Medical Officers of Health the following note:—

Sir,—The sanitary authority of the above Union request that you will be so good as to inspect the labourers' dwellings in your district, and report on same not later than Friday, the 21st inst.

Thereupon one of the Medical Officers of Health of the Union forwarded copy of this communication to the Local Government Board, with the following representation:—

"I beg to say that this will be a very laborious, troublesome, and, above all, expensive task. My district is a very large one, the distant extremities being about fourteen miles asunder over inaccessible mountains and bog roads. Indeed they are not roads, but intricate, rough passages. It takes more time to travel three miles on such, than fifteen on ordinary road. I am requested to send in my report not later than Friday next (26th): that would be impossible for me to accomplish, as it will take me five days at least to do it, the houses are so scattered, and Monday, Wednesday, and Friday will be my dispensary days, absorbing all my time. I have the honour respectfully to request that you will be pleased to inform me how I am to be remunerated for my loss of time while engaged in performing this extra work, which I never contemplated when I became sanitary officer, no such Act being then in existence. I must hire a horse and cart at fifteen shillings per day, besides driver's fees, and, therefore, trust you will pardon me for asking from and by whom I am to be paid back same. I have now no horse of my own fit to do the work, as about a fortnight ago, when returning home after a long drive in my district, my horse fell and broke his knees, pitched me out of my trap, seriously injured my right ankle, leg, elbow, and shoulder-joint, and wounded my right hand badly. I was not able to hold the pen for some days, and am sorry to say my horse is rendered unfit for further dispensary work. I respectfully hope you will be pleased to order that I be paid car hire, and at least two guineas per day while engaged in the inspection.' "

The Local Government Board, notwithstanding this moving appeal, could not bring their courage to the level even of a suggestion to the Guardians that they ought to pay for these additional services, but contented themselves with throwing their officer to the Guardians and leaving him to their tender mercies.

The Local Government Board accoringly forwarded the letter of the officer to the Guardians, with the following communication :—

Local Government Board,
Dublin, October 23, 1883.

Sir,—I am directed by the Local Government Board for Ireland to forward herewith, to be laid before the Board of Guardians of Youghal Union, a copy of a letter which they have received from the medical officer of the Templemichael Dispensary District, enclosing a copy of a communication from the rural sanitary authority directing him to inspect the labourers' dwellings in his district, and furnish reports thereon not later than Friday, the 26th inst. In reference thereto, I am to point out that the 5th section of the Labourers' Dwellings Act requires that the representation from ratepayers of the defects of buildings are of a sanitary nature shall be accompanied by a certificate of a sanitary officer of the sanitary authority to whom the representation is made, in corroboration of the sanitary defects alleged. It may be inferred from this that the application to a sanitary officer to inspect dwellings under the Labourers' Act should emanate from the ratepayers making the representation, but, if they do not make such application, directions to that effect may be given to the sanitary authority.

What Dr.—— appears, however, to have been required to do by the Guardians is to make an indiscriminate inspection of all the labourers' dwellings in his district. I am at the same time to state that the Board have been advised that a sanitary authority may pay a reasonable sum to the sanitary officer for the additional duty cast upon him under the Act, as a temporary addition to the salary fixed in pursuance of the 11th section of the Public Health Act, 1878.

(By order) W. D. Wodsworth, Secretary.

It will be noted that in this communication the Local Government Board recognises for the first time the accuracy of the view of the law which we put forward a fortnight since, in the following particulars :—

a. That the "representation," if it is to be entertained by the guardians, must come from the ratepayers, and cannot be initiated by the guardians themselves.

b. That it should according to the Act be "accompanied by" the certificate of a sanitary officer, which, therefore, should be obtained by the ratepayers before they lay their representation before the guardians.

c. That the certificate may be given by *a* (*i.e., any*) sanitary officer of the Union, and not necessarily by the Medical Officer of Health of the district from which the representation comes.

d. That any order which the guardians may give to their medical officer under the Public Health Act must have special reference to one or more individual cabins, and no general order such as that above quoted is within that authority.

We entirely dissent from the interpretation of the law which states that the guardians may receive and entertain a representation without the accompanying certificate, or that they may remedy the omission of that certificate by directing the medical officer to inspect and certify. It is entirely within the power of the guardians to direct their medical officer to inspect any individual cabin or cabins, and to report to them, and it is his duty thereupon to examine the place, state what it needs to bring it into sanitary condition, and recommend the method of doing so. But we entirely deny that it is his duty under the Public Health Act, or any other Act, to give a building certificate, and we equally deny that a report made to the guardians can be used as a certificate under the Labourers' Act, this being a document which is invalid if it be not obtained and submitted to the guardians as the 5th section of the Act directs. In this view of the law, which has been to a certain extent confirmed by the Local Government Board itself since we last wrote, we again advise the Medical Officers of Health for Ireland to do the work when called on by formal written document, but to notify to the guardians their claim for payment, and if refused, to sue them until they recover the amount.

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THE LABOURERS' DWELLINGS ACT.

The following correspondence has taken place between the Council of the Irish Medical Association and the Local Government Board :—

"Irish Medical Association, Royal College of
"Surgeons, October 24, 1883.

"To the Secretary of the Local Government Board for Ireland.

"Sir,—The provisions of the Labourers' (Ireland) Act, and the duty which devolves upon the medical officer of health under its 5th section, have been under the consideration of the Council of the Irish Medical Association, and many representations have been made to it, to the effect that orders have been freely issued by boards of guardians throughout Ireland to the medical officers of health, directing those officers to make inspections, and to furnish certificates and reports respecting large numbers of labourers' dwellings. The Council has learned that in the great majority of instances no fees have been either paid or promised by boards of guardians for these new duties, and, where medical officers have made inquiry on the subject, they have not elicited any satisfactory assurance that reasonable remuneration will be given for this work. I am therefore directed to ask that you will be good enough to inform the Council as to the steps taken by your Board to indicate to boards of guardians the course to be adopted with reference to the remuneration of medical officers of health for these additional duties, and, furthermore, kindly to state the rate of remuneration proposed.

"I am, Sir, your obedient servant,
"R. Browne, M.D., Hon. Sec. to Council."

"Local Government Board,
"Dublin, October 29, 1883.

"Sir,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 24th inst., relating to the duties and remuneration of medical officers of health under the Labourers' (Ireland) Act, 1883, and I am to state that the Board have been advised on the subject to the following effect:—

"1. The terms of the 5th section of the Act impose on the sanitary officer the duty of giving the certificate in proper cases without any previous stipulation or agreement as to payment.

"2. The ratepayers making the representation should apply for and obtain the certificate, but, if they omit to do so, the sanitary authority may obtain the certificate from their sanitary officer, and act on the certificate thus obtained.

"3. The sanitary authority, with the approval of the Local Government Board, may pay a reasonable sum to the sanitary officer for the additional duty cast upon him, as a temporary addition to the salary fixed in pursuance of section 11 of the Public Health Act, 1878.

"These opinions have been communicated when questions came before the Board on the matter to the sanitary authorities concerned.

"I am, Sir, your obedient servant,

"Jas. Brenan, Assistant Secretary.

"Robert Browne, Esq., M.D."

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CORRESPONDENCE.

THE LABOURERS' (IRELAND) ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—The accompanying letter from the Local Government Board was received in reply to a communication addressed by me as secretary, enclosing a resolution adopted at a meeting of medical men recently held at the Limerick Junction, in which resolution protest was made against the imposition of new duties without remuneration, and the Local Goverment Board petitioned therein to fix some scale of remuneration.

We had hoped they would specify, say, a maximum and minimum sum for each inspection and report, or make some such order; but we may now infer that no definite order will be made, even though there is on their part an official acknowledgment of "*the* additional duty cast upon" us. This is evidently not a mere admission of *possibly* additional labour in certain cases of inspection and report under the Act, for I perceive the definite article is used, thereby indicating their conviction that something new and definite is, in all such cases, added on to our sanitary duties. Yet the Local Government Board are content in merely stating indefinitely that the sanitary authority "*may*"—they might as well at once say, "may *not*"—"pay a reasonable sum" for this admittedly additional labour.

I am, Sir, yours, &c.,

Charles W. McCarthy, Hon. Sec.

(COPY.)

Local Government Board,
Dublin, November 3, 1883.

Sir,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 31st ult., forwarding a resolution adopted at a meeting, held at the Limerick Junction on the 27th ult., of Poor-law medical officers and other members of the medical profession of the South of Ireland, relating to the duties and remuneration of medical officers of health under the Labourers' (Ireland) Act, 1883, and I am directed to state that the Board have been advised to the following effect:—

1. The terms of the 5th section of the Act impose on the sanitary officer the duty of giving the certificate in proper cases, without any previous stipulation or agreement as to payment.

2. The ratepayers making the representation should apply for and obtain the certificate, but, if they omit to do so, the sanitary authority may obtain the certificate from their sanitary officer, and act on the certificate thus obtained.

3. The sanitary authority, with the approval of the Local Government, may pay a reasonable sum to the sanitary officer for the additional duty cast upon him, as a temporary addition to the salary fixed in pursuance of section 11 of the Public Health Act, 1878.

These opinions have been communicated, when questions came before the Board on the matter, to the sanitary authorities concerned.

I am, Sir, your obedient servant,

James Brenan, Assistant Secretary.

Dr. Charles W. McCarthy, Clonmel.

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MOUNTMELLICK UNION.

THE LABOURERS ACT.

The following letter was read from the medical officer of health for the Coolrain district:—

"Dear Sir,—Please be so good as to bring to the notice of the board of guardians the fact that I will expect to be paid an addition to my salary as sanitary officer of the above district for the heavy work which is thrown upon me in the inspection of cottages under the Labourers (Ireland) Act. The working of the Public Health (Ireland) Act, '78, in no wise covers this additional work.

"Yours, &c.,

"T. G. Hutton."

Mr. Atkinson—Tell him we did not employ him.

Mr. Costigan—Who employed him?

Mr. Connolly—Whoever employed him will pay him, I suppose.

Mr. W. H. Cobbe—He is bound to certify.

Mr. Connolly—I think when he is paid by the guardians he is bound to do the work.

Mr. W. H. Cobbe—And that is the man you are going to build a house for to swamp the ratepayers.

On the suggestion of Mr. Atkinson the clerk was ordered to inform Dr. Hutton that the board of guardians did not order him to do the work referred to.

On Mr. W. H. Cobbe's proposition the clerk was directed to add that the board considered it to be Dr. Hutton's duty to give the necessary certificates under the Labourers' Act.

Mr. Atkinson dissented from the addition proposed by Mr. Cobbe, but he would not divide the board on the matter. He did not think any member of the board considered it to be Dr. Hutton's duty to do the work referred to without payment.

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INSANE WITNESSES.

The United States Supreme Court has recently decided that—"A lunatic or person affected with insanity is admissible as a witness if he has sufficient understanding to apprehend the obligation of an oath, and to be capable of giving a correct account of the matters which he has seen or heard with reference to the questions at issue; and whether he has that understanding is a question to be determined by the Court upon examination of the party himself, and any competent witnesses who can speak to the nature and extent of his insanity."

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

From 4th June to 20th November, 1883,

Read and adopted at a Meeting and adjourned Meeting of the Council, held 20th and 27th November, 1883.

MR. WILLIAM THOMSON (Chairman of the Council), in the Chair.

MR. CHAIRMAN AND COUNCILLORS,

Since the date of the last Annual General Meeting (a period which includes the summer recess), the Committee of Council held nineteen meetings; sixteen new names have been added to the list of members; five resignations have been accepted; and the Committee of Council with regret have to report the loss by death of five members.

The attention of the Committee of Council has been given to several legislative matters of considerable importance, as well as to numerous difficult subjects brought under their notice by correspondents; reference to the chief subjects which were under consideration will now be made in the usual order.

THE MEDICAL ACTS AMENDMENT BILL.

This Bill, which had passed all its stages in the House of Lords, was brought to the House of Commons in July, 1883, and was set down for second reading on the 20th of August. Its progress was anxiously watched by the Committee of Council, and the influence of the Association was used to support the measure, whilst endeavouring to obtain needful amendments in it, the President being authorised to represent the Association, while he was in London looking after the Superannuation Bill. One of the chief points to which the attention of the Committee of Council was devoted was to obtain an amendment which would place the direct representatives of the profession at large upon the Divisional Board for their own country. The Bill, as yet it stands, provides for the election of these representatives, but confines their influence to the General Medical Council—excluding them from a voice in the settlement of the medico-educational affairs of their own country.

Considering that the whole of the schemes of education and examination, under the Bill, are to be devised by the Divisional Board, and carried into practical effect by them, and bearing in mind that the function of the Medical Council is limited to a formal supervision of the acts of the Board during a few days' summer sittings in London, the Committee of Council felt it necessary to remonstrate strongly against the representatives of the profession being relegated to so subordinate a position, and they are glad to report that their representations on this subject, though at first received with disfavour by the Government, were eventually recognised as reasonable.

For the same reasons as those which caused the withdrawal of the Superannuation Bill, the Medical Bill was not proceeded with. But the Committee have learned, with satisfaction, that it is the determination of the Lord President of the Privy Council to re-introduce it early in the coming session, and to pass it into law, if possible.

UNION OFFICERS' SUPERANNUATION (IRELAND) BILL.

The Committee of Council have to report, with reference to this Bill, that, having strongly urged Mr. Herbert Gladstone to put the Bill down for the Committee stage, and having petitioned the Irish Government to give it a prominent place on the notice paper, they were at length gratified by its being set down for consideration, even though that step was delayed, notwithstanding the efforts of the Committee of Council, until the second week in August last.

Having received from Mr. Meldon, M.P., a letter, in which he expressed an anxious desire for a conference as to certain proposed modifications of the Bill, the Committee requested the President (Dr. Jacob) to proceed to London for the purpose of conferring with him and others, with a view to assist the passing of the measure. On arriving in London the President ascertained that the Committee stage had been fixed for the 18th of August, and that opposition was determined on by certain Irish Members, unless a clause were introduced to authorise Boards of Guardians, at their discretion, to cut down the pensions of their Officers to one-half the amount to which they would be entitled under the Civil Service Scale. To this proposition the President, after conferring with Mr. Meldon, and with the representatives of the Poor Law Officers' Association, then also in London, felt that he could not assent, because to have done so would have been to sacrifice the interests of the Poor Law Medical Officers; and as he was assured by Mr. H. Gladstone that the Government would pass the Bill, in spite of any opposition, he begged Mr. Gladstone not to assent to this limitation of pensions, and he received a pledge that he would not do so.

Every effort was then made—and with a good deal of success—to obtain support for the Bill, and, at the request of the President, Mr. Gibson questioned the Prime Minister as to his intentions, and elicited an official statement in the House that the Government would put the Bill on the notice paper *de die in diem* until it passed.

The Bill, indeed, seemed quite certain of becoming law, notwithstanding the irreconcilable hostility of Messrs. Biggar, O'Kelly, R. Power, and Harrington; but the Committee of Council regret to report that the late period of the session at which it was put forward rendered very formidable this opposition, which, at an earlier period, would have been unimportant. After setting the Bill down for the Committee stage on several consecutive days, the Government was compelled to withdraw it, because of the necessity for passing the long-delayed Votes of Supply, and the consequent impossibility of bringing on the Bill before 12.30 a.m., after which hour no opposed Bill can, according to the rules of the House, be taken into consideration.

Thus the opposition of Mr. Biggar and his colleagues prevailed against a measure admittedly just in principle, and beneficial alike to the ratepayers and the Poor Law officers; but the Committee of Council know that the Bill has the approval of every Member of the House, save the half dozen Irish members that opposed it, and that it would certainly have passed if it had had a fair consideration at an earlier period of the session.

Before leaving London, the President obtained a definite pledge from Mr. H. Gladstone that he would cause the Bill to be introduced in the House of Lords during the coming session, and the Committee of Council are, therefore, sanguine that their continued efforts will succeed, before next summer, in obtaining a law so anxiously looked forward to by very many of the Poor Law Medical Officers of Ireland.

THE LABOURERS' (IRELAND) ACT.

This Act received the Royal Assent on the 25th August last. Its title is such that it will hardly be a matter of surprise that the Committee of Council never suspected that an Act of Parliament "to better the condition of the Labourers in Ireland" would have to be seriously considered by them. The Act appears to have passed through Parliament rapidly, and to have taken almost everyone by surprise. Immediately, upon resuming business after the vacation, the attention of the Committee of Council was directed by the President to this Act, and about the same time the first steps were taken to put its provisions in operation.

The Labourers' Act applies only to the dwellings of agricultural labourers and their families, and provides—in case of such dwellings being deficient or unfit for human habitation owing to dilapidation, &c., or any other sanitary defect, such deficiency or sanitary defects not being effectually remediable otherwise than by the erection of other dwellings—that, upon a "representation" signed by not less than twelve poor rate payers of the district, the sanitary authority shall take such "representation" into their consideration, with a view, if they deem it necessary, to framing a scheme under the Act to provide the required house accommodation.

It appears that the first step to be taken to set the Act in motion is the sending of a representation, as prescribed, to the Sanitary Authority. The Act (sec. 5) specifically directs that, if the "representation" be made on the ground of sanitary defects, it "shall be accompanied by a certificate from *a* Sanitary Officer of the Sanitary Authority to which the representation is made in corroboration of the defects alleged," from which it appears that the persons making the "representation," or any individual interested in the matter, may select any Sanitary Officer of the Sanitary Authority for the district, and not necessarily the Medical Officer of Health for that part of the Sanitary Authority's district which is referred to in the representation.

The Committee of Council thus interpreting the terms of the Act arrived at the opinion that the Medical Officer of Health selected by the representationists would be justified in claiming a reasonable fee in each case from the person or persons requiring his certificate, and, further, that he could, as a matter of right, refuse to certify without remuneration. Nevertheless it was the desire of all concerned that the benefits obtainable under the Act should be secured to the labourers.

Soon, however, it was found that, by way of setting the Act in motion, several Sanitary Authorities had called on the Medical Officers of Health, for their respective districts, to report generally on the condition and accommodation of the labourers' dwellings in their districts.

While some of the Sanitary Authorities did not even wait for the statutory representation to be made, others accepted informal representations alleging the existence of sanitary defects which were not accompanied by a certificate from any of their Sanitary Officers, and called upon the Medical Officer of Health for the district to certify as to the sanitary condition of the dwellings.

The Medical Officers of Health complied with the requests made, in the belief that they would be reasonably paid for their services, but those who have asked for remuneration it appears have been refused it.

In the interests of the Medical Officers of Health, the Committee of Council addressed a letter to the Local Government Board asking for information as to what, if any, arrangements had been made for the remuneration of the services of the Medical Officers of Health, and, if so, at what rate. In reply, the Local Government Board stated in effect that they had been advised by their law adviser—(1) That it was part of the duty of a Medical Officer of Health to report in such cases without remuneration; (2) that if the representationists failed to send in a certificate with the representation, the Sanitary Authority might call on the Medical Officer of Health for his certificate, and use it for the purposes of the Act; and (3) that the Sanitary Authority may, hereafter, with the approval of the Local Government Board, pay the Sanitary Officers for their services, either by fees or by a temporary increase in their salaries.

The Committee of Council, however, could not concur in that opinion, as it appeared to them the duties of the Medical Officers of Health, as prescribed by the Sanitary Orders, made under the authority of the 11th sec. of the Public Health Act, 1878, or the terms of the Labourers' Act, did not justify that conclusion.

FEES OF MEDICAL WITNESSES IN CIVIL ACTIONS.

The Memorial to his Excellency the Lord Lieutenant (referred to in the last Annual Report, pp. 145-146), on the subject of the inadequate fees laid down by the rules of the Supreme Court of Jurisdiction to be paid to Medical Witnesses in civil cases, was duly forwarded to His Excellency, and an acknowledgment of its receipt was formally communicated to the Hon. Secretary.

The following further communication from the Under Secretary has just been received:—

Dublin Castle, 20th November, 1883.

Sir,—I am directed by the Lord Lieutenant to acquaint you that the Memorial forwarded in your Assistant Secretary's letter of the 19th June last, on behalf of the King and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, and the Irish Medical Association, on the subject of Fees to Medical Witnesses in Ireland, has been receiving the careful attention of the Irish Government.

In order to enable His Excellency to form an opinion upon the merits of the claims urged on behalf of the Irish Medical gentlemen, it was found necessary to obtain from the Secretary of State for the Home Department, a scale of the fees in force for Medical practitioners acting as witnesses on behalf of the Crown in England, and the following is a comparative statement of the results arrived at:—

In England Medical gentlemen attending before Magistrates within a distance of two miles from their homes, are paid for their services, loss of time and trouble, a fee of 10s. 6d.

In Ireland, for a like attendance, they are paid a fee of £1 1s.

If they reside at any greater distance than two miles from the place where their attendance is required, they are paid in England, a sum not to exceed £1 1s., and for mileage an allowance of 3d. a mile each way.

In Ireland the rule is—Within five miles, £1 1s.; beyond five miles and within ten miles, £1 1s.: and travelling expenses at the rate of 9d. a mile each way.

If detained in Court for more than three hours, an additional £1 1s., and if beyond ten miles, another fee of £1 1s.

For attendance at Assizes and Quarter Sessions in England the Medical Witness is paid a fee not to exceed £1 1s. for each day he necessarily has to attend the Court, and a sum of 2s. 6d. a night if he is obliged to sleep from home, and he is allowed, for mileage, a sum not to exceed 3d. a mile each way.

In Ireland he is paid a fee of £2 2s. a day, and 10s. a night, when summoned to attend in any other town except that in which he resides, while for travelling expenses he is allowed first-class railway fare, and 8d. a mile if he is obliged to hire a car, and half that fare for the return journey, if he returns the same day. If the Court is held in the town where the doctor resides, he receives £1 1s. only, but an extra fee of £1 1s. if detained in Court for more than three hours.

Under the Judicature Act in Ireland, a schedule of fees has been settled for Medical men, which is as follows:—If resident within five miles of the place of trial, or ten miles if there is a railway for three-fourths of the distance, per day a fee not exceeding £1 1s.

If beyond that distance a fee not exceeding £3 3s. a day.

This scale includes the board and lodging of the witness, but does not include reasonable travelling expenses actually paid, which may be allowed in addition.

No scale of fee for Medical Witnesses in England exists under the English Judicature Act.

The scale of payment now in force for prosecutors and witnesses in Ireland, including Medical Witnesses, at Assizes and Quarter Sessions, is that recommended by a Deparmental Committee, and revised, in 1882, with the concurrence of the present Attorney-General when Solicitor-General, and with the sanction of the Treasury; and, having considered the scales in force in both countries, His Excellency finds himself unable, in the circumstances, to recommend the Treasury to sanction a further revision in Ireland now, with a view to increasing a scale of fees which is already considerably in excess of that in force in England.

I am to request that you will have the goodness to communicate this letter to the several gentlemen who signed the Memorial on behalf of the King and Queen's College of Physicians, the Royal College of Surgeons, and the Irish Medical Association.

I am, Sir,
Your obedient Servant,
R. G. C. Hamilton.

The Secretary, Irish Medical Association,
Royal College of Surgeons, Dublin.

PRISON SURGEONS.

The case (referred to in the last Annual Report, pp. 207-8) of a Prison Surgeon compulsorily absent from duty on Crown business, whose substitute claimed remuneration from the General Prisons' Board for discharging the duties, was referred by the Committee of Council to Mr. Lloyd, Solicitor to the Association, with instructions to take legal proceedings to recover the substitute's remuneration.

After careful consideration of the whole correspondence, Mr. Lloyd was of opinion that the substitute had no legal claim against the authorities, inasmuch as there was no contract on the part of the General Prisons' Board to pay him; also that there was no legal evidence to show that the Prison Surgeon was authorised to act as the agent of the General Prisons' Board in appointing a substitute to be paid by them; nor had he informed the Board that, in accepting the substitute's services, they would render themselves liable for his remuneration. Accordingly, the Committee of Council could not move further in the matter. Cases of a like nature not unfrequently occur, and usually there is not sufficient time to obtain advice and information as to the best course to pursue. The Committee of Council, therefore, desire to offer the following suggestions for the guidance of those to whose cases they may be applicable, viz.:—

Whenever a medical gentleman holding any public appointment becomes unable to perform his duties through unavoidable absence (such as attendance at Court on a Crown Summons), and has to make provision for their discharge by deputy, he should strictly observe and act on the rules or regulations (if any) of the service applicable to such case; if there be no rule or regulation applicable to such case, he should promptly communicate with the authorities, and ask for instructions; but if time do not permit of this, he should arrange with a competent and properly qualified medical gentleman to perform the duties during his absence, if he be called on so to do, and have a distinct written arrangement with him that the Medical Officer himself is not to be liable for the remunerotion of the substitute. He should then, forthwith, officially acquaint the authorities of the facts which will render his absence from duty unavoidable, stating, if possible, the period he must necessarily be absent from his duty, and that he had asked Dr. ——— (stating name, address, and professional qualifications) to act as his substitute, if called on so to do, and that Dr. ——— had consented so to act; and he should respectfully inform the authorities that they will become liable for payment of his substitute if his services be accepted.

The Committee of Council hope these suggestions may meet the difficulties of such cases, and may relieve the gentlemen holding office of liability or responsibility, while probably enabling the substitute to recover from the authorities fair and reasonable remuneration for his services. The Committee of Council desire, however, in order to prevent misapprehension, to impress on gentleman holding public appointments the necessity of exercising their discretion as regards the adoption of the suggestions now offered, and of informing themselves beforehand that the course suggested is applicable to the occasion; and further, that there is no regulation or provision of the service which would enable them to meet it otherwise.

RECOVERY OF FEES ON CANCELLED RED TICKET.

The Committee of Council have to report that the decision in the case of Delahoyde *v.* Wilson, which was tried before the Recorder of Dublin, is notable in the abuse it is calculated to check and the point which it establishes. As was alleged, the defendant's daughter obtained on a "red ticket" gratuitous medical relief from the plaintiff, who is a Dispensary Medical Officer for the North City District. The defendant, however, being in a position to pay for medical assistance, was sued by Dr. Delahoyde, and the Recorder gave a verdict for the plaintiff.

The following is a report of the case copied from the *Freeman's Journal* of 26th July, 1883:—

IMPORTANT TO POOR-LAW MEDICAL OFFICERS.

In the Recorder's Court, Dublin, on the 25th July, 1883, the case of Delahoyde *v.* Wilson was called on. It was a Civil Bill action, brought at the instance of the Irish Medical Association by Dr. Delahoyde, Medical Officer, North City District, for the recovery of five guineas from the defendant, James Wilson, watchmaker, 16 Mary Street, for attendance on his daughter.

Mr. Bradley appeared for the plaintiff, and Mr. Ennis for defendant.

Mr. Bradley, in stating the plaintiff's case, said that the present action was brought, not so much with the view to any pecuniary result as to assert by a legal decision that persons in the defendant's class of life were not entitled to gratuitous medical relief at the expense of the public rates, and also to check abuses of the present system of dispensary relief, which involves gross injustice to Poor-law Medical Officers.

Dr. Delahoyde deposed that he received a red ticket directing him to afford medical relief to the defendant's daughter, Susan Wilson, and that he attended accordingly, and having reason to believe that the defendant was not a "poor person" within the meaning of the Medical Charities' Act, he, at the termination of his attendance, asked defendant what arrangement he proposed with regard to the payment of his fees. The defendant refused to come to any arrangement, alleging that the fact of his having obtained a red ticket relieved him from all liability. Subsequently Dr. Delahoyde received a scurrilous letter bearing the defendant's signature.

Mr. Nagle, P.L.G., deposed that he issued the ticket, and that he was imposed upon by the representations made to him, and that if he had known it was for a person in the position of the defendant he would not have issued it.

The defendant stated that he did not send for the ticket, but on cross-examination he admitted that it was procured by a member of his family, and his daughter got medical relief on it. On being further questioned, it transpired that he pays a rent of 18s. a week for portion of the house occupied by him in Mary Street. Both defendant and his wife denied having any knowledge of the letter above referred to.

The Recorder, in giving judgment, stated that although the wording of the Medical Charities' Act was not very vague, yet persons in the position of the defendant were not intended to be benefited by it, and were not entitled to receive the medical officer's services gratuitously. With regard to the letter sent to the doctor, it was his (the Recorder's) that the defendant and his wife knew all about it. As Dr. Delahoyde did not press for the full amount claimed, he would give a decree for three guineas and costs against the defendant.

(*To be continued.*)

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CAVAN UNION.

MEDICAL OFFICERS' DUTIES UNDER THE LABOURERS' ACT.

A LETTER was read, addressed to the Local Government Board by a cabin holder, complaining that the medical officer of health had refused to inspect his cabin.

Mr. Nesbitt—Is it necessary that the doctor should inspect the house?

The Clerk—In all cases where the application is made on sanitary grounds the representation form must be accompanied by a certificate the medical officer.

The Chairman—Dr. Lyndon mentioned this matter to me a few days ago. There are likely to be a great number of these application, and the doctors do not know how to act in the absence of instructions on the subject.

Mr. Lord proposed, "That the medical officers of the several districts be instructed to visit all houses complained of, and furnish a certificate of their condition."

Mr. McCann seconded the motion, which was agreed to.

Cavan Union,
5th October, 1883.

Dear Sir,—By direction of the Board of Guardians, I beg to forward the annexed copy of a resolution passed at their meeting on the 2nd ult.

Your faithful servant,
JOSEPH D. GRIER,
Clerk of the Union.

George Lyndon, Esq., M.D.,
Ballinagh.

LABOURERS' (IRELAND) ACT, 1883.

Inspection of Dwellings.

Resolved: "That the doctors of the different dispensary districts of the Union be requested to visit any labourers' houses complained of as unfit for their habitation, and report thereon."

Ballinagh, co. Cavan,
12th October, 1883.

Gentlemen,—In accordance with the instructions which I received from you relative to my duties in connection with the Labourers' (Ireland) Act, 1883 I beg to inform the Board of Guardians that I have during the week visited and inspected six dwellings in the district, reported to be unfit for human habitation.

Herewith I append a list of the cases, setting forth the sanitary and general condition of each house and the fitness or unfitness, as the case may be, for habitation.

For this additional and troublesome duty, imposed upon me by the Board of Guardians in consequence of recent legislation, I beg to signify my intention of seeking for special payment from your Board for such special duties.

Your obedient servant,
GEORGE LYNDON,
Medical Officer.

The Cavan Board of Guardians.

Mr. Smith—The doctors are paid for this duty. I consider this application premature.

The subject then dropped.

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THE LABOURERS' ACT.

THE following circular has been addressed by the Secretary of the Local Government Board to the Executive Sanitary Officer of each Rural Sanitary District:—

"Local Government Board, Dublin,
"9th November.

"Sir,—The Local Government Board for Ireland have received several communications from sanitary authorities relating to the plans of houses to be erected under the Labourers' (Ireland) Act, 1883 and, while the board desire to interfere as little as possible with the discretion of sanitary authorities in regard to the plans and designs of such houses, they think it advisable to make known to them some of the conditions which the board will deem essential in arriving at their decision as to the sufficiency of any scheme, after the inquiry which may be held under the provisions of the 7th section of the Act.

"I. The number of rooms must be sufficient to provide for the due separation of the sexes, and there should be a kitchen and at least two bedrooms in every house.

"II. Every habitable room should have a height of not less than eight feet throughout, except in the case of a room constructed in the roof, when one-half of the area of the room should have a clear height of seven feet.

"III. Each habitable room should have one or more windows of a total area of glass of at least one-twelfth of the floor space, and all bed-rooms should be floored with boards or tiles; the ground-floor should be raised not less than nine inches above the level of the external ground.

"IV. A proper privy should be constructed in each case separate from the dwelling-house, and distant at least ten feet therefrom; the floor should be flagged or otherwise rendered impervious, and raised at least four inches over the adjoining ground.

"The plans and specifications which may be prepared by the architect or builder employed by the sanitary authority must be handed in to the inspector conducting the inquiry, who will submit them to the board for their consideration and approval, but the conditions specially mentioned above will be a guide to the sanitary authority in regard to the accommodation which should be provided in each house, and the sanitary arrangements which are deemed necessary.

"By order of the Board,
"W. D, WODSWORTH, Secretary.

"To the Executive Sanitary Officer of
each Rural Sanitary District."

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AT a meeting of the Royal Irish Academy one of the Cunningham gold medals was presented to Dr. E. P. Wright, of Trinity College, and he was elected Secretary of the Academy.

IRISH POOR-LAW INTELLIGENCE.

LABOURERS' DWELLINGS.

In pursuance of the determination recently arrived at by the Council of the Irish Medical Association to contest the attempt now being made to force upon the medical officers of health throughout Ireland the unrequited duty of inspection of labourers' dwellings under the Labourers' (Ireland) Act of last session, the following letter has been addressed to the Local Government Board :—

DRAFT.

Irish Medical Association, Royal College of Surgeons,
3rd December, 1883.

To the Secretary of the Local Government Board for Ireland.

Sir,—Referring to previous correspondence (viz., my letter of the 24th, and your reply thereto, of the 29th of October) respecting the remuneration of medical officers of health for services rendered in inspecting and certifying as to the condition of labourers' dwellings in conformity with Section 5 of the Labourers' (Ireland) Act, I am directed to state that the Council of the Irish Medical Association have given special consideration to the subject and—in view of the terms of that Section—are unable to concur in the interpretation put upon the words of the Section by your Board. I am respectfully to submit that the statement that a representation when presented to the guardians "must be accompanied by the certificate of a sanitary officer of the union" should be read to mean that for the satisfaction of the Sanitary Authority the opinion of some person known by them to be skilled and experienced in sanitary matters should be presented to them. I am furthermore to point out that, according to the wording of the 5th Section, *any* medical offier of health within the Union might legally be employed to inspect and certify, and it therefore does not appear to have been intended by Parliament to compel the particular medical officer of health for that portion of the Sanitary Authority's district referred to in the "representation" to give his services as part of his official duty under the Public Health Act.

The Council of this Association are unable to regard the examination of houses respecting which no specific nuisance is alleged (as a preliminary to the rebuilding or repairs of such houses) as coming within the duties of the medical officer of health as defined by the 11th Section of the Public Health Act, and by the general sanitary orders issued by your Board; and they therefore must respectfully dissent from the proposition that the medical officer is, in a legal sense, bound to perform such a duty; they contend, moreover, that, if such services are rendered, they should be paid for by the persons engaging them—whether ratepayers or the Sanitary Authority—as entirely outside official duty.

While urging these considerations upon your Board's attention, the Council admit that it is very desirable that the function in question should be performed preferably by the medical officer of health of the district, but they consider that a general understanding as to the fee payable for same should be arrived at. It appears beyond question that the certificate of *any* medical officer of health of the Sanitary Authority is receivable as evidence in support of a "representation;" and as it will be admitted that the medical officer of health for any other portion of the Sanitary Authority's district than that referred to in such representation might reasonably decline to inspect and certify gratuitously, it appears obvious that the medical officer of health for the district referred to in the "representation" is entitled to reasonable remuneration for his inspections and reports notwithstanding the interpretation of the law (in which the Council do not coincide) that it is a part of his duty as medical officer of health to inspect and report.

The Council therefore respectfully ask the Local Government Board to consider the propriety of issuing a general circular to boards of guardians throughout Ireland expressing an opinion on the part of the Board that a reasonable fee ought to be paid, and suggesting the amount thereof.

The adoption of such a course by the Local Government Board would, the Council believe, prevent inconvenient disputes from arising on the subject, would greatly encourage the medical officers of health to give their services with willingness, and would prevent injustice being done which, in the absence of such an expression of opinion by your Board, will certainly occur.

I am, Sir, your obedient servant,
Robert Browne, F.R.C.S.I.
Hon. Sec. to Council.

To this communication the following reply has been received :—

No. 43035—1883.
Miscellaneous.

Local Government Board for Ireland,
Dublin, 6th Dec., 1883.

Sir,—I am directed by the Local Government Board for Ireland to acknowledge receipt of your letter of the 3rd inst., relating to the duties and remuneration of Medical Officers of Health under the Labourers' (Ireland) Act, 1883, and in reply, I am to state that, as a rule, the Local Government Board believe that the certificates required under the Act have been obtained from the Medical Officer of Health in the sanitary district concerned, although the terms of the 5th section of the Act admit of the certificate being given by any sanitary officer of the Sanitary Authority to which the representation is made.

The Local Government Board for Ireland will be prepared to communicate their views to the Sanitary Authority in any case in which difficulties or disputes may arise with respect to the discharge of the duties referred to or the remuneration of the medical officer of health, but the Board do not deem it necessary at present to issue a circular on the subject.

By order of the Board,
W. D. Wodsworth, Sec.

The condition of affairs is thus resolved into a deadlock, which can only be adjusted by an appeal to the law courts. The medical officers are, without asking their leave, called upon to perform very laborious duties, which they feel and are advised are not within their official functions; they perform these duties with misgivings, but not unwillingly, and they ask the guardians for the payment which is their due. The guardians refuse to pay a farthing. The medical officers then appeal to the Local Government Board (whose neglected duty it was in the first instance to give the guardians full information as to this Act), and the Local Government Board refuses to give any help whatever, and, on the contrary, seeks to induce the guardians to refuse payment. Being thus refused justice by their employers, and redress by their masters, the officers have no course open to them but to appeal to the courts of law and to Parliament. The Council of the Irish Medical Association has, therefore, decided to sue out a test case at the next Quarter Session, and, if necessary, to take the dispute on appeal into the High Court of Judicature in Dublin. They are already in possession of the typical case upon which the question may be safely tried, and they will proceed at once to sue the guardians for the purpose of raising the issue.

Under these circumstances we trust that the responsibility will be laid by the public on those whose neglect of duty has made litigation necessary. If the Local Government Board had stated straightforward and without delay the law and equity of the matter, no contention would have been necessary; but, we believe that, as it is, the judgment arrived at will be far more satisfactory to our profession.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

From 4th June to 20th November, 1883,

Read and adopted at a Meeting and adjourned Meeting of the Council, held 20th and 27th November, 1883.

Mr. William Thomson (Chairman of the Council), in the Chair.

(*Continued from page 28.*)

Recovery of Remuneration by Substitute acting for a Dispensary Medical Officer.

The Committee of Council desire to bring under notice the following important case, which, they believe, is the first occasion on which a Dispensary Medical Officer's substitute, himself successfully sued a Board of Guardians for remuneration for his services as such. The Committee of Council regret that the plaintiff—Dr. Atkinson—is not a member of this Association, but they, nevertheless, gratefully acknowledge the good service he has done in prosecuting his claim so firmly to a successful issue, and they have only to hope that his name may soon be found in the list of members. If Dr. Atkinson, as a member of the Association, had brought the case under the notice of the Council, he would have been saved all the trouble and expense, for the Council would have taken all the necessary proceedings in his behalf.

The following is a newspaper report of the case, viz.:—

LIFFORD ASSIZES, JULY, 1883.

James Law Atkinson, appellant; the Guardians of the Ballyshannon Union, respondents.

Mr. M'Laughlin, Q.C., for plaintiff and appellant, said that plaintiff was a doctor, and sued the Board of Guardians for the sum of £11 1s. for services rendered while acting as substitute for the regular Dispensary Doctor—Dr. Walsh, who got four weeks' leave of absence through illness. Though the duties were rendered in April or May, the Bill was not furnished until October, because the Board was hopelessly in debt until the Provincial Bank came to its relief with a loan.

His Lordship—Did they recognise his appointment?

Mr. Cook (for defendants)—No, my lord, in no way.

Dr. Atkinson deposed that in the month of April he was called on to discharge the duty for Dr. Walsh, who was temporarily absent. He discharged the duties for more than a month. The amount was charged at the same rate as Dr. Walsh is paid. He did not send in his bill till October, at which time the Guardians were in funds to meet it.

To Mr. Cook—I had been acting for about three weeks or Dr. Walsh, but do not charge for that. I was paid or examining lunatics by the Guardians. It was the clerk of the Union who paid me, by order of the magistrates.

Mr. Atkinson, member of the Ballyshannon Dispensary Committee, read minutes of meeting of Committee, at which a letter from Dr. Walsh was read, asking for four weeks' leave of absence, and submitting the name of Dr. Atkinson as his *locum tenens*; and a resolution was passed acquiescing in the request, and appointing Dr. Atkinson.

His Lordship—Did this matter come before the Board of Guardians?

Mr. Cook—It only came before the Guardians after the duties were performed. (To witness)—Are you a member of the Dispensary Committee? I am. I got no notice to attend the meeting. I heard of it. It was a case of emergency when the meeting was called.

John B. Chism, Clerk of the Union, was examined by Mr. M'Laughlin, Q.C., and read minutes of meeting, including a letter from the Dispensary Committee, intimating the leave given to Dr. Walsh, and the appointment of Dr. Atkinson as his substitute. He said the Guardians refused to pay, and Dr. Walsh wrote to the Local Government Board, stating their refusal to pay. The Local Government Board wrote, asking the Board to reconsider their decision. They did so, but declined to grant it. Witness then read the motion, carried by Mr. M'Hugh, not to pay.

His Lordship—He carries a motion that they were too poor to pay their debts.

Mr. M'Laughlin—Yes, my Lord.

His Lordship—If we could all do that it would be profitable.

Mr. M'Laughlin—I believe Mr. M'Hugh is a big man—a very great man there. There are some resolutions in that book where they are most effusive in their thanks to the Provincial Bank for coming down with the dust to the extent of I don't know how much.

Witness—Oh, don't talk that way. (Laughter.)

Mr. Cook said that the Guardians held that Dr. Walsh should have remunerated Dr. Atkinson. Dr. Walsh was an old man, and frequently absent from his duty, and this would result in their paying twice his salary.

His Lordship said this was a case of emergency, and the poor people could not be left without a doctor. The Dispensary Committee were advised by Dr Walsh that he could not do work for four weeks, and they gave him leave, and appointed his substitute. The Guardians did not say anything; they didn't say—"My good sir, you must do this work for nothing." They had not fixed the rate of remuneration, and the implication was that he was to be paid at the same rate as the gentleman for whom he acted. He therefore, thought he was entitled to a decree for the amount claimed.

Decree for £11 1s. and £3 expenses.

Counsel for appellant—Mr. M'Laughlin, Q.C., advised by Mr. Robert Mecready, jun.; for respondents—Mr. John Cook, advised by Mr. R. Ross Todd.

Vaccination Prosecutions.

A member of the Association who was directed by his Board of Guardians personally to prosecute defaulters under the Vaccination Acts, respectfully informed the Board that it was not his duty to do so, and upon receivng a further order to comply at once with the instructions already conveyed to him, he sought the advice of the Committee of Council.

In this case the Guardians only acted in accordance with the custom prevailing in their Union, which, nevertheless, is wrong.

The Committee of Council consider that they cannot too strongly deprecate the system of prosecution by Medical Officers. It is not the duty of a Dispensary Medical Officer to prosecute anyone, and he should not embarrass himself or sacrifice his interests by so doing. The duty of prosecuting Vaccination defaulters devolves upon the Guardians, and the duty of a Dispensary Medical Officer in such matters is merely to go to Court and give evidence if called on to do so.

The Committee of Council trust that every Dispensary Medical Officer who respects the dignity of the profession to which he belongs, considers his duty to his successor as regards the creation of precedents, or esteems his own position and interests, will not submit to act as the prosecutor of Vaccination defaulters. Those who hitherto have so acted should at once inform the Boards of Guardians that they object to do so again, while stating at the same time their willingness to assist in any proper way in giving effect to the provisions of the laws regarding Vaccination when called upon as *witnesses* to prove their defaults.

Sanitary Prosecutions.

A Medical Officer of Health, who some time since was required by his Sanitary Authority to give evidence in a Sanitary prosecution, claimed a fee for his services, which the Sanitary Authority refused to pay, although there was no agreement between the Sanitary Authority and the Medical Officer of Health that remuneration for such extra services was covered by his salary. The Medical Officer of Health then reported the facts to the Local Government Board, who, as usual, forwarded a copy of his letter to the Sanitary Authority, and informed them that they ought to pay the fee claimed; the Sanitary Authority albeit still declined to do so, and the Local Government Board stated that they could not interfere further. The Medical Officer of Health then reported the correspondence to the Committee of Council, and an order was forthwith given to instruct the Solicitor to the Association to apply for payment of the fee, and, if necessary, to take legal proceedings against the Sanitary Authority for its recovery. The fee claimed was £2 2s.

The case has not yet come to trial, but the Committee of Council confidently rely on an Order of Court being made awarding payment of the fee and costs, if the claim be not previously settled.

This case depends on the 258th section of the "Public Health (Ireland) Act, 1878," and the Order of the Local Government Board of 22nd November, 1878, which fixes the remuneration of a Medical Officer of Health for attendance and evidence given at Court, upon the request of the Sanitary Authority, at not less than one guinea, nor more than two guineas a day for *each case*, to be decided by the Sanitary Authority. One guinea a day in each case is recoverable as a matter of right.

Constabulary Medical Appointments.

The Committee of Council have received several communications from members of the Association relative to the appointment of Medical attendants upon the Constabulary.

For many years—and until very recently—it has been the invariable rule of the Inspector-General of the Royal Irish Constabulary to attach the position of Medical attendant of the Constabulary to that of the Dispensary Medical Officer of the district, and so strictly was that rule observed that several medical gentlemen, solely in consequence of their having ceased to be Dispensary Medical Officers, were, *ipso facto*, ruled as having at the same time ceased to be the Medical attendants of the Constabulary. There were, however, some instances to be found of Medical attendants of the Constabulary who were not Dispensary Medical Officers, which, doubtless, was owing to the Constabulary appointment having been declined by the Dispensary Medical Officer upon his election as such; but even in such instances, when the office of Medical attendant of the Constabulary became vacant, it was as a matter of rule, offered to the Dispensary Medical Officer for the time being.

Recently, however, the Inspector-Generalship of the Royal Irish Constabulary has changed hands, and the time-honoured rules relating to Medical appointments have undergone change, which has led to considerable dissatisfaction in some instances.

The rule at present appears to be that, when a Constabulary Medical appointment becomes vacant, it is to be offered—not as heretofore, to the Dispensary Medical Officer of the district, as a matter of right, but to the most eligible Medical man, in the estimation of the Inspector-General, who can be procured; regard being had to the convenience of situation of his residence, in order that prompt as well as efficient attendance to the Constabulary may be secured.

There must, of course, be varying interests with regard to this matter, but so long as good appointments are made, the Committee of Council are powerless to interfere, as it would be invidious to advocate the claims of any particular class of Medical men. They must, therefore, without comment, leave the Inspector-General of the Royal Irish Constabulary to exercise his undoubted right and discretion in the selection of Medical attendants.

For a long time it was considered most important to secure the services of the district visiting Medical Officer, probably because the greater number of cases of illness have to be attended at home; but now it appears that the chief claim is attached to the opportunities which can be afforded of attending the most serious cases of illness in hospital.

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LABOURERS' DWELLINGS IN IRELAND.

The Local Government Board has, we learn, refused the request of the Council of the Irish Medical Association tha they should issue to boards of guardians a circular suggesting the propriety of paying their medical officers of health for th work of inspection and certifying thrown on them by the Labourers' Act of last session, and have declined to give any opinion as to what would be a reasonable fee. This means that the Local Government Board does not care to involve itself in any controversy on the subject, and throws its officers to the board of guardians to fight for their rights. We do not regret that the Local Government Board should assume this contemptible attitude, because we consider that the dispute will be most satisfactorily settled in a court of law. Fortunately, the Irish medical officers of health are not friendless, They have the Irish Medical Association behind them, and that organisation has shown itself well able to hold its own with either the guardians or the Local Government Board.

WATERFORD GUARDIANS.

At the meeting of the board of guardians, Captain Gyles moved that a resident medical officer be appointed to the workhouse. He held that a fully qualified medical gentleman could be got for £80 a year with rations.

Mr. Leamy—Will the medical man appointed be expected to devote himself exclusively to the duties of workhouse medical officer?

Captain Gyles replied that £80 with residence and rations would secure the services of a medical officer.

Dr. Scott, while agreeing with the idea of having a resident medical officer for the workhouse contended that when the doctor to be elected would not be allowed to undertake private practice the salary should be at least £350. He contended that they would get no medical officer of experience at a less figure, and he had a decided objection to young gentlemen who had just got their diplomas being entrusted with such a large establishment as that workhouse, where there were nearly 400 patients in the hospital.

Dr. S. J. Mackesy defended young doctors. The fact of their getting a diploma, he held, was a guarantee that they knew their business.

Dr. Scott replied that Lord Byron boasted that he could get his horse a diploma, but in these days he (Dr. Scott) believed that a much lower animal could get them.

Captain Gyles's motion was carried by nine to eight votes.

At a subsequent meeting the following letter was read:—

"Sir—The Local Government Board have had before them the guardians' resolution of the 21st inst., proposing to appoint a visiting medical officer in place of one of the resident medical officers of the workhouse, and in reference thereto, the Board request that they may be informed what salary is intended to be given to the person who may be appointed to the office, and what apartments are to be appropriated for his accommodation.

By order,

Jas. Brennan, Assistant Secretary.

Captain Gyles was very much pleased that the principle of his motion had been accepted by the Board. The only fault found with his proposal was the amount of salary, but that could be increased by a little judicious change. If the Board approved of the principie, it was very easy to improve the salary. I will move for the appointment of a committee to report on the project.

Mr. Fortescue—What position are we in? We have lost our medical officer, and should advertise for a successor. I think it was an omission on the part of Captain Gyles not to name the salary when he proposed his resolution. I certainly thought he proposed £80 a year, apartments and rations, but it now appears he did not do so. As the resident was to have no outside practice, Dr. Scott very fairly pointed out that at such a salary we would not get a fit man for the position.

Captain Gyles—I named the *minimum* sum that could be given. I laboured under the disadvantage that there were gentlemen who were pledged to one or other of the candidates, and if I named too high a salary they would raise the popular cry of economy against me, so I named the lowest sum, and left it to you to raise it if you thought proper.

Mr. Fortescue moved that they proceed to consider the amount of the salary, and to give an answer to the queries of the Local Government Board.

Dr. Scott seconded the amendment. The principle of a resident doctor was adopted the last day; and the Local Government Board had asked them certain questions arising out of that, and he did not see why they should not be answered at once. They ought either to do that or fall back at once on the old system (hear, hear).

Ald. Clampett—Considering that they only paid their dispensary doctors £120 a year, out of which they must support themselves and their families, pay rent and taxes, and keep a horse, he thought £80, rations and residence, very good payment.

Mr. Fortescue—I will move that if the resolution of last week be persevered in, we direct the clerk to advertise for a resident doctor at a salary not to exceed £200 or £250, with a residence in the lodge.

Dr. Scott—I second that.

Captain Gyles—I did not fix the salary, but only named the *minimum* sum.

Ald. Redmond—Naming the *minimum* sum was naming the salary.

Captain Gyles said the *Medical Press* frequently contained advertisements for surgeons at the sum he named, and at even smaller sums. Ald. Redmond seemed to think it derogatory to the profession to name rations, but in an English asylum £5 was set down for beer, and that was part of "rations."

Dr. Scott—Let the salary be £200, exclusive of rations, and you may get a fit man for that.

Captain Gyles—I will say £170; that is £150, and £20 in lieu of rations.

Captain Power—Is he to practice outside?

Captain Gyles—Certainly not.

Ald. Clampett—I would let him practice in the city, but confine him to that.

Mr. Leamy—I would not limit him at all, but let him go where he thought proper.

Captain Gyles's amendment was then put and lost, the voting being—*For*, 7. *Against*, 19. *Did not vote*, 5.

Mr. Fortescue's resolution was then put and lost, the voting being—*For*, 8. *Against*, 18. *Did not vote*, 5.

Captain Gyles—I move we appoint a committee to consider and report on this day week on the questions of salary and residence.

Captain Gyles' motion for a committee was then put and lost, the voting being—*For*, 12. *Against*, 19.

Alderman Redmond—We should fall back on the old system that has worked so well for years.

The matter then dropped.

DR. BURKETT.

Mr. Fortescue moved, pursuant to notice, that Dr. Burkett's superannuation be fixed at the highest rate they could grant him—£66 13s. 4d. per annum, or two thirds of his late salary. He was seventy-eight, forty-two of which he had passed with the highest honour in their service (hear, hear.)

Ald. Clampett seconded the motion.

Mr. Wall proposed, and Mr. McGrath seconded, as an amendment, that the superannuation be one-third of the salary, or £33 6s. 8d., but subsequently withdrew it, and the resolution was unanimously passed.

On the motion of Captain Power, seconded by Mr. Morrissey, a warm vote of thanks was passed to Dr. Burkett for his long services, with a tender of the board's wishes for his future welfare.

◆

THE BRITISH MEDICAL ASSOCIATION.

It is announced that the fifty-second annual meeting of the Association will be held July 29th, 30th, and 31st, and August 1st, 1884, at Belfast, under the presidency of James Cuming, M.D., F.K.Q.C.P.I. The address in Obstetric Medicine will be delivered by Dr. Kidd, of Dublin, and that in Physiology by Professor Redfern, Professor of Anatomy and Physiology in Queen's College, Belfast.

IRISH POOR-LAW INTELLIGENCE.

PHARMACISTS AND CHEMISTS IN IRELAND.

We recently called attention to the regrettable decadence of the Irish Pharmaceutical Society, which has arisen, as we believe, from the original refusal of the Council of the Society to avail itself of its power to licence chemists and druggists lest their grade of traders should interfere in business with the pharmacists and apothecaries. We pointed out that there are very few towns in Ireland which could maintain a skilled pharmaceutist, and that the vast majority of towns are, therefore, served by unqualified and unexamined druggists and grocers, whom the Pharmaceutical Council has refused to examine or qualify. We notice that it is now proposed to go to the Chief Secretary in a deputation with reference to an amendment of Irish pharmacy law, and a debate took place at the last meeting of the Council. One member said that outside the Society there was a desire among chemists and druggists to be registered in order to prevent the continuance of a practice which was evidently intended to be prevented by their Act, namely, the sale of poisons without hindrance by new chemists and druggists who were continually springing up. Another gentleman observed that the establishment of a second grade would not affect members of the Society who carried on business in the metropolis, but it would be ruinous to those in the country to have the legitimate drug trade and sale of poisons taken out of their hands. The President said the question must now be settled whether it is the wish of the majority of the Council that a grade of registered druggists should be made perpetual or not. The Council of last year expressed an opinion that such a grade might with advantage be introduced. The Council has a public duty to do—to provide Ireland with competent medicine dispensers and drug-sellers. It never was intended to be a trades union for the protection of one class of traders by suppressing another class, and we believe that the majority of the Council have no desire to give it any such character. If they have, we trust that the Chief Secretary will forbid the carrying out of such a policy.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE.

The Dublin Sanitary Association, accompanied by the Royal College of Surgeons in Ireland, are about to wait upon the Chief Secretary for Ireland, to press upon him the necessity which exists for the Government to introduce into Parliament, with as little delay as possible, a measure for the notification of infectious diseases in Ireland, based on the lines of the Bill introduced by Mr. Charles Meldon, M.P., in the session of 1882. It will be remembered that Mr. Meldon's Bill provided for the compulsory notification by the head of the family or the householder, while it allowed to the medical attendant the option of himself notifying should he think fit to do so. The principle received the assent of the King and Queen's College of Physicians, the Royal College of Surgeons in Ireland, the Irish Medical Association, and the Dublin Branch of the British Association, and was generally accepted as a satisfactory solution of the difficulty attending notification by the medical attendant. We understand the Council of the Irish Medical Association has expressed its readiness to co-operate in every way in support of Mr. Meldon's Bill, and to attend the deputation, but on the distinct understanding that that occasion will not be availed of by any member of the deputation to advocate the forcing of the physician to notify. If such pledge cannot be given the Irish Medical Association cannot support the representation to the Chief Secretary.

THE HEALTH OF DUBLIN.

According to the report on the Public Health in Dublin, just issued by Dr. A. Cameron, the deaths within the Dublin registration area amounted to 827, during the five weeks ended 3rd November, 1883, and were in the ratio of 24·6 per 1,000 persons living. The deaths within the city were 661, and 27·44 per 1,000.

The deaths from the seven principal zymotics were, in the whole registration district in the ratio of 3·7 per 1,000. In the city the rate was 4·04 per 1,000 persons.

As compared with the preceding month, the deaths from scarlet fever increased very largely, whilst those from diarrhœa decreased by nearly one-half. The deaths from whooping cough and typhoid fever decreased considerably. No death from measles was recorded in either October or September, whilst there were five deaths from that disease registered in August.

As compared with the previous month, there was a large increase in the number of cases of scarlet fever. There were five cases of measles, as compared with one in the previous month and five in August.

The admissions of patients affected with typhus and typhoid fever decreased slightly.

The following shows the death-rate per 1,000 persons from all causes :—

1882.—July 22·1 ; Aug. 25·46 ; Sept. 27·3 ; Oct. 25·43.

1883.—July 24·22 ; Aug. 22·74 ; Sept. 26·6 ; Oct. 27·44.

From seven principal zymotics :—

1882.—July 1·72 ; Aug. 3·38 ; Sept. 3·48 ; Oct. 1·97.

1883.—July 2·4 ; Aug. 3·0 ; Sept. 4·75 ; Oct. 4·04.

The death-rate was 27·44 per 1,000 persons living. This rate was in excess of that of the corresponding month in 1881 and 1882, but it was much less than the rate in October, 1880. The zymotic death-rate was lower than in September.

The zymotic death-rate was largely raised by diarrhœa and scarlet fever, especially the latter : the former carried off 45 victims, the latter 23. There are very few deaths due to any of the other zymotic diseases. No fatal case of measles or simple fever was registered during the month.

The total number of deaths from zymotic diseases within the whole registration district was 130 ; the average number for the corresponding period of the previous ten years was 142.

The average death-rate in the city districts during the ten months ended 3rd November, 1883, was 31·64, as against 31·03 in the corresponding period of 1882.

The zymotic rates for the two periods were 3·57 per 1,000 in 1881, and 4·01 in 1882.

◆

THE LABOURERS' DWELLINGS ACT.

At the last meeting of the Dungarvan Guardians the following was read.—

"Sir,—I do not think the guardians of the Dungarvan union (the sanitary authority) can of themselves avail this year of the Labourers' Act without a local inquiry from the Local Government Board—for the following reasons : —The scheme should have been prepared before the advertisements were inserted, and this has not been done ; and that it has been so prepared must be proved by the affidavit of the clerk of the union. The clerk of the union should also swear that the scheme had been deposited with him for inspection, in accordance with the advertisements. 2nd. I have gone most carefully over all the representations, and I do not find any of them complies with the section 5. I would suggest that the intervention of the Local Government Board be at once sought, as possibly they might be holding a local inquiry to enable the guardians to carry out this Act of Parliament, which is so badly wanted for the poor labourer—see section 10. It is very unfortunate that the guardians, as sanitary authority, did not have a solicitor to advise them from the beginning as these mishaps would not have occurred."

I am, sir, your obedient servant.

D. F. Slattery.

Mr. Anthony said that letter was most extraordinary after they hearing from the Local Government Board that their schemes were all right.

The letter was marked read.

AN APPLICATION.

An application was made by Dr. Hartland for remuneration for inspecting the labourers' cottages in his district,

Mr. M. Walsh—To buy a horse. He must be the d——l's doctor, not able to buy a horse (laughter).

The letter was marked read.

◆

We understand that the Surgeoncy of the Jervis Street Hospital, Dublin, held by Dr. J. E. Kelly, who recently emigrated to San Francisco, has been declared vacant, and that an appointment thereto is pending. Dr. Gunn, Dr. Clance, and Dr. Gogarty are candidates.

BALLYMONEY UNION.

LABOURERS' DWELLINGS.

Mr. M'Kee—Then I suppose the whole matter must remain over for another year.

Mr. Bowden—It might be referred to the medical officer.

Mr. Tomb—I hold that the board has no right to ask the medical officer to examine and report without paying him his fee in each case.

Mr. Megaw—Is that not a part of his duty, for which he is paid ? (Hear, hear).

The Chairman—That does not now come before us.

Mr. Megaw—I think it does. We shall have to consider the payment.

Mr. Tomb—It is time enough to take that part of the question into consideration.

◆

GRANARD BOARD OF GUARDIANS.

SUPERANNUATION OF DR. WILSON.

The following letter was read :—

"25th November, 1883.

"Sir,—I beg hereby to resign my appointment as medical officer to the Street dispensary district. In doing so I take leave to thank my friends on the Board of Guardians and the Dispensary Committee, also the community of my district generally, for the sympathy extended towards me during my trying illness.

"Faithfully yours,

"Thomas Wilson, M.R.C.S. Eng."

"To the Hon. Secretary.

Mr. Rickard proposed that Dr. Wilson be allowed two-thirds of his salary, viz., £90, as superannuation allowance.

Lord Longford seconded the motion, as Dr. Wilson met with the accident in the discharge of his duties.

Mr. M'Manus wished to know was it really in the discharge of his duties that Dr. Wilson met with the accident.

Mr. Rickard said that it certainly was. Dr. Wilson was attending a midwifery case, and the horse took fright at the train, threw him out of the trap, and broke his leg. He never recovered the use of it.

After some further discussion the motion was carried unanimously.

◆

MOUNTMELLICK UNION.

A QUESTION OF PAYMENT.

A letter was received from Dr. Neale, the medical officer of the house, regretting that from the state of his hand he would not be able to resume his duties today. He enclosed a medical certificate from Dr. Stoker, and asked for another week's leave of absence, when he would be able to resume his duties.

Mr. W. H. Cobbe—Yes, but let him pay his substitute.

Clerk—Make provisions for someone to do the duties during the week.

Mr. W. H. Cobbe—Grant the leave, but let him pay his substitute.

Mr. Bailey—Dr. Rice, Dr. Neale's substitute, is here now. Ask him did he do the duty to-day, as his time was up last night.

Dr. Rice—I have done the duty.

Mr. Atkinson proposed that Dr. Rice be employed for another week.

Mr. W. H. Cobbe proposed, "That Dr. Neale's application for one week's further extension of time be granted on the following terms, in harmony with last Saturday's resolution, viz., to pay his substitute for the workhouse, and have same pay deducted from his salary; but as the dispensary committee recommend payment for the dispensary, that said payment be allowed."

Dr. Rice—I ask for four guineas for the past week, and that the Board of Guardians pay me for the coming week also. I have nothing to do with Dr. Neale in this matter.

Mr. Atkinson—Before that amendment of Mr. Cobbe's is put, I wish to draw attention to what Dr. Rice says, that the Board must be his paymaster and that he has nothing to do with Dr. Neale in this matter. The whole amendment is a little confused, and it is very hard to make either common sense or good English out of it. Employ Dr. Rice, and then settle the matter afterwards with Dr. Neale.

Mr. Keating—I think the matter is clear enough. It says that Dr. Rice is to be paid, and that it be afterwards deducted from Dr. Neale's salary.

Mr. Atkinson—If you pass that amendment, Mr. Chairman, it would have a very curious effect, for you have not Dr. Neale here to know whether he will agree to it or not. You cannot have him here to-day. Then how can you employ Dr. Rice if Dr. Neale refuses to pay the cost? You have no power to deduct one single farthing from Dr. Neale under the circumstances. You cannot compel him to do his duties when he has a doctor's certificate that he is unable to do this work, and the only power you have is to employ another doctor to do his duty.

For the amendment, 13. Against it, 5.

REMUNERATION OF MEDICAL WITNESSES.

After a recent case of child-murder had been tried,

Dr. Walsh, of Ballyshannon, rose and said—Your Lordship, with your permission, I would make a personal observation.

His Lordship—Certainly.

Dr. Walsh—I and Dr. Conville came from Ballyshannon, and I wish to make a remark with reference to our payment. I hope your Lordship will allow something better than two guineas a day and only 10s. expenses.

His Lordship—You are in the hands of Mr. Major and Mr. Fitzgerald, and I am sure you will be dealt with liberally.

Mr. Major—The rule we are guided by as to the payment of medical witnesses is two guineas a day and 10s. a night for travelling expenses.

His Lordship—Who settled that rule?

Mr. Major—The Government, my Lord.

His Lordship—The Government! Was it the Treasury?

Mr. Major—Very well, my Lord.

His Lordship—I don't know whether they pay them at that rate in England, but, in my opinion, it is not enough. I think you ought to give him at least a guinea a day instead of 10s.

Mr. Major—Very well, my Lord, he shall have it.

His Lordship—And if the Treasury inquire who ordered it to be done, say "Baron Dowse." (Laughter.)

Mr. Major—It is quite sufficient if your Lordship orders it.

Dr. Walsh thanked his Lordship, and the matter dropped.

MAYO ASYLUM.

CHARGE AGAINST A WARDER.

Dr. Norman said he had to report to the Governors the gravest crime that had been heard of being committed in an asylum—a cruel and brutal assault on one of the patients. On the 16th of November last he was passing through the wards when he saw one of the warders—Luke Loftus—assault a patient. Loftus (he said) did not observe his presence and caught the patient by the shoulder and struck him several times in the stomach. He (the doctor) at once communicated with the Board in Dublin, and the result was that Loftus was immediately dismissed until the meeting of the Governors. The following is the reply received by him:—"Sir,—Referring to your report I am directed to order the suspension of Loftus until next meeting of the Governors." It was signed "J. Lawrence." He accordingly suspended Loftus, telling him at the same time that he (Dr. Norman) would report him to the Board.

Chairman—Read an explanation from Loftus, who apologised therein to the Board for having committed the assault. He stated that the patient was very violent and attacked several other patients. He would not be allowed to put on the straight jacket as was ordered by Dr. Jordan some time before that. Therefore he hoped they would consider his case.

Counsellor O'Malley—I want to ask the doctor a question—Was the man violent as Loftus stated in his letter? or is it true that Dr. Jordan had ordered a straight jacket to be put on him?

Dr. Norman—The patient was violent, but was not so violent as to do any harm. He gave no provocation for the assault.

Chairman—What character do you give of Loftus? doctor?

Dr. Norman—I was not a week in the institution when I had to reprimand him for his roughness to patients. From the way I saw him treat the patient he seemed to be in the habit of ill-using patients. To prove it he did not strike him in the face where there would be a mark left, but in the stomach.

The Board gave expression to the fact that Dr. Norman had acted in a very kind manner.

Chairman—Let a resolution be put on the books that if ever it occurs again he will be dismissed.

A resolution was then drawn up to that effect by the Chairman, and it was agreed to inflict a fine of £2.

DROGHEDA UNION.

THE LABOURERS' ACT.

The following was read:—

Monasterboice.
Oct. 18, 1883.

Sir,—I am in receipt of your letter of October 17th, saying that the guardians wished me to report on the state of the labourers' dwellings in this district. I beg to state that I will be happy to do so, but wish to be informed as to the remuneration I am to receive for so doing. As I do not consider that it comes under my duty as medical officer of health, unless I be paid for my extra labour, I must refuse to act in the matter. The guardians have the power to levy a rate for all expenses incurred in carrying out the Act, subject to the approval of the L. G. B.

L. Barrett, Medical Officer.

Mr. Woods—Certainly; why shouldn't he be paid for his services.

Mr. Everitt said that he saw where a similar application was made to some board down the country, and the question was referred to the Local Government Board, who wrote in reply that it was the duty of the sanitary officer to report on these cases without a special fee for doing so. I would be satisfied if you got £1 a day for it.

Dr. Barrett—Yes, it is the duty of the doctor to report on all nuisances reported to him by the relieving officer, or on houses, as being in an insanitary condition, that is not the case here you have to visit houses healthy and unhealthy; besides it would take a week or more to go round the whole district.

It was ordered to refer the matter to the Local Government Board.

Mr. L. Moore—The letter read at last meeting from Dr. Barrett was again read from the minutes.

The following was read :—

Local Government Board, Dublin,
24th October, 1883.

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of the minutes of the Board of Guardians of Drogheda Union of the 18th ult., containing an entry of a letter from a medical officer of Monasterboice Dispensary District relating to his duties and remuneration under the Labourers' Act.

In reference thereto I am to state that the Board have been advised that the terms of the 5th Section of the Act impose on the sanitary officer the duty of giving the certificate in proper cases without any previous stipulation or agreement as to payment, but the sanitary authority may pay a reasonable sum to the sanitary officer for the additional duty cast upon him, as a temporary additional salary fixed in pursuance of the 11th Section of the Public Health Act, 1878.

By order of the Board,
W. D. WODSWORTH, Secretary.

The Clerk, Drogheda Union.

Mr. Farrell—Are they bound to report ?

Mr. Dowdall—They are bound to report, and the guardians are at liberty to give them remuneration.

Mr. Daly—They may give him remuneration if they like.

Mr. L. Moore—You are entitled to pay him for his services.

Mr. Everitt—You should pay him.

Mr. Mangan—Are you to give a guinea in each case he reports on ?

Mr. Daly—You may if you like ; under the Act all the incidental expenses fall upon the area of charge, whether Duleek or Monasterboice, or anywhere else.

Mr. Branigan—You need not pay him if you do not like ; he wanted to make a bargain before he did anything at all.

Mr. L. Moore—Oh no, he did not.

Mr. Mangan—He furnished a bill—

Mr. Dowdall—He did not.

Mr. Mangan—He mentioned a guinea.

Mr. Dowdall—I think you are confounding a letter from Dr. Smyth in reference to his attendance at Julianstown sessions with Dr. Barrett's note.

◆

OMAGH GUARDIANS.

A SPECIAL meeting of this board was held on Saturday. A letter was read from the Local Government Board stating that they had before them the resolution of the Board of Guardians of the Omagh Union of the 10th inst., directing the medical officers of the several dispensary districts of the Union to continue to prosecute the defaulters under the Compulsory Vaccination Act in their respective districts, and the board desire to point out that the duty of proceeding against the defaulters under the Act in question cannot properly be thrown on the medical officers, and the Board request that the Guardians be good enough to reconsider their decision. Letters were then read by the Chairman from Drs. Corry (Drumquin) and Fleming (Omagh) definitely declining to prosecute the defaulters under the Vaccination Act in their own names.

Mr. A. C. Buchanan : How many defaulters are there altogether to be proceeded against under the Act ?

The Clerk : Seventy.

Mr. Moore : I cannot understand how it is that the medical officers of this Union have been blinded into performing duties for the last twenty-five years which they have now found out are not part of their duty. I think Dr. Fleming loses more time in writing these letters to the Board than he could get a very large number of summonses.

Mr. Moore then handed the Chairman the Act of Parliament, and, pointing to an extract in it, requested the Chairman to read, from which it appeared that the dispensary doctor was bound to perform all the duties in connection with the Vaccination Act.

Mr. Moore : I have not changed my opinion in this matter. I believe it is the duty of the medical officers to prosecute, and they are well paid for doing so.

The Chairman : What motion do you make, Mr. Moore ?

Mr. Moore : I will propose no more motions at present, but the next I will propose will be asking these doctors to resign if they do not wish to perform their duties.

Mr. Clements then proposed—" That in future the dispensary doctors get 14s. fees instead of 21s.; and that the relieving officer, who shall prosecute in his own name, get 7s. for each of these officials who attend Petty Sessions Courts to prosecute defaulters under the Vaccination Act."

Mr. A. C. Buchanan : It appears to me that it is an ideal grievance these dispensary doctors have. I cannot see how it can affect their dignity of position by carrying out the Act of Parliament under which they are appointed. I believe it is a small thing of pride that has created the grievance, and these dispensary doctors are backed up by a medical association in this country which will soon override the law.

Mr. Buchanan then proposed, and Mr. Ramsay seconded, the following resolution : " That the Board adhere to their resolution of the 10th inst., and hope the medical officers in the Union will co-operate with the Board in carrying out the provisions of the Vaccination Act, it being most important that immediate steps should be taken to prosecute the large numbers of defaulters in the Union."

Mr. Clements withdrew his resolution in favour of Mr. Buchanan's, which was passed unanimously.

◆

MELBOURNE UNIVERSITY.

WE learn from the *Australian Medical Journal* that an addition of £2,000 has been made to the fixed endowment of £9,000 for the University, and that a further amount of £10,000 has been voted by Parliament for building purposes. The school of medicine has outstripped other faculties in growth. It commenced with four students in 1862, and has now 180. Notwithstanding this it has had no extension of building accommodation except a laboratory. The lecture-rooms, dissecting-room, library, &c., are deplorably and miserably insufficient. These classes began about 8 o'clock in the morning, the rooms were crowded, and the classes followed one another so rapidly that proper ventilation was impossible.

◆

INTRODUCTION OF TUBERCULOSIS BY FOOD.

THAT animals may be inoculated with tuberculosis, by means of tuberculosis matter introduced with the usual food, is a fact demonstrated by Villemin and other experimenters. Strong presumptions are in favour of the supposition that the malady is sometimes acquired in this way by the human subject. This would seem to be the case of infants fed with the milk of cows affected with " la pommeliere," which is supposed to be tuberculosis as it appears in the bovine species. M. Bollinger (*Biarrisches Intelligenz-Blatt.*), has after careful research discovered the bacilli of Koch in the mammary glands of a cow affected with this disease, and also in the milk contained in the excretory ducts of the gland. Some of t liquid taken from the ducts was introduced into the peritoneum of a guinea pig. The animal succumbed eleven days later, presenting a miliary tuberculisation of the spleen and peritoneum. There can be then no longer any doubt that the raw milk of phthisical cow is capable of transmitting tuberculosis. It remains to determine whether boiling may remove its unhealthy properties.

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